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ABSTRACT

This special issue of "The Gerontologist" contains session-by-session abstracts from the society's 52nd Annual Scientific Meeting. Abstracts are arranged numerically by session number and in the order of presentation within each session. There are a total of 375 sessions. An index of participants is provided with references to their session numbers. The Gerontological Society of America has divisions covering biological sciences, clinical medicine, behavioral and social sciences, and social research, policy, and practice. (GCP)

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Progam Abstracts

THE GERONTOLOGIST

IN THIS ISSUE

PROGRAM ABSTRACTS

52nd Annual Scientific Meeting

"New Perspectives on Aging in the Post Genome Era"

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ABSTRACTS

The Gerontological Society of America
52nd Annual Scientific Meeting
November 19–23, 1999
San Francisco, California

Abstracts are arranged numerically by session number and in the order of presentation within each session.

2

MITOCHONDRIA AND MAMMALIAN AGING: IS mtDNA THE KEY OR NOT?

A.D.N.J. de Grey, Department of Genetics,
University of Cambridge, Downing Street,
Cambridge CB2 3EH, UK.

Participants:

A.D.N.J. de Grey (Univ. of Cambridge, UK) What genotype distributions within and between cells can tell us about the possible role of mtDNA in aging.

U.T. Brunk & A. Terman (Linkoping Univ., S-581 85 Linkoping, Sweden) The mitochondrial-lysosomal axis theory of cellular aging and the autophagocytotic capacity of lipofuscin-loaded cells.

K.B. Beckman (Univ. of California, Berkeley, CA 94720-3202) The tissue- and organism-dependent role of mtDNA mutations in aging.

R. Cawthon, R.A. Kerber, E. O'Brien & K.R. Smith (Univ. of Utah, Salt Lake City, UT 84112) Genealogical data supports mitochondrial inheritance of longevity.

The mitochondrial theory of aging, though popular with non-specialists, has been steadily losing adherents among mitochondrial experts over recent years, due to the increasing acknowledgement that mutant mitochondrial DNA never becomes plausibly abundant in any mammalian tissue even by extreme old age. This conclusion has been accepted with reluctance, but is based on a wide variety of experimental approaches and has been challenged only by novel PCR variants whose quantitative accuracy is widely doubted. Against this, however, impressive evidence continues to accumulate that mitochondria are indeed the most important site of free radical damage in vivo; a prominent recent example is that only the mitochondrial variant of superoxide dismutase is vital in mice. The mitochondrial theory is thus at a crossroads: circumstantially highly compelling, but lacking a "smoking gun". The Symposium will examine several lines of research that are currently being pursued in an effort to resolve this critical point, focusing especially on the debate concerning the long-standing assumption that mutations in the mitochondrial DNA are the type of mitochondrial damage with the greatest role in aging.

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WHAT GENOTYPE DISTRIBUTIONS WITHIN AND BETWEEN CELLS CAN TELL US ABOUT THE POSSIBLE ROLE OF mtDNA IN AGING

Aubrey D.N.J. de Grey
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CB2 3EH, UK

There is currently much debate concerning the extent of accumulation of mutant mitochondrial DNA during normal human aging. This debate is generally centred on the validity of various novel forms of PCR, whose quantitative accuracy is very hard to determine reliably and is often challenged. It would thus be highly valuable to find a way to measure the levels of mutant mtDNA by other means. We have known for nearly 40 years that the mitochondria are constantly recycled, even in non-dividing cells. This turnover allows mutant mtDNA to be clonally amplified at the expense of wild-type, potentially taking over whole cells as a result of just a single mutation. In situ hybridisation studies have shown that this indeed occurs –rapidly—and that mtDNA deletions detectable by this means correlate well with focal loss of cytochrome c oxidase activity in muscle fibre segments. This means that, at least in muscle, the bulk of mutant mtDNA is conveniently distributed in a way that can be quantified by much more reliable assasys than PCR, and it compellingly challenges several recent reports of very high levels of mutant mtDNA in the elderly. However, it is equally premature to infer from this that mutated mtDNA is peripheral in aging. The very fact that it is distributed so unevenly (due to the above process) allows for the possibility that the affected cells –which evidently survive—do so by means that toxify the extracellular medium, perhaps generating free radical damage to circulating lipoprotein and hence to mitochondrially wild-type cells.

THE MITOCHONDRIAL-LYSOSOMAL AXIS THEORY OF CELLULAR AGING AND THE AUTOPHAGOCYTIC CAPACITY OF LIPOFUSCIN-LOADED CELLS

Ulf T. Brunk and Alexei Terman
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Linkoping, Sweden

Little is known whether the accumulation of lipofuscin within postmitotic cells such as neurons and myocardial cells – a recognized hallmark of aging – substantially contributes to age-related loss of cellular function. According to our mitochondrial-lysosomal axis theory of cellular aging, heavy lipofuscin loading leads to depressed physiological autophagocytotic degradation and, consequently, to a poor renewal of worn-out cellular structures, including mitochondria which are the main source of endogenously produced reactive oxygen species. Aged postmitotic cells would then suffer from an accelerating decrease of energy production and an increasing oxidative stress that finally might result in oxidative stress-induced apoptotic cells death.

To study whether lipofuscin-loaded cells do have a depressed capacity for autophagocytic turn-over, human fibroblasts were allowed to accumulate various amounts of lipofuscin by cultivation under normobaric hyperoxia for up to four moths. They were then exposed to amino acid-starvation, with or without a pre-treatment with ammonium chloride at otherwise standard culture conditions. Severely lipofuscin-loaded cells showed significantly decreased survival times under starvation, as compared to the less loaded ones. Within the same culture dishes, there was a clearly negative correlation between amounts of lipofuscin and survival time. Control cells survived starvation significantly better if they were pre-treated with ammonium chloride, since they then contained lots of autophagocytosed cellular material within their lysosomal apparatus that could be utilized during the ensuing starvation. Due to the low pH-optimum of most lysosomal hydrolases, and the influence of lysosomal pH by ammonium chloride, the degradation of autophagocytosed material is prevented in cells exposed to this lysosomotropic weak base. Lipofuscin-loaded cells, however, did not survive starvation better after an initial period under the influence of ammonium chloride which points to their reduced autophagic capacity. The quantity of lipofuscin positively correlated with the size of the lysosomal compartment and its amount of cathepsin D. The results support our theory that in senescent cells the flow from the Golgi area of newly produced lysosomal enzymes is mainly directed to lipofuscin-loaded lysosomes, resulting in lack of hydrolytic enzymes for necessary autophagocytic turn-over and, consequently, prolonged half-lives and decreased function for many cellular organelles and long-lived proteins.

THE TISSUE- AND ORGANISM-DEPENDENT ROLE OF mtDNA MUTATIONS IN AGING

Kenneth B. Beckman, Department of Molecular and Cell Biology, University of California, Berkeley, CA 94720-3202

There has been much interest in the theory that somatic mutations in the mitochondrial genome (mtDNA) contribute to degenerative changes seen in aging. A review of the data generated in testing this idea leads to the following conclusions: 1) There are many tissues (generally speaking, mitotic tissues) in which it is unlikely that mtDNA plays a role in degenerative senescence, because of the nature of cell turnover and the existence of stem cells in such tissues: 2) There is, however, supportive evidence that mtDNA plays a role in degenerative senescence in post-mitotic tissue, because of the nature of mitochondrial turnover and the absence of stem cells in such tissues: 3) There are many organisms in which it is unlikely that mtDNA plays a role in degenerative senescence, because of the fact that the rate of mtDNA turnover is relatively constant between organisms and the fact that some organisms do not live long enough to accumulate mtDNA mutations to a significant extent ; 4) There are some organisms in which it is possible that mtDNA plays a role in degenerative senescence, because of the fact that these organisms live long enough to accumulate mtDNA mutations to a significant extent: 5) Humans may be such susceptible organisms: 6) There may not be many other similarly susceptible organisms: 7) mtDNA may represent a relatively "private" cause of aging in the "gerontologically elite" species of the planet.

GENEALOGICAL DATA SUPPORTS MITOCHONDRIAL INHERITANCE OF LONGEVITY

Richard Cawthon*, M.D., Ph.D.#, Richard A. Kerber, Ph.D.*, Elizabeth O'Brien, Ph.D., and Ken R. Smith, Ph.D.%, #Dept. of Human Genetics, *Dept. of Oncological Sciences and %Dept. of Family and Consumer Studies, University of Utah, Salt Lake City, Utah 84112

If heritable mitochondrial genetic variants contribute to variations in the rate of aging in the human population, then longevity should not be randomly distributed, but instead should occur in excess in a subset of maternal lineages. To test this prediction, longevity in 25,479 maternal lineages was examined in genealogical data from the Utah Population Database (UPDB). Proportional hazards models tested the association of survival of individuals over age 65 with the survival beyond predicted life expectancies for all other over 65 members of the material lineages. Models adjusted for nuclear inheritance of longevity, sex, year of birth, and affiliation with the LDS church. For every 10 years increase in the mean excess longevity for the maternal lineage, an individual's excess longevity increased by 1.42 years. The proportion of the variation in excess longevity in the population attributable to matrilineal inheritance consistent with mitochondrial genetic variation was estimated to be from 5 to 7%. The data further suggest that when both nuclear and mitochondrial genetic variants associated with longevity are inherited by the same individual, the resulting benefits to longevity are additive.

3

GENETICALLY MANIPULATED MURINE MODELS RELEVANT TO BRAIN AGING AND AGE-RELATED NEURODEGENERATIVE DISEASE

D. Ingram, Gerontol. Res. Ctr., NIA, 5600 Nathan Shock Drive, Baltimore, MD 21224 and M. Jucker, Instit. Pathol., U. of Basel, Schonbeinstr. 40, CH-4003 Basel, Switzerland

Participants:

D. Grandy (Dept. Physiol & Pharmacol., Oregon Health Sciences U., Portland, OR 97201).

M. Jucker (Insitute of Pathology, U. Basel, Basel, Switzerland)

D. Borchelt (Dept. Pathology, Johns Hopkins U.School Med., Baltimore, MD 21224.

L. Mucke (Gladstone Molec. Neurobiol. Program, San Francisco, CA 94141).

Discussant:

D. Ingram, Gerontol. Res. Ctr, NIA, Baltimore, MD 21224

With the rapid evolution of mouse genetics, murine models have gained increased attention in the neurobiology of aging. The genetic contribution of age-related traits as well as specific mechanistic hypotheses underlying brain aging and age-related neurodegenerative diseases can now be assessed by using genetically-selected and genetically-manipulated mice. This symposium will provide an overview of this powerful new approach to study aging. Among the different models to be discussed will be transgenic and knock-out mice in which genes for dopamine receptors, amyloid precursor protein, presenilin proteins, superoxide dismutase, and cytokines have been manipulated to produce various age-related neuropathology. In addition, brain aging in standard inbred mouse strains will be discussed in reference to the expanding literature on stereological assessment.

4

TOOLS TO MEASURE THE QUALITY OF CARE FOR VULNERABLE ELDERS: THE ACOVE PROJECT.

L. Rubenstein, (UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343)

Participants:

N. Wenger (University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407) Introduction to and methodology of the project to Assess Care of Vulnerable Elders (ACOVE).

D. Saliba (UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343) Definition and identification of a community-based vulnerable elder sample.

D. Solomon (University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407) Selection of conditions for quality evaluation in the elderly.

L. Rubenstein Quality Indicators for the community and the nursing home

J. Schnelle (University of California, Los Angeles, 90095, and Borun Center, Reseda, CA 91335) Implementation of quality indicators in the nursing home.

Discussant:

R. Besdine (University of Connecticut Center on Aging, Farmington, CT 06032)

The vulnerable subgroup of elders (defined as those at high risk of death or functional decline, encompassing both the "frail" and the "near frail") are a particularly important group for quality-of-care evaluation because of their risk for serious declines in health and function from poor quality care and their disproportionate use of health care resources. Objective measures to evaluate their care are not adequately represented in current quality-of-care measurement systems. Because adequate analysis of quality requires consideration of vulnerable elders' preferences, collection of data for quality of care evaluation is complex. This project developed a method of identifying a community-based sample of vulnerable elders, and identified 21 clinical conditions with importance, prevalence and a literature basis to be targeted as "opportunities for quality improvement." An evidence-based set of quality-of-care indicators was created using expert panels to assess the process of care provided for these conditions using outpatient, inpatient and nursing home medical records and patient or proxy interviews. These indicators are also being adapted by expert panels for use in the nursing home. We will describe the quality of care measurement tools developed by ACOVE and the implementation of these tools in community-based samples and nursing homes.

Sponsored by a grant from Pfizer Pharmaceuticals Outcomes Research Team.

IDENTIFYING VULNERABLE ELDERS IN THE COMMUNITY

D. Saliba, UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343; M. Elliot, RAND, Santa Monica, CA 90407; L.Z. Rubenstein, UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343; D. Solomon, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407; N. Wenger, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407.

To develop a method to target vulnerable elders (defined as those at increased risk of death or functional decline), we performed a literature review to identify predictors. Using bivariate and multivariate analyses of the Medicare Current Beneficiary Survey, we found that: 1) age and function had strong effects; 2) self-reported diagnoses had smaller effects, improving age + function models only slightly; 3) a model including only age and self-reported diagnosis was significantly less predictive; and 4) a simple condition count was as predictive as a more complex scheme of differentially weighted conditions. These analyses provided the basis for a 13-item function-based scoring system that considered age, self-rated health, physical limitations and functional disabilities. One cut-point on the scoring system targeted 32% of this nationally representative sample as vulnerable. This targeted group had 7.5 times the odds of death or functional decline over a 2-year period. The receiver operating characteristics (ROC) curve had an area of .78. Conclusions: A function-based targeting system effectively and efficiently identifies elders at risk for functional decline and death. The targeting system relies on self-report and is easily transported across care settings. It avoids the need for administrative data, prior utilization patterns or diagnoses, all of which carry utilization biases and can vary in reliability.

IMPLEMENTATION OF QUALITY INDICATORS IN THE NURSING HOME.

J. Schnelle; University of California, Los Angeles, 90095, and Borun Center, Reseda, CA 91335; D. Saliba, UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343; N. Wenger, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407.

Current approaches to assess quality of care in nursing homes (NHs) use outcome-based indicators that are derived from the Minimum Data Set (MDS). This approach is limited by the need for risk adjustment, time to outcomes and biases associated with NH-generated MDS data. We are developing a set of quality of care indicators focused on care processes. An expert panel will evaluate the applicability to the NH resident of the ACOVE quality of care indicators developed for the community-based sample. This evaluation will focus on two domains: importance to the nursing home patient and feasibility of application in the NH. The latter will assess the feasibility of accurately measuring the process indicators in NHs and whether caregivers can implement the care processes given NH resource limitations. We will contrast the quality of care indicators for the NH with those created for the community-based sample and describe expert panel's perception of limitations to care assessment in the NH. Implementation of the process indicators, including NH resident interviews and abstraction of medical record data will be discussed including how these measures might complement the MDS quality indicator approach.

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QUALITY OF CARE INDICATORS FOR VULNERABLE ELDERS

L. Rubenstein, UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343; P. Shekelle, West Los Angeles VA, Los Angeles, and RAND, Santa Monica, CA; C. MacLean, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407; D. Solomon, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407; D. Saliba, UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343; R. Young University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407; N. Wenger, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407

ACOVE will create quality of care measurement tools for the process of medical care provided to vulnerable elders for 21 clinical conditions. Clinical experts performed extensive review of the medical literature in order to identify processes of care with strong links to patient outcomes. The domains of screening, prevention, diagnosis, treatment and follow-up were targeted. Care processes that could be measured using medical record information or patient report were formulated into quality of care indicators and presented with explicit description of substantiating evidence. Expert panels of geriatricians and other experts in clinically relevant areas rated the validity and feasibility of the indicators. The final set of indicators will be translated into chart abstraction and interview tools to measure the quality of care provided to vulnerable elders in inpatient and outpatient care venues.

TARGET CONDITIONS FOR ASSESSING QUALITY OF CARE OF VULNERABLE ELDERS.

D. Solomon, Department of Medicine/ Geriatrics, UCLA School of Medicine, Los Angeles, 90095, and RAND, Santa Monica, CA 90407 and L. Sloss, The RAND Corporation, Washington, DC 20005.

We selected target conditions for quality of care assessment by a consensus development process involving literature review and a modified Delphi expert panel process. Target conditions were conceptualized as prevalent, important to health status and quality of life, having outcomes affected by medical care, feasible to measure and "geriatric." A list of 77 conditions was narrowed to 35 based on these factors. An expert panel ranked these 35 conditions on these criteria. The final list consisted of 21 aging-associated diseases, geriatric syndromes, physiological impairment, injuries, types of care and situation-in-life. Prevalence of the selected conditions ranged from 10 to 50 percent in community-dwelling elders and from 25 to 80 percent in the 6 most common conditions of nursing-home residents. These conditions accounted for at least 43% of acute hospital care and 33% of office visits (actual total higher because some of our target conditions, [e.g. pharmacologic management, end-of-life care] are not recorded in administrative data). Quality of care indicators were developed for these conditions.

ASSESSING CARE OF VULNERABLE ELDERS (ACOVE): INTRODUCTION AND METHODOLOGY.

N. Wenger, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407; P. Shekelle, West Los Angeles VA, Los Angeles, and RAND, Santa Monica, CA; D. Saliba, UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343; C. MacLean, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407; R. Young University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407; K Camberg, RAND, Washington DC 20005; C. Roth, RAND, Santa Monica, CA; L. Sloss, RAND, Washington DC 20005; L. Rubenstein, UCLA-Sepulveda VA Medical Center & GRECC-11E, Los Angeles CA 91343; J. Schnelle, University of California, Los Angeles, 90095, and Borun Center, Reseda, CA 91335; D. Solomon, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407; R Brook, University of California, Los Angeles, 90095, and RAND, Santa Monica, CA 90407.

Elders at high risk of death or functional decline are a particularly important group for quality-of-care evaluation, however there are few available measures to evaluate the quality of the medical care they receive. Measuring quality of care for this group is complex because it must account for vulnerable elders' preferences and consider care across multiple venues by many providers. With guidance from clinical and policy advisory committees, we defined vulnerable elders, developed a system of sample selection not biased by care utilization, identified conditions of importance to this group and created quality of care process indicators for these conditions. Indicators are substantiated by evidence-based links of care processes with patient outcomes. Indicators will be adapted by a panel of nursing home experts for use in nursing homes. We will translate these indicators into chart abstraction and interview tools for application to community-based samples of vulnerable elders and nursing home residents. This presentation will introduce the methods; the following presentations will present products and suggest directions for their use.

5

GERIATRIC EVALUATION AND MANAGEMENT (GEM); A PARTNERSHIP BETWEEN A NONSTAFF MODEL MANAGED CARE INSURER AND AN ACADEMICALLY BASED GERIATRIC PRACTICE.

G. Kerins & Alison Grover, University of CT Center On Aging, Farmington, CT 06360

Participants:

G. Sullivan (Anthem Blue Cross/Blue Shield of CT and UCONN Center On Aging) Plan Expecta-Tions, Continuity of Care & Assessment, How to Fund, Market & Sell to Managed Care Entities.

A. Grover (UCONN Center On Aging) Geriatric Evaluation & Management (GEM); Linking a Nonstaff Model Managed Medicare Insurer with an Academically Based Geriatrics Practice.

G. Kerins (UCONN Center On Aging) Overcoming Barriers to More Effective Use of the Process.

R. Fortinsky (UCONN Center On Aging) Evaluating the Effectiveness of a GEM Managed Care Partnership.

Discussants:

Nancy A. Whitelaw (Henry Ford Health System, Detroit, MI).

Geriatric evaluation and management services for targeted groups of high-risk, older, ambulatory

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adults have been shown to reduce use of high-cost health care services and improve health care outcomes. The application and use of this geriatric technology may have significant implications not only for older adults who enroll in managed care plans, but also for the care providers and managed care organizations. The integration, implementation and outcome measurement of GEM services into a nonstaff model managed Medicare organization presents important challenges and opportunities. This symposium reports on a potentially replicable partnership between a managed Medicare organization and an academically based geriatric practice.

The focus of this partnership is the provision of GEM services on a referral basis, methods to improve compliance of GEM generated recommendations, and measurement of GEM associated outcomes. The symposium will focus on the process and barriers of implementation, and outcomes measurement of such a process.

PLAN EXPECTATIONS, CONTINUITY OF CARE AND ASSESSMENT, HOW TO FUND, MARKET AND SELL TO MANAGED CARE ORGANIZATIONS.

G. Sullivan (Anthem Blue Cross/ Blue Shield of CT & UConn Center on Aging).

Success of the relationship between the GEMS providers and the managed Medicare plans depends in part on convincing the managed care organizations that GEM may be useful in the proactive management of Medicare enrolles. Additional important elements of this relationship include methods of selection of patients for GEM, and pre and post GEM processes. These and related issues will be reviewed in this section.

GERIATRIC EVALUATION AND MANAGEMENT (GEM): LINKING A NONSTAFF MODEL MANAGED MEDICARE INSURER WITH AN ACADEMICALLY BASED GERIATRICS PRACTICE.

A. Grover (UConn Center on Aging)

This discussion will focus on what the evaluation and management services consist of, and how it is provided. It will detail the types of providers that are core team members and which are ancillary members. It will outline which assessment tools are used, who administers them, and how the GEM service is structured. The mechanism and format of providing appropriate results and recommendations of GEM services to primary care physicians and the insurer will be discussed. Details of the systems in place designed to increase patient and primary care physician compliance with GEM recommendations will also be included. Finally, the presentation will touch on the processes used to ensure quality GEM services, and multiple sites and measurements of certain outcomes (patient/primary care physician satisfaction and compliance; patient quality of life measures).

OVERCOMING BARRIERS TO MORE EFFECTIVE USE OF THE PROCESS.

G. Kerins (UConn Center on Aging)

The overall benefits to organizations and individuals of the process, and relationship between managed care entities and GEM providers may be limited by various factors. Systems, referral and administrative barriers may severely limit the effectiveness and efficiency of such services. Patient and physician compliance, and general issues of exchange of information may all adversely impact on the GEMS provider and organization relationship. This session will review the data on barriers to implementation, and present potential methods to overcome such barriers and improve the overall process.

EVALUATING THE EFFECTIVENESS OF A GEMS/MANAGED CARE PARTNERSHIP.

R. H. Fortinsky (University Of Connecticut Center On Aging)

Numerous issues related to data and measurement come into play when considering how to evaluate the effectiveness of a partnership between a free-standing GEM service and a nonstaff model managed care organization. Patient consent and confidentiality protocols must be negotiated if the evaluation design involves data sharing between partners. Effectiveness measures must be prioritized according to the desired outcomes of the partner-ship from a prospective of each partner (e.g.; quality of life versus cost containment). Decisions must be made about whether, and to what extent, a process evaluation component should be initiated to learn more about the "mechanisms" by which GEM care might lead to desired outcomes. Staff effort and other resources required to construct a linked patient-level database to support an evaluation must be established and accorded acceptable priority by both partners. These and related issues will be discussed in this presentation.

6

EFFECTS OF GROWTH HORMONE AND/OR SEX STEROID ADMINISTRATION ON SERUM LEPTIN LEVELS IN HEALTHY ELDERLY WOMEN AND MEN. T. Münzer, S.M. Harman, G. Cizza, G. Chrousos, C. Christmas, K.O'Connor, M. Bellantoni, K. Pabst, and M. Blackman. Johns Hopkins Medical Insts. and NIA, NIH, Baltimore, MD 21224.

Aging is associated with decreased GH, IGF-I, and sex steroids (SS), and with increased body fat and serum leptin levels. Administration of GH to GH deficient non-elderly adults decreases body fat and leptin levels. The separate and interactive effects of GH and SS administration on fat and leptin in the elderly are unknown. In a double-masked, placebo-controlled, randomized study, we assessed the effects of 26 weeks of administration of GH alone, SS alone (Estraderm® + Provera® = HRT in women, or IM testosterone enanthate = T in men), GH+SS, or placebo on leptin in healthy elderly women (n=47) and men (n=65) ages 65-88 yr.with age-related reductions in IGF-I levels and SS. We measured leptin at 0, 13 and 26 wk, and % total body fat by DEXA at 0 and 26 wk. By repeated measures ANOVA, leptin decreased 18% after GH ($p<0.05$) in women, and 27% after T ($p<0.05$) and 28% GH+T ($p<0.0005$) in men; % fat decreased ($p<0.0001$) in all active treatment groups except women on HRT. In women and men, the change in % fat was directly related to the change in serum leptin ($r > 0.4$, $p< 0.001$). Multiple regression analysis revealed this relationship to be gender-independent ($p< 0.01$). These data suggest sexually dimorphic effects of GH and/or SS on leptin in healthy elderly individuals. Whether these hormone mediated effects on leptin occur directly, or indirectly via lipolysis, remains to be clarified.

CHANGES IN VASCULAR NITRIC OXIDE ACTIVITY AND α-ADRENERGIC RESPONSIVENESS ASSOCIATED WITH GENDER AND THE MENOPAUSE. G.A.Ford, N.G.Majmudar, S.C.Robson. Departments of Pharmacological Sciences, Obstetrics and Medicine, University of Newcastle upon Tyne, UK.

The incidence of cardiovascular disease in women increases after the menopause with incidence rates similar to men by the end of the sixth decade. Gender and menopause effects on vascular nitric oxide (NO) activity and α-adrenergic responsiveness could influence cardiac risk. We determined vascular NO activity, α-adrenergic vasoconstrictor and endothelium dependent and independent vasodilator responsiveness in middle aged men (n=14, 51±4 yrs) compared to pre-menopausal (n=15, 48±2 yrs) and post-menopausal (n=12, 51± 3yrs) women. Forearm vascular responses to intra-arterial infusions of L-NMMA (250-1,000 μg min^{-1}) NO synthase inhibitor, norepinephrine (40-160 μg min^{-1}) alpha-adrenoceptor agonist, serotonin (18-180 ng min^{-1}) endothelium-dependent vasodilator, and GTN (250-1,000 ng min^{-1}) endothelium-independent vasodilator were determined. Summary constrictor responses (sum responses 3 doses) to L-NMMA were increased in pre-menopausal (118±10) compared to post-menopausal women (82±14) and men (90±7) $P<0.05$. Responses to norepinephrine were increased in men (126±12) compared to pre-menopausal (81±8) and post-menopausal women (87±16), $P<0.05$. Responses to GTN and serotonin did not differ between groups. Increased vascular NO activity in pre-menopausal women may contribute to the low incidence of cardiovascular disease in women prior to the menopause. Increased sensitivity to noradrenaline may increase cardiovascular risk of men in response to sympathetic nervous system activation.

IGF-I CORRELATES WITH COGNITIVE FUNCTION IN HEALTHY OLDER MEN AND ESTROGENIZED WOMEN. M.V. Vitiello, G.R. Merriam, K.E. Moe, G. Drolet, S. Barsness, M. Kletke, and R.S. Schwartz. Psychiatry and Medicine, University of Washington and VA PSHCS, Seattle and Lakewood, WA 98195

Declining activity of the GH/IGF-I axis has been implicated in the aging of physiological functions, possibly including cognition. Positive correlations between IGF-I and cognitive function in healthy older men have recently been reported [1]. We examined the baseline data of our ongoing GHRH treatment study in an attempt to validate and expand this finding. Plasma IGF-I levels and WAIS Vocabulary and Performance Subtest scores were examined in 14 men and 13 estrogen–replaced women. Subjects were in good health with a mean age of 70.4 ± 4.1, range 63-78 years. In men, IGF-I was positively correlated with WAIS Performance Subtest total score ($r=.74$, $p<.004$), Object Assembly ($r=.66$, $p<.02$), and Block Design ($r=.52$, $p<.07$). In women, IGF-I correlated with Block Design ($r=.68$, $p<.02$) and Digit Symbol Substitution ($r=.51$, $p<.10$). IGF-I was not correlated with WAIS Vocabulary in either group. These results are very consistent with the recent study of Aleman and colleagues and further support the hypothesis that IGF-I may be related to age-related declines in cognition, specifically tasks involving problem-solving abilities.

1. Aleman, A. et al., J Clin Endocrinol Metab 84:471-475, 1999.

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AGE-RELATED BENEFITS OF ATHLETICISM ON BONE AND MUSCLE MASS: STUDIES OF FORMER PROFESSIONAL FOOTBALL PLAYERS. N.A. Lynch, A.S. Ryan, J.M. Evans, G.J. Kruba, A.P. Goldberg. Baltimore VA GRECC and Univ. of Maryland, Div. of Gerontology, Balt., MD 21201.

Peak bone and muscle mass are reached in the 3rd decade of life and are the major predictors of future risk for bone fracture and sarcopenia. The hypothesis is that high impact exercise in the 2nd – 4th decade of life will confer higher bone mineral density (BMD) and lean muscle mass compared to a sedentary lifestyle. This was tested in 16 former professional football players and in sedentary, never-

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athletes matched by age (67±6 yr), race, height, weight, and BMI (29±3 kg/m^2). Aerobic fitness was similar between groups (VO_2 max, ~27 ml·kg^{-1}·min^{-1}; P=NS), whereas percent body fat was higher in controls than athletes (32±6 and 23±4%; P<0.01). Athletes had higher (all P<0.05) total body BMD (1.355 vs. 1.276 g/cm^2), total body bone mineral content (BMC) (4127 vs. 3304 g), arms BMC (599 vs. 475 g), legs BMC (1616 vs. 1335 g), and spine BMD (1.404 vs. 1.191 g/cm$^{2)}$ than controls. Total body lean mass and regional arms and legs lean mass were 21-25% higher in athletes compared to controls (all P<0.01). Total body, arms, and legs BMC correlated with total body, arms, and legs lean body, respectively (r = .62, .66, .57; all P<0.01). Although athletes and controls had the same height and weight, athletes had higher total body and regional BMD, BMC, and lean mass. Therefore, playing professional football early in life may lower the risk of bone fracture and sarcopenia in older men.

DIFFERENTIAL RELATIONSHIPS IN THE ASSOCIATION OF FAT-FREE MASS WITH AGE FROM HEALTH ASSESSMENT 2000

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The loss of fat-free mass (FFM) in older adults is a recognized weight-related health condition that can lead to frailty, disability, sarcopenia and increased risk mortality. The onset of the decline in FFM is not established, nor is knowledge of where on the body the loss in FFM occurrs. This study looked at the differential association of FFM from the arms, legs and total body in relation to age. The sample included 71 White and 36 Black women, 69 White and 21 Black men, all between 18 and 79 years of age. FFM was measured in the total body and the arms and legs by a Lunar DXA using the standard regional analysis. The thickness of the right quadriceps muscle was measured by ultrasound. There was a negative relationship of total body FFM across the age range in both the men and the women, but the slope was much steeper in the women than in the men, especially after 50 years of age. This same pattern with age for FFM in the arms and the legs occurred for the women, but not the men, where there was little average association of FFM with age in the arms and legs. However, the association of the thickness of the right quadriceps muscle with age was similar to that of total body FFM with age, negative in both the men and women. This analysis indicates that part of the decline in total body FFM does appear to occur in the arms and the legs. However, the amount of FFM as measured by the thickness of the quadriceps muscle appears to reflect the association with age better than a regional analysis of FFM by DXA.

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FAT DISTRIBUTION AND INSULIN SENSITIVITY IN HEALTHY OLDER WOMEN

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Visceral fat is highly associated with insulin resistance. However there are few studies analyzing the link between total body fat distribution and insulin sensitivity, in healthy, untrained, older women, taking no estrogen or medications. In the present study, we investigated the relationship between fasting plasma insulin (FPI), as marker of insulin sensitivity, and body fat distribution in 42 untrained healthy older women aged 69.13±5.78 (59-84 years) whose BMI ranged from 19-40 kg/m^2 (27.47±4.18 kg/m^2). Subjects underwent standard anthropometric measurements (BMI, W/H ratio, circumferences, and skinfold). Subcutaneous (sc) fat of the thorax, buttocks and thigh as well intra-abdominal (IA) and sc fat at 2 abdominal levels were determined by computed tomography. The first abdominal CT-scan cut was half way between the xyphoid process and the umbilicus. The second was at the umbilicus. FPI was the average of 3 separate daily samples. Our results showed that the FPI was directly related to: sc fat in the lower abdomen (r=.56) and thorax (r=.52), upper IA fat (r=.51); arm circumference (circ) (r=.65), hip (r=.62) and waist (r=.60); bicep (r=.62) and abdominal skinfold (r=.53). Multiple regression analysis revealed that FPI was independently related to the arm circ (r^2=.40) and upper IA fat (total r^2=.50). We conclude that in healthy, older untrained women, FPI is strongly related to both sc and IA fat. In addition, FPI is more closely related to the higher abdominal CT cut than the more usual cut at the umbilicus.

7

Antihypertensive treatment and prevention of dementia in the Systolic Hypertension in the Elderly Program (SHEP) trial.

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In previous reports from SHEP, a randomized diuretic-based trial of 4,736 hypertensive participants, active treatment apparently failed to prevent dementia, as compared to placebo. To evaluate whether assessment of cognitive outcomes was biased by differential dropout during the follow-up in the two treatment groups, we compared characteristics of subjects who did or did not participate to cognitive evaluation in the 4-year follow-up. Assignment to the placebo group and occurrence of cardiovascular events independently predicted missed cognitive assessments (p<0.001). From the reported findings, the risk of cognitive impairment (≥4 errors at the short-CARE cognitive scale) was similar between active treatment and placebo groups. However, in sensitivity analyses where 20 to 30% of subjects who missed the assessment were assumed to be cognitively impaired, active treatment significantly reduced the risk of cognitive deterioration (RR 0.7, 95%CI 0.5-0.9 in year 1 to 3). Thus, in SHEP the cognitive evaluation was biased toward the null effect by differential dropout. This might have obscured the appraisal of a protective effect of antihypertensive treatment on cognitive function of older persons with systolic hypertension.

PREVENTION OF DEMENTIA IN THE SYSTOLIC HYPERTENSION IN EUROPE (SYST-EUR) TRIAL

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Systolic hypertension increases the risk of dementia in the elderly. The vascular dementia project, set up in the framework of the double-blind placebo-controlled Syst-Eur trial, investigated whether antihypertensive drug treatment could reduce the incidence of dementia in older patients with isolated systolic hypertension.

Eligible patients were non demented, at least 60 years old, and had a sitting blood pressure ranging from 160 to 219 mm Hg systolic and below 95 mm Hg diastolic. Active treatment consisted of nitrendipine (10-40 mg/day) with the possible addition of enalapril (5-20 mg/day), hydrochlorothiazide (12.5-25 mg/day), or both drugs titrated or combined to reduce the sitting blood pressure by at least 20 mmHg to below 150mmHg. Cognitive function was assessed by the Mini Mental State Examination (MMSE). If the MMSE score was 23 or less, the diagnosis of dementia was based on the DSM-III-R criteria. The cause of dementia was established using, either the Modified Ischemic Score with brain imaging or the Hachinski score. The median MMSE score at randomisation was 29 in both treatment groups and the median systolic/diastolic blood pressure was 173/86 mm Hg. The incidence of dementia was reduced by 50%, from 7.7 cases per 1000 patient-years in the placebo group (n=1180) to 3.8 cases in the active treatment group (n=1238) (21vs11 patients, p= 0.05). Alzheimer type dementia was reduced as well as vascular or mixed dementia. At the last available evaluation, systolic and diastolic blood pressure were 8.3 mm Hg and 3.8 mm Hg lower (p<0.001) in the active-treatment group, but on average the MMSE scores did not change in either group. In conclusion, antihypertensive treatment initiated with the dihydropyridine calcium-channel blocker, nitrendipine, halved the incidence of dementia. Treating 1000 hypertensive patients for 5 years could prevent 19 cases.

NSAID USE AND COGNITIVE DECLINE AMONG NURSING HOME RESIDENTS

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Nonsteroidal antiinflammatory drugs (NSAIDs) may be protective against Alzheimer's disease, but the mechanism is not well characterized. To explore the role of NSAIDs in slowing cognitive decline, we quantified the effect of NSAIDs on the rate of cognitive decline among nursing home residents. Using the Minimum Data Set from all nursing homes of four states (1994-1995), we identified 67,117 residents with mild/moderate cognitive impairment (as measured by the validated Cognitive Performance Scale). We identified residents taking aspirin (n=8 560) and non-aspirin NSAIDs (n=3387), with non-users of either considered the referent group and followed them for one year. Cox proportional hazards models treating NSAID use as a time-varying covariate provided adjusted estimates of effect. In women, NSAID use was suggestive of a decreased rate of cognitive decline (Relative rate (RR) – aspirin: 0.93; 95% Confidence Interval (CI): 0.86-1.01; non-aspirin NSAIDs: 0.91; 95% CI: 0.81-1.02). In men, aspirin users declined at a slower rate than non-users (RR-Men: 0.83; 95% CI: 0.74-0.94). These data are suggestive of a protective effect of NSAIDs on the rate of cognitive decline.

A 72-Week Study Assessing Propentofylline's Safety, Efficacy, and Impact on Disease Progression in Patients With Alzheimer's Disease

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BACKGROUND: Propentofylline's safety, efficacy, and ability to slow the progression of dementia were assessed in a multinational, double-blind study involving 486 patients with mild-to-moderate Alzheimer's disease (AD). METHODS: For the first 48 weeks (segment I), patients were randomized to propentofylline or placebo. During the final 24 weeks (segment II), 50% of the propentofylline patients in segment I were switched to placebo while the other half remained on propentofylline. Similarly, 50% of the placebo recipients were switched to propentofylline while the other half continued on placebo. An effect on disease progression was inferred if the treatment differences achieved during segment I were maintained during segment II. RESULTS: At the conclusion of segments I and II, there were significant improvements in global function (CIBIC-Plus) and cognitive performance (ADAS-cog) in propentofylline-treated patients. Withdrawal Analysis: ADAS-cog treatment differences favored the propentofylline-to-placebo group over continuous placebo at the end of segment I, and these differences were partly maintained in segment II. Similar, but less pronounced results were seen for CIBIC-Plus scores. Delayed-Onset Analysis: At 48 weeks, ADAS-cog and CIBIC-Plus scores favored the continuous propentofylline group over placebo-to-propentofylline patients; these benefits were only partially diminished at the end of segment II. CONCLUSION: Propentofylline provides clinical benefits for AD patients and may slow the progression of dementia. Propentofylline was well tolerated.

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AGING, LIFESTYLE, AND BODY COMPOSITION: THE FELS LONGITUDINAL STUDY

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Understanding the degree of age-related changes in body composition and factors associated with these changes in adults will assist in the prevention of functional limitation and the management of health status into old age. Fat and fat-free mass (FFM) in adults change as a function of lifestyle, diseases, increasing age, and they serve as established risk factors for chronic diseases, functional status and mortality. The study examines changes in body composition in adults 40 to 66 years of age and determines the effects of long-term patterns of change in physical activity and menopausal status as well as estrogen use on body composition in women. Serial measures of stature, weight, BMI, and total body fat (TBF), percent body fat (%BF), and fat-free mass (FFM) from underwater weighing from 102 men and 108 women enrolled in The Fels Longitudinal Study were analyzed. Levels of physical activity and menopausal status were included covariates. There is age-related significant decrease in FFM, and increase in TBF, %BF, weight, and BMI. In men, physical activity is associated with decreasing TBF, %BF, weight, and BMI but not with FFM. Levels of physical activity are associated with increasing FFM and decreasing TBF, %BF but not with weight, BMI in women. After menopause, there is a significant decrease in FFM and increase in TBF and %BF but no significant changes in body weight and BMI. We conclude: 1) a low FFM value can be improved by an increasing level of physical activity and 2) the effects of physical activity are more profound after postmenopause than from pre- to post-menopause. Supported by Grants HD 27063 and HD 12252 from the National Institutes of Health, Bethesda, Maryland.

ANALYZING PSYCHOTROPIC PRESCRIBING PATTERNS FOR FRAIL ELDERS

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With concerns about rising drug costs, and quality of care, psychotropic prescribing patterns, a sample (N=36,000) was drawn from SCAN, a Social HMO, which maintains nursing home certifiable (NHC) members at home. Psychotropics are generally prescribed by the 10,000 network primary care providers; less than 5% are written by psychiatrists. Prescribing patterns were analyzed for appropriate utilization of medication, cost, cost efficacy, and type of prescribing provider. Costs of the nearly 51,000 psychotropic prescriptions written in 1998 increased 27% over the previous year. Drug costs for the NHC group were nearly 50% more the general Social HMO population. Analysis of prescribing patterns indicated the following patterns of concern. 1) Anti-anxiety and sedatives/hypnotics represented 32% of the total expenditures for psychotropic medications. These two types represented 49% of all psychotropic prescriptions written, despite evidence that long term administration (> 2 weeks) of BZD is contraindicated in older people. 2) Antidepressents represented 56% of the total expenditures for psychotropic medications. 3) Only one prescription for Nortriptiline, a tricyclic anti-depressant, was written in 1998 for a total of under $50, despite a recent study that demonstrated that this medication was more effective for treating depression in the elderly than SSRI's. 4) In contrast, 8,500 prescriptions were written for SSRI's, with expenditures representing 85% of the total expenditure on antidepressants, and 48% of the total psychotropic expenditures for 1998. The study concluded that interventions such as collaborative models of care between psychiatrists and primary care physicians could substantially improve the prescribing patterns and reduce combined medication and utilization costs.

8

FUNCTIONING AND BEHAVIOR IN NH RESIDENTS WITH DEMENTIA AND VISION LOSS.

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The independent and interactive effects of cognitive and vision status on ADL performance and disruptive behavior is understudied and poorly understood in NH populations. Data collection was recently completed with 142 demented NH residents (MMSE m/SD = 12.1/7.9), many with vision impairment (acuity mean/SD = 20/106 20/137). Two-thirds had acuities worse than 20/50, an accepted cut-point for vision impairment. Bivariate analyses show cognition (r = -.45), acuity (r = .20), mobility (r = .66), and several components of agitation and disruptive behavior to be significantly correlated with dependence in ADL function. Multivariate analyses were used to test the effect of number of diagnoses, MMSE score, vision status (contrast sensitivity impairment and acuity), ability to see in adequate light, and mobility on variance in ADL dependency. Models with clinical measures of vision (acuity and contrast sensitivity) and a more functional measure of vision each added 2% to the incremental variance explained. Cognitive status and the functional measure of vision were independent significant predictors of ADL function in intermediate models. The final model accounted for 55% of the variance in ADL function (F = 24.16, p <.000). Cognitive status and mobility (p < .000 for both) were significant independent predictors of ADL function. Further analyses suggest that mobility may mediate the relationship between vision and ADL function.

The Effects of an Educational Program for Formal Caregivers of Persons with Dementia

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The purpose of this paper is to describe the content and outcomes of an educational program for formal caregivers of persons with dementia. Caregivers from four cognitive support units (one randomly selected experimental and three control units) participated in the study. These caregivers (N=16) unit received the educational program and were compared to the caregivers (N=28) on the control units at baseline, and at three and six months. Consistent caregiver and resident dyads were observed at each data point. Process checks were conducted on 3 occasions. The social and self care abilities of residents comprised the content of the program. Repeated measures ANOVA showed an increase of experimental group caregivers' interactional behaviours in comparison to the control group caregivers: verbal relevance [F = 6.30, df(3,37), p = .003], personal-attending [F = 4.08, df(3,37), p = .021)], relaxed [F = 3.85, df (3,37), p = .026], and social/flexible [F = 4.93, df (3,37), p = .010] behaviors. Correlations indicated relationships between caregivers' interactional behaviors and residents' behaviors: caregivers' personal attending behaviors and residents agitation (P=.000), and calm-functional behavior (p=.001); caregivers relaxed behaviors and residents agitation (p=.000), and calm-functional behavior (p=.000); caregivers' social-flexible behavior and residents personal-attending behavior (p=.001), agitation (p=.000), and calm-functional behavior (p=.000). These findings indicate a positive change for the caregivers and an influence of this change on residents.

9

LIKELIHOOD OF CATASTROPHIC REACTIONS AMONG PERSONS WITH DEMENTIA

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Occurrence of catastrophic reactions (CRs) among persons with dementia was studied on 4 units in 2 nursing homes (NHs) on all shifts all days of the wk over 6 wks. CRs occurred in 57% of the 100 NH residents with dementia observed. Of the 3 extreme negative emotions expressed as part of the CRs observed, extreme anger/hostility was most common (91% of CRs observed), followed by extreme sadness (28%) and extreme anxiety/fear (16%). There was no difference in likelihood of CRs by age, sex, type of dementia, hx of stroke or staff reported pain. However, level of cognitive impairment on the MDS Cognitive Performance Scale (CPS)(0-6) was highly predictive (non-linear). Persons with intermediate levels (3-4) were five times (odds ratio of 5.17) as likely to experience CRs compared to those with less or more impairment. Similar patterns were found in ADLs (e.g., personal hygiene ability (MDS)(0-4) intermediate levels (2,3) were at greater risk (odds ratio of 3.2)). These residents may be in a transitional state -- aware of their losses and frustrated in trying to overcome them. Findings have implications for prediction/prevention of and response to CRs.CM-13

ALZHEIMER'S MOOD SCALE: VALIDITY AND RELIABILITY

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Measurement of emotion in individuals with Alzheimer's Disease has lagged behind measurement of cognition and physical function. The Alzheimer's Mood Scale is a 53 item Likert scale developed to measure positive and negative emotional response in individuals with AD. Items were derived from previously published qualitative research done prior to development of the scale. The Scale has since been used in quantitative studies involving over 150 subjects. Results on the positive emotion subscale correlate substantially with the 3 positive items of Lawton's Philadelphia Geriatric Center Observed Affect Scale, Pearson $r = .69$ and negatively with the 10 item Montgomery-Asberg Depression Scale $r = -.78$. Likewise, results on the negative subscale correlate substantially with the Montgomery-Asberg $r = .72$ and the negative items of the Lawton. Cronbach's alphas of the two subscales are .89 and .88, respectively. Interrater reliabilities were in the .78 to .85 range.

There is increasing recognition that much of the so-called "problem behaviors" evidenced by individuals with AD are a manifestation of underlying emotional disturbance. The Alzheimer's Mood Scale provides a more comprehensive assessment of emotional response then currently available tools.

CM-9

AGGRESSION, AGITATION, AND ACTIVITY DISTURBANCE IN DEMENTIA: PREDICTORS OVER 15 MONTHS

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Between 50% and 75% of people with dementia exhibit significant behavioral symptoms, including physical and verbal aggression, agitation, wandering, and inappropriate activity. This study tracks behaviors of 106 dementia patients discharged from an inpatient geropsychiatric hospital unit for fifteen months. A repeated measures ANOVA indicate that the incidence of aggressive behaviors increased for three months post discharge and remained high over fifteen months ($p<.05$). Activity disturbances did not increase or decrease from baseline levels.

Behavioral symptoms were analyzed at two weeks, six months, and fifteen months post discharge through logistic regressions. Of the patient characteristics examined, severity of dementia was most clearly and consistently related to the status of behavioral symptoms (ORs=1.1 – 1.4). Living in the community was associated with higher levels of agitation (ORs=4.3 - 4.7), as was living in a nursing home with frequently changed nurse aides (OR=4.4). While a few factors remain stable predictors, several other factors only predict these symptoms at one of the follow up times. This instability highlights the difficulty of predicting and preventing behavioral symptoms of dementia.

9

THE WOMEN'S HEALTH INITIATIVE MEMORY STUDY (WHIMS): PERSPECTIVES AT YEAR THREE OF AN ONGOING CLINICAL TRIAL

S. Shumaker, L. Coker, Co-Chairs, Wake Forest University School of Medicine (WFUSM), Winston-Salem, NC, 27157

Participants:

M. Stefanick (Stanford University School of Medicine, Palo Alto, CA 94304) Estrogen Replacement Therapy: Effects on Cognition and Dementia.

M. Dailey, B. Dugan, S. Shumaker, S. Rapp, M. Espeland (WFUSM) Overview of WHIMS Post-Enrollment.

S. Rapp, K. Kidd, D. Felton, C. Summerville, S. Jones, C. Legault (WFUSM) Quality Assurance in a Multi-Site, Randomized Clinical Trial.

L. Coker, P. Nance, C. Wasilauskas, S. Shumaker, S. Rapp, M. Espeland (WFUSM) Adherence and Retention in WHIMS.

M. Haan (University of California, Davis, CA 95616) Discussant.

The elderly population in the United States is predicted to increase 105% by the year 2025. This will be accompanied by an increased prevalence of illnesses associated with advanced age, including dementia. Evidence from animal and human cross-sectional and observational studies indicate that hormone replacement therapy (HRT) is a promising treatment to delay the onset of symptoms of dementia. Ancillary to the HRT trial of the Women's Health Initiative (WHI), the WHI Memory Study (WHIMS) is the first double-masked, randomized, placebo-controlled, long-term clinical trial designed to test the hypothesis that HRT reduces the incidence of all-cause dementia in women aged 65 years and older. Enrollment in WHIMS began in June 1996, and more than 7000 participants at 39 clinical sites from through-out the United States are being followed annually.

There are many challenges for such a large, multi-site study, and many quality assurance procedures are required. Standardizing the administration and scoring of the study instruments requires a system for certifying technicians, providing centralized training initially, and recurrent training periodically throughout the study. Management of the WHIMS database involves tracking data from the sites, verifying scores, and correcting discrepancies before entry into the centralized database. Also, high levels of retention and adherence to the protocol are required for WHIMS to achieve its scientific goals. Therefore, a number of retention strategies have been initiated. These include retention committees at the sites, diverse participant incentives, and home visits to overcome temporary inability of the participant to return for visits. These measures and others are required to maintain the integrity of the study and to test the hypotheses. The integration of this ancillary study into the already complex WHI also requires the cooperation and expertise of the WHI investigators and staff.

ESTROGEN REPLACEMENT THERAPY: EFFECTS ON COGNITIVE FUNCTION AND DEMENTIA

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Accumulating data suggest that estrogen replacement therapy in post-menopausal women improves cognition, and prevents the development and severity of dementia. Data from animal studies suggest that estrogen promotes neuronal growth and synaptic formation in the hippocampus and cerebral cortex, brain regions fundamental to cognitive function. Estrogen also stimulates multiple neurotransmitters, enhances cerebral blood flow, and acts as an antioxidant.

A number of observational studies and trials have measured the effects of estrogen on cognitive function and the risk of developing dementia in postmenopausal women. Despite the plausible biological mechanisms by which estrogen may improve cognition, studies conducted in women have produced conflicting results due to methodologic problems. First, comorbid illness may hinder the diagnosis of dementia. Also, studies that do not randomize women to hormone therapy may be biased toward those who choose to take such therapy and tend to be healthier in general. Finally, randomized studies of cognitive function have been short-term, and have not adequately controlled for confounding factors. Large randomized, placebo-controlled trials are required to address estrogen's role in prevention and treatment of dementia.

OVERVIEW OF WHIMS POST ENROLLMENT

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Cognitive impairment and subsequent loss of function is one of the most feared aspects of aging. In many animal and human studies in the past, hormone replacement therapy (HRT) emerged as a possible effective treatment for dementia. In 1996, to further investigate the potential benefits of postmenopausal HRT for the prevention and progression of dementia, investigators undertook a large controlled, randomized, long-term clinical trial, the Women's Health Initiative Memory Study (WHIMS). WHIMS was developed as an ancillary study to the Women's Health Initiative (WHI). Agreements with 39 WHI Clinical Centers throughout the US were established in order to enroll and follow for at least 6 years more than 7000 women age 65-79, who were participants in the HRT arm of WHI. As an ancillary study of such magnitude, WHIMS is continuously presented with challenges conducting its investigation in concert with the WHI. Cognitive testing, data management, quality control, reporting, publications and staffing require a complex integration of policy and procedure that continues to evolve with the development of the studies. Through the effective cooperative use of resources and the collaboration of many investigators in these clinical trials, WHIMS and WHI anticipate collecting, analyzing and interpreting data that promise ultimately to provide women with more complete information for making informed decisions regarding the benefits and risks associated with long-term estrogen use for the prevention and progression of dementia and for integration of that information with concurrent interpretations of effects of HRT on CVD, osteoporosis and breast cancer.

QUALITY ASSURANCE IN A MULTI-SITE, RANDOMIZED CLINICAL TRIAL

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Given the Women's Health Initiative Memory Study's (WHI-MS) large study population (n=7911) and multiple clinical sites (n=39), standardizing instrument administration and scoring (Modified Min-Mental State Exam: CERAD battery/Participant Interview) and maintaining data quality assurance is a major challenge. WHI-MS technicians underwent initial training at the Central Coordinating Center (CCC), and are re-certified every six months. Annual regional retreats are planned to keep up technician morale and reinforce initial training. All data (Shipping Logs, Tracking Forms and Tally Sheets) received from the clinics undergo a quality control check at the CCC. Errors are sent back to the relevant clinical site for investigation and correction. During Phase 2 of the study, technicians administer the CERAD battery and participant interview. Unique to such a large multi-site clinical trial, each audiotaped interview is reviewed by quality assurance staff to assure standardization of administration. All discrepancies are noted and feedback is provided to the technician. A database has been established to track common interviewer errors in test administration. Memos are frequently distributed to all technicians to highlight commom problem areas and solution. WHI-MS CCC staff who monitor the sites and provide training at retreats use this information to pinpint and address specific problem areas within a clinical site.

ADHERENCE AND RETENTION IN THE WOMEN'S HEALTH INITIATIVE MEMORY STUDY (WHIMS)

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For WHIMS, as for any long-term study, there are a number of potential problems related to adherence and retention. First, WHIMS is an ancillary study to the Women's Health Initiative (WHI), a complex randomized clinical trial with an aging population, and adherence to the WHI hormone replacement therapy (HRT) protocol has been found to be an important problem. Adherence and retention issues are further exacerbated by WHIMS because of complex cognitive testing and the reality that declines in cognition and general health of the participants and/or their caregivers may impose difficulties in returning for clinic visits.

Solutions to these problems begin with efforts within the WHI to address adherence to the HRT protocol with careful screening, rigorous monitoring, and referral of problems to site-based adherence/retention committees. Further, WHIMS strategies include internal tracking systems to anticipate annual WHI visits and ensure that cognitive screening is conducted, diverse participant incentives, and strategies to meet the individual needs of the participants. For example, some participants require appointments after regular clinic hours, some need transportation, or require a home visit to overcome temporary inability to return to the clinic for follow-up. Criteria have been established to determine the need for home visits: when the participant is too ill or cognitively impaired to return to the clinic; when the participant is dependent upon a caregiver and the caregiver is unable to return to the clinic; or when the participant is a caregiver and respite care is not available.

10

PREVALENCE OF DEPRESSION AND ITS IMPACT ON OUTCOMES IN HOSPITALIZED PATIENTS

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Objective: To study the prevalence of depression in younger (<65 years) and older (≥65 yeas) hospitalized patients and its impact on hospitalization outcomes.

Methods: A retrospective chart review study of a 1000 consecutive admissions to a university teaching hospital.

Results: The incidence of depression related to age (9.9% young vs. 17.4% old, $p<0.005$), sex (10.6% male vs. 16.4% female, $p<0.05$), but not to race. Patients with depression were more likely to report a history of falls (20% vs. 7.3%, $p<0.05$), and weight loss (19.5% vs. 12.5%, $p<0.05$); to need assistance with their activities of daily living (36% vs. 17%, $p<0.001$); and to have delirium on admission (35% vs. 8.7%, $p<0.001$). Length of hospital stay was longer in depressed patients compared to those without depression M±SE (8.9±2.8 vs. 6±2.6 days, $p<0.001$). In-hospital mortality showed a similar trend with the difference being statistically insignificant. Among patients not admitted from a nursing home (NH), those with depression were more likely to be discharged to a NH (16.2% vs. 4%, $p<0.001$).

Conclusion: Depression is a frequent condition in hospitalized patients, especially those 65 years or older, that is associated with poor hospitalization outcomes.

Symptoms of Depression in the Nursing Home

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PURPOSE: To investigate the prevalence of depression symptoms in treated and non-treated patients in the nursing home.

METHODS: All patients residing in a nursing home were evaluated prospectively. During a two-week period, all residents were assessed for symptoms of depression. Fifteen signs & symptoms of depression were evaluated: 1) change in appetite, 2) change in sleep habits, 3) depressed mood, 4) decreased interest in activities, 5) psychomotor agitation/retardation, 6) loss of energy, 7) worthlessness/inappropriate guilt, 8) decreased ability to think, concentrate or make decisions, 9) recurrent thoughts of death or suicide, 10) psychosis, 11) pseudodementia, 12) chronic pain, 13) substance abuse, 14) anxiety ± agitation, and 15) self isolation.

RESULTS: A total of 109 patients were evaluated. Eighty once residents completed the scale. Twenty-eight residents were unable to complete the scale due to severe co-morbid diseases, such as advanced dementia. The following table summarizes the results of the evaluation:

Treatment	Symptoms	No Symptoms	Totals
Yes	23	2	25
No	7	49	56
Totals	30	51	81

CONCLUSION: Patients treated for depression were at higher risk for increased symptoms of depression compared to non-treated patients.

Depression in the sub-acute unit: A prospective study.

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PURPOSE: To investigate the prevalence of depression using the Yesavage Geriatric Depression Scale in the sub-acute unit of a nursing home.

METHODS: All patients residing in a sub-acute unit in a nursing home were evaluated prospectively for the prevalence of depression. All patients were assessed for depression during a three-day period. The short version (15 questions) of the Yesavage Geriatric Depression Scale was used as the evaluation tool. Score distribution as follows: ≤ 5 = not depressed, > 5 = possible depression, >10 = severe depression.

RESULTS: A total of 51 patients were evaluated. All were able to complete the scale. The average length of stay in the sub-acute unit was 17.2 days. Twenty-eight percent (14) of study participants were male and 72% (36) were female. Twenty-five percent (13) of the patients had a score above 5. Only 7.8% (4) of the patients scored above 10. Three percent (2) of the patients were treated with anti-depressants and had scores below 10. Three patients noted depression in their past medical history. Using the Fisher exact test, no statistical difference of depression between male and female residents was found.

CONCLUSION: Using the Yesavage Geriatric Depression Scale, 25% of patients residing in the sub-acute unit of a nursing home can be considered depressed, and 8% suffer from severe depression. Only 3% of the patients receive actual treatment.

FREQUENCY OF UNDIAGNOSED DEPRESSION IN ELDERLY PATIENTS WITH OCULAR DISEASE

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Objective: To study the frequency of undiagnosed depression among elderly (≥75 years) patients with ocular disease.

Methods: A pilot cross-sectional study of a randomly selected sample (n=63) of elderly patients attending a primary care clinic at a teaching community hospital. These patients had one or more of five ocular diseases: Refractive errors (n=41), cataracts (n=39), glaucoma (n=19), diabetic retinopathy (n=9), and/or macular degeneration (n=3). All patients had visual function assessments using the Activities of Daily Vision Scale (ADVS), and psychological assessments using the Yesavage Geriatric Depression Scale (GDS).

Results: Depression was a pre-diagnosis in 6 patients. These were excluded from the analysis. Among the remaining patients (n=63), 20% were found to have depression (GDS scores ≥15 points). The GDS scores correlated significantly with the ADVS scores ($r= -0.48$, $p<0.05$).

Conclusion: There is a need to pay more attention to the diagnosis of depression in elderly patients with ocular disease.

DEPRESSION WITHIN DEMENTIA: COGNITIVE EVIDENCE OF SUBCORTICAL DEFICITS

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This study examined specific cognitive deficits associated with depression within dementia. Two-hundred and seventeen dementia patients were administered a neuropsychological battery tapping a variety of cognitive functions including storage, retrieval, initiation, attention, visual-perceptual abilities, constructional and conceptualization abilities. Using structural equation modeling techniques, cognitive deficits associated with depression were examined while controlling for global cognitive impairment. The dementia patients who were depressed showed significantly greater retrieval deficits than did the non-depressed dementia patients. Storage and other cognitive abilities, on the other hand, showed no significant differences between these two groups. These findings are consistent with a subcortical model of depression within dementia.

ASSOCIATION OF LOW VISION AND DEPRESSION IN OLDER ADULTS

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Low vision is one of the most common disabilities among older adults. Low vision may cause depression because it limits independence in performing daily activities. We wished to determine if people with low vision were at an increased risk for depression.

492 community dwelling older adults (mean age 74, 44% female, 21% nonwhite) were asked about experiencing any problems with vision and its functional limitations at enrollment of a three year prospective study. Depression was assessed with the Geriatric Depression Scale with a cutoff of ≥ 6 for significant depression.

32% (111) reported vision problems that limited their function.

	Limiting Vision Problems	No Limiting Vision Problems
GDS≥6	24/111 (22%)	38/381 (10%)

P<.005

Depression is twice as common in older persons with limiting vision problems. Patients with limiting vision problems should be screened for depression. CM-5

Pharmacologic and Psychologic Treatments for Depressed Older Patients: A Meta-analysis and Overview of Recent Findings

Sylvia Gerson, PhD, Thomas R. Belin, PhD, Aaron Kaufman, MS, Jim Mintz, PhD, and Lissy Jarvik, MD, PhD

Depressive disorders are among the most common mental disorders afflicting the elderly, and drug treatment poses difficult decisions, particularly for the medically ill. Data on the relative efficacy of psychologic compared to pharmacologic treatments are scarce.

Methods: Meta-analysis of data published 1974-1998 comparing response and tolerability of treatments for older depressed persons.

Results: Drugs (tricyclic antidepressants [TCA], selective serotonin-reuptake inhibitors [SSRI], and groups of others) were significantly better than placebo, with an average reduction in symptom severity of 48.0 % versus 31.3 % (analysis weighted by sample size; 50.6 % versus 21.4 %, unweighted). No single drug or group of drugs was superior in terms of efficacy, and no statistically significant differences in tolerability emerged between TCAs and SSRIs, whether measured by total dropouts or dropouts due to side effects. The limited data available on psychologic treatments show significant superiority over placebo but no significant differences from drugs in either response rates or dropouts. Direct comparison data are insufficient for firm conclusions. It is possible that different subtypes of depression and different patients vary in their treatment responses. Lack of adequate data prevented the current meta-analysis from addressing these issues.

Conclusion: Prospective studies are needed to provide robust data on which to base clinical recommendations for both drug and psychologic treatments of depression in older patients.

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DEPRESSION AND FUNCTION IN ADULTS WITH VISUAL IMPAIRMENTS

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Visual impairment results in severe functional deficits, and functional deficits are associated with depression. Seventeen percent of Americans over 65 and 30 percent by age 75 now develop macular degeneration, which causes visual impairment and related functional deficits. They are, therefore, at risk for depression, which has its own set of ramifications on health and well being. The purpose of this study was to determine the prevalence of depression in adults with vision loss and to correlate this with functional deficits. Ninety-eight subjects over 65 with visual impairments were given the Geriatric Depression Scale (GDS) and the Index of Activities of Daily Living (IADL), and age, sex, acuity, and living situation were recorded. Prevalence of frank depression (GDS 11 or higher) was 29.6% and of probable depression (GDS 5-10) was an additional 38.9%. Depression correlated directly and only with functional deficit. Depression was ten times more prevalent than mood disorders in the general geriatric population, more than reported for any other disease. Only one subject had already been identified as depressed. The undetected, descending spiral of depression, disability and dependence in this growing population of adults with visual impairments needs to be recognized and addressed.

REDEFINITION COPING WITH NEGATIVE PRESYMPTOMATIC HD GENE TEST RESULTS

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Discovery of the genes for Huntington Disease (HD) allows individuals to learn if they have a mutation in gene prior to the onset of symptoms. Prior research suggests that people with normal gene test results may experience emotional distress and disruptions of family relationships. This descriptive study reports the nature of the emotional distress and coping strategies of 10 at-risk adults (mean age, 44) receiving normal gene results. Semi-structured interviews were conducted at one month and six months post testing. Content analysis revealed a process of Redefinition in response to the loss of one's former self-perception. It consists of forming a new self-definition, coping with changed relationships in a family of people still at-risk, realizing a new legacy for no longer at-risk offspring, and awareness of the potential for a healthy future that includes old age. It is an intense emotional process particularly during the waiting period prior to receiving the test results and in the month immediately following receipt of the results. Consolidation of life changes began to emerge at six months. Implications for practice include support when emotions are most intense, anticipation of and preparation for coping with changed family relationships, counseling related to future plans and preparation for a secure old age.

AN ANALYSIS OF MERCY KILLINGS BY OLDER PERSONS SURVEY RESULTS AND CLINICO-LEGAL ISSUES

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Mercy killing are not homicide-suicides, suicide pacts, or assisted suicides. They are lethal events perpetrated by someone intimate with the victim, usually a spouse or other family member, who believes the victim is better off dead and who does not commit suicide after the homicide. The victim may not be sick or terminally ill and may not want to die. The purpose of this study was to identify the frequency of occurrence, clinical patterns and legal resolution of mercy killings involving older persons in the U.S. from January 1996- March 1999. A total of 14 cases meeting an operational definition of a mercy killing were identified in the U.S. using the database LEXIS-NEXIS. Almost 90% of perpetrators were spouses and the rest were adult children; 14% were women. Analysis of the newspaper reports suggests that more than half of the victims were not knowing or willing participants. The characteristics of cases where perpetrators were not charged, charges were dropped, or they were sentenced are presented as well as the severity of the punishment. More than half of the cases were not prosecuted, and when they were, prosecutors and judges had a great deal of discretion.

PHYSICIAN ASSISTED SUICIDE: RELIGION IS STRONGEST PREDICTOR OF PHYSICIAN ENDORSEMENT

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Physician views regarding PAS have received increasing attention as debates around legalization continue. However, little empirical research has explored the role of religion in any depth. This study examined attitudes and experiences of Connecticut licensed physicians toward PAS (n=2,805; 40% response rate). The survey comprised 60 items measuring: physician and patient characteristics, attitudes toward end of life interventions, factors influencing attitudes toward PAS, sensitivity toward depression, and experience with PAS. Sixty-six percent would either engage in PAS or refer to someone else if legalized. Predictors of writing and administering lethal prescriptions were examined using logistic regression. The strongest correlates were religious affiliation ($p<.0001$) and other measures of religiosity, such as frequency of prayer and reading religious texts. Those with differing religious affiliations varied significantly in their concerns about a series of potential risks of PAS ($p<.0001$). Qualitative data were also gathered; content analysis revealed several themes related to religion. Efforts to regulate PAS must be sensitive to aspects of religion that shape physicians' views toward and practice of PAS.

HEALTH OUTCOMES OF BEREAVED FAMILY CAREGIVERS OF HOSPICE PATIENTS: A PILOT STUDY

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The National Hospice Organization (1997) identified 3 outcomes of hospice care: self-determined life closure, safe & comfortable dying& effective grieving. The 1st 2 outcomes focus on the terminally ill person, the 3rd addresses family needs. In hospice, the family & dying person are the unit of care. Empirical evidence that hospice care enables family members to cope successfully with caregiving responsibilities & to work through their bereavement with a minimum of health consequences is needed. The research questions are: 1) What are the health outcomes of bereaved family caregivers of hospice patients over time? 2) Do the health outcomes of family caregivers change within the 1st 18 months of bereavement? Using a cross-sectional design, data was collected at 4, 6, 12, & 18 months post-death. The total projected sample of 120 was based on a distribution of 30 family caregivers per time period. Participants were English speaking, bereaved, & served as the family caregiver of hospice patients 65 or older. Each participant completed the SF-36, the Quality of Life Scale & the TX Revised Inventory of Grief. Recruitment of 30 participants per time period has been a challenge. Data collection continues. Findings to date will be presented as well as recruitment strategies.

EXPERIENCE OF SUPPORT PERSONS PARTICIPATING IN PRESYMPTOMATIC GENETIC TESTING PROTOCOLS FOR HUNTINGTON DISEASE.

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The identification of genes associated with adult-onset conditions, such as Huntington disease (HD), enables presymptomatic genetic testing for at-risk adults. Presymptomatic genetic testing protocols recommend that a support person accompany the person seeking testing throughout the process. The purpose of this descriptive study is to describe the experiences of support persons participating in presymptomatic HD genetic testing protocols. Semi-structured interviews and quantitative measures of distress were analyzed for 18 subjects. Content analysis of interviews revealed four themes related to the support person role: "being there", "doing for", "I'm being tested too", and "becoming a caregiver". Subjects had not formally prepared for the experience and suggested the need for peer counseling and anticipatory guidance as a means of doing so. Support persons experienced worry and distress related to the genetic testing event. These results suggest strategies for refinement of presymptomatic genetic testing protocols in order to enhance the experience for the persons seeking genetic testing as well as their support persons. (This study was funded by The University of Iowa Gerontological Nursing Interventions Research Center.)

11

IMPROVING PATIENT - PROVIDER INTERACTIONS IN THE MANAGED CARE ERA.

J.C. Frank, DrPH, UCLA Geriatric Medicine, 2339 Le Conte Ave., Suite 2339, Los Angeles, CA 90095-1687; M. Ory, PhD and S.M. Stahl, PhD, National Institute of Aging.

Participants:

Michael A. Counte,PhD (St. Louis University, St. Louis, MO) Implications of Health Care Delivery Systems Change for the Patient-Provider Relationship.

Kate R. Lorig, RN, DrPH (Stanford Patient Education Research Center, Palo Alto, CA) Implementing the Chronic Disease Self-Management Program into Managed Care Systems.

Janet C. Frank, DrPH and Rose C. Maly, MD, (UCLA School of Medicine, Los Angeles, CA) Perceived Efficacy in Patient - Physician Interactions (PEPPI) of Patients in Managed Care and Traditional Care.

Discussants:

Richard Della Penna, MD (Kaiser Permanente Continuing Care Services, San Diego, CA)

Thomas Prohaska, PhD (University of Illinois School of Public Health, Chicago, IL).

Medical care reorganization has changed the nature of practitioner-patient relationships. The changes in medical care organization are directly linked to patient-provider communication issues, e.g. the length of medical appointments and changes in the power structure of the relationship between the patient (member) and the provider (employee).

This symposia will address the impact of health services organization on consumer choices, patient - provider relationships, communication processes, and chronic illness self-care. Research demonstrating the effectiveness of consumer-oriented model programs on perceived self-efficacy, communication processes, adherence and health outcomes will be presented. Organizers and Discussants will summarize key systems issues (macro) and individual/ interpersonal issues (micro/interactional) from presentations and audience interaction. Topics for future research in this important new area of inquiry will be identified.

Michael A. Counte, PhD (St. Louis University, St. Louis, MO) Implications of Delivery System Change for the Patient-Provider Relationship.

According to many expert observers, current and projected systemic changes in the health care system may well have major effects on the relationship of older patients to their doctors. This presentation will review the macro perspective of the impact of systems of care on patient-provider relationships. The objectives of this presentation are to: 1) outline the most important changes that are currently underway, with special focus on the Medicare+Choice Program and the role of the older consumer; 2) assess the types of local, market-based factors which may alter the impacts of policy initiatives, e.g. the effect of regional penetration of managed care on member enrollment and consumer choice; and 3) offer predictions regarding how the relationship of older patients and their doctors will continue to change in the future.

Kate R. Lorig, RN, DrPH (Stanford Patient Education Research Center, Palo Alto, CA) Implementing the Chronic Disease Self-Management Program into Managed Care Systems.

The Chronic Disease Self-Management Program is a 14.5-hour course taught by peer leaders in community settings to people with many types of chronic diseases. Based on self-efficacy theory (Bandura, 1977), content includes disease-related problem solving and decision-making, exercise, cognitive native symptom management skills, nutrition, patient provider communication, action planning and management of negative emotions.

In a six-month randomized trial, program participants, compared to controls, significantly improved their behaviors, exercise, cognitive symptom management skills, and communication with providers. Participants also improved their health status, self-rated health disability, fatigue, role function, health distress and lowered health care utilization by .8 hospital days.

This program is now being disseminated nationally to managed care systems in a variety of ways, from an add-on to existing services to being wholly integrated into new systems of providing care for chronically ill people.

Janet C. Frank, DrPH and Rose C. Maly, MD, (UCLA School of Medicine, Los Angeles, CA,90095) Perceived Efficacy in Patient - Physician Interactions (PEPPI) of Patients in Managed Care Systems and Traditional Care.

The PEPPI scale (Maly et.al., 1998) was used to assess change in patients perceptions during a trial of comprehensive geriatric assessment that included a patient empowerment protocol to improve adherence (Reuben, et.al., 1999). This paper addresses differences in baseline and change scores between experimental subjects (n=180) receiving traditional care (TC) compared to subjects receiving care in managed health care organizations (MC) to identify initial differences and post-empowerment protocol differences in these two groups. Baseline results showed no significant differences in groups in perceived efficacy (P=.76, CI= -5.6 - 7.65). Change scores 3 months post empowerment protocol also showed no differences between groups (P=.557, CI= -4.21- 7.78). Overall change score did predict patient request behavior, patient adherence and physical function scores (SF 36). These results indicate that older people selecting MC are similar to those in TC regarding their initial perceptions about communicating effectively with their provider and that systems of care differences do not influence the positive change in these perceptions after receiving a patient empowerment protocol.

12

RELATIONSHIPS AND RELATIONSHIP LOSS: PATTERNS OF MUTUAL INFLUENCE AND UNDERSTANDING

B. de Vries, Gerontology Program, San Francisco State University, 1600 Holloway Ave., HSS 242, San Francisco, CA 94132

Participants:

M.S. Moss and S.Z. Moss, (Philadelphia Geriatric Center, Philadelphia, PA) Parent Child Relationships in Old Age: What Parent Death Tells Us

D. White (Oregon Health Sciences University, Portland, OR) Grandparent Meaning and Loss of a Grandchild

D. Gold and J. Hays (Duke University Medical Center, Durham, NC) Understanding Sibling Relationships Through the Study of Sibling Bereavement in later life

B. de Vries (San Francisco State University, CA) Friendship Meaning As Informed By the Study of Friendship Grief

Discussant:

R. Hansson (University of Tulsa, Tulsa, OK)

This symposium begins with the premise that grief is the study of individuals and their significant relationships; much can be learned about the course and nature of grief as well as the essence of relationships by their mutual consideration, something that has rarely been done. This symposium brings together members from the Death, Dying, Widowhood and Bereavement Informal Interest Group of GSA who have studied both relationships and relationship loss to share how these areas can inform each other. Moss and Moss address the impact of the death of an elderly parent on middle-aged children and how such an analysis illuminates and advances perspectives on the quality of the parent-child relationships. White comments on how the study of grandparenthood contributes to both the understanding of its meaning for older individuals and how families cope with traumatic, off-time events. Gold and Hays juxtapose sibling relationships with sibling loss presenting an image of a complex relationship implicating physical health, life expectancy, and personal and family identity. de Vries similarly reveals that the study of friendship loss provides evidence of the role of friends in self-definitions and self-evaluations. Hansson's discussion explores the implications of these reports to the study of both grief and relationships more generally.

PARENT CHILD RELATIONSHIPS IN OLD AGE: WHAT PARENT DEATH TELLS US. M.S. Moss and S.Z. Moss, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

Two sequential qualitative studies of the impact of the death of an elderly parent on a middle-aged child broaden our perspectives on the quality of the parent-child (P-C) tie. The research has modified and enriched our understanding of traditional concepts of emotional closeness (added emphasis on the simultaneous presence of positive and conflictual aspects), frequency of contact (added emphasis on the meaning of habitual interaction), instrumental assistance (added emphasis on the significance of interdependence, reciprocity, and mutual concern) and value consensus (added emphasis on the persistence of a legacy). Additionally, four themes emerge as central to the P-C relationship: (1)

family context (the significance of siblings and multiple generations), (2) temporal context (extending from past, through present, to future), (3) impact on the self (parent as model for personal identity and way of being in the world), and (4) persistence of the tie (continuity which pervades all themes). Supported by NIA Grants R01 AG08484, AG10875.

GRANDPARENT MEANING AND LOSS OF A GRANDCHILD.

D. White, Oregon Health Sciences University, Portland, OR 97201.

Research on grandparenting generally has provided insight into the meaning of grandparenthood, grandparenting styles, intergenerational relationships, and the role of grandparents in a family crisis. This research has been criticized for its atheoretical nature and for offering too little attention to the dynamic aspects of the relationships with adult children and grandchildren, to transition points along the life course, and to the context within which grandparenting occurs. A modest body of largely descriptive research has focused on grandparent bereavement reporting profound grief experiences and a sense of helplessness as grandparents stand as witnesses to their adult children's grief. A systematic focus on grandparent grief can contribute to a more comprehensive understanding of the grandparent role, intergenerational relationships, and family bereavement more generally. This paper synthesizes these literatures and provides a research agenda adopting a life course perspective and drawing upon systems theory and symbolic interactionism. Such research will contribute to an understanding of the meaning of grandparenthood and how families cope with traumatic, off-time events.

UNDERSTANDING SIBLING RELATIONSHIPS THROUGH THE STUDY OF SIBLING BEREAVEMENT IN LATER LIFE.

D. Gold and J. Hays, Duke University Medical Center, Durham, NC 27710

The small but growing literature on sibling relationships in later life has been generated by an awareness that the aging Baby Boomers will have more siblings than children. Implications of this include potential insufficiency of social interaction and social support. This is complicated by the fact that elders are more likely to confront the death of a sibling than any other kin. The research on later life siblings has created a portrait of individuals with strong affective ties and in fairly frequent contact (both of which vary by gender) with intriguing dyadic differences (Gold, 1989a; 1989b; 1990). Studies on sibling bereavement reinforce these dyadic and gender differences, adding evidence to suggest that siblings also serve as markers of an individual's physical health, life expectancy, economic well-being, as well as personal and family identity in later life (Hays, Gold, & Pieper, 1997). Together, these results present a more complex image of sibling relations than has been previously identified and provide avenues for future investigation. Supported by NIH grants R01 30442, P60 AG11268, and NIA Contract N01 AG12102.

FRIENDSHIP MEANING AS INFORMED BY THE STUDY OF FRIENDSHIP GRIEF.

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Gerontologists have become increasingly interested in the executive function played by friends in the lives of individuals across the adult life course. The focus of research attention has moved from analyses of friendship number and frequency of contact to explorations of friendship meaning and function (Adams, Blieszner, & de Vries, 1999); analyses of responses to the death of friends offer great potential to influence and be influenced by this latter area of study. Accounts of friendship loss *enlarge* on the multidimensionality of the friendship construct and the affective ties between friends and the sociable nature of their interaction. Explorations of friendship grief also *draw attention to* the distinctions between friends and family (the latter a sanctioned relationship with more prescribed roles for both interaction and grief) as well as the distinction between being a friend and having a friend (with different characteristics and aspects of loss evidenced in each of these perceptions). Finally, the study of friendship grief *introduces* to the relationship literature the self-awareness, self-development and identity-enhancing functions of friendships. The conjoint examination of friendship meaning and friendship loss enhances the understanding of both.

13

THE ROLE OF PRODUCTIVE ACTIVITY AND INSTRUMENTAL SUPPORT IN MAINTAINING PHYSICAL FUNCTION IN RURAL HISPANIC (H) AND NON-HISPANIC WHITE (NHW) ELDERS: The San Luis Valley Health and Aging Study (SLVHAS).

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MacArthur Successful Aging Studies examined the role of social engagement in predicting physical function. Replication of these findings in diverse populations, such as Hispanic elderly, will enhance their generalizability. We examined the role of instrumental support (IS) and productive activity (PA) as predictors of maintenance of physical function (PF), measured as change in a 17 point scale of observed performance tasks 22 months after a baseline assessment. A 3 point negative change defined worsening PF. Analyses conducted included death (D) as a negative outcome. Of the original sample who were self-responders to the baseline visit of the SLVHAS, 86% (n=1000) had all follow-up data for this analysis. Subjects were 56% Hispanic and 58% female, with a mean age of 73 years. Logistic regression was used with adjustment for baseline age, gender, ethnicity, education, mental status, co-morbidity and ADL/IADL

function. Adjusted odds ratios and 95% confidence intervals (CI) for worse vs maintaining or improving PF for the highest vs lowest level of IS and PA were:

	Worse PF/ maintained or improved PF	Death or worse PF/ maintained or improved PF
IS	1.41 (CI: 0.81-2.45)	1.33 (CI: 0.81-2.17)
PA	0.88 (CI: 0.74-1.05)	0.77 (CI: 0.66-0.90)

Productive activity at baseline was predictive of positive follow-up outcomes in both H and NHW elders, confirming findings from other studies, though the role of IS was not confirmed.

SOCIAL AND PRODUCTIVE ACTIVITIES PREDICT SURVIVAL: THE NEW HAVEN E.P.E.S.E.

T.A. Glass, L.F. Berkman (Harvard School of Public Health, Department of Health & Social Behavior, 677 Huntington Ave, Boston, MA 02115), C. Mendes de Leon (Rush Institute on Aging, Chicago Ill), R.A. Marottoli (Yale School of Medicine, New Haven, CT).

BACKGROUND: Previous research has shown that physical activity predicts survival. Little is known about the potential benefits of performance of social and productive roles involving little or no physical exertion.

METHODS: Prospective cohort study with annual mortality follow-up. Activity and other measures were assessed by structured in-home interviews at baseline (1982). Proportional hazards models were used to model survival from time of initial interview.

SUBJECTS: Men and women from the New Haven E.P.E.S.E, a random population sample of 2,812 persons aged 65 and older.

RESULTS: Social and productive activities were independently associated with a lower risk of all-cause mortality after controlling for other known risk factors. The protective effect of social activities is evident across levels of functional capacity. The removal of early diers also did not attenuate this effect.

CONCLUSIONS: These data show that social and productive activities lower the risk of all-cause mortality as much as do fitness activities. This suggests that in addition to increased cardiopulmonary fitness, activity may confer survival benefits through psychosocial pathways. Social and productive activities requiring less physical exertion may complement exercise programs, and may constitute alternative interventions for frail elderly persons.

COMPARING THE BENEFITS OF PERSONAL AND EQUIPMENT ASSISTANCE FOR DISABILITY.

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Persons with disabilities obtain more benefit from equipment than personal assistance (Verbrugge, Rennert, Madans, AJPH, 87(3), 1997). With the 1994-95 National Health Interview Survey Disability Supplement, we replicate and expand the analysis for U.S. community dwellers ages 55+ with ADL/IADL disabilities. (1) What factors prompt people to use any assistance for these disabilities? (2) Among assistance users, what predicts type of assistance? (3) Which type of assistance is linked most strongly to perceived reduction and resolution of disability? Multivariate models are designed for four Y's (use of assistance, type of assistance, reduction, resolution) with predictors for Predisposing, Need, and Enabling factors. They are estimated for each disability (6 ADL, 6 IADL). (1) Severity of the disability and multiple disabilities (Need) are strong predictors of assistance use. (2) Severity, multiplicity, and recent onset (Need) push people to personal instead of equipment assistance; older age and coresidence (Predisposing) are also linked especially to personal help. (3) Reduction and resolution of disability are less likely for persons with high severity and multiple disabilities. Equipment is more beneficial than personal assistance for reducing disability; they are comparable for resolving it. This new analysis has fine controls for differences in health/functioning of the assistance groups. It urges policies for long-term coverage of equipment for disabled persons.

USE OF MOBILITY EQUIPMENT AMONG THE MOBILITY IMPAIRED

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The use of mobility equipment and other assistive technology may be an effective strategy for reducing need for human assistance among people with impairments. Using data from the Adult Followback Survey of the 1994-95 NHIS Disability Supplement, we analyzed the predictors of mobility aid use in a sample of adults who reported difficulty performing at least one of three activities: walking a quarter of a mile, walking up 10 steps without resting, and standing for 2 hours (n=12,814). Approximately 30% of the sample reported using at least one type of equipment. Use increased linearly with age, with the highest prevalence of use reported by people over age 75 (49%). Logistic regression analyses revealed higher income to increase use among women, and insurance coverage and higher education to increase use among people under age 65. A strong positive relationship was observed between equipment use and living alone (OR=1.5; 95% CI= 1.3, 1.8), and a weak, negative relationship between use and being married, suggesting that there may be opportunities for substitution between technological and human assistance that have implications for the autonomy and independence of people with impairment.

Life-Space Changes Associated with Assistance from Devices and Persons.

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We examine associations between mobility, defined in terms of life-space, and resources, i.e. assistive devices or personal assistance. Adults aged 65+ were assessed in their homes. The Life-Space Questionnaire determined persons' life-space with and without assistance from devices or other people. Life-space, the distance through which one routinely and purposely moves, ranged from 0 (room-bound) to 5 (unlimited movement). Life-Space/Independent measured distance attained without devices or personal assistance; Life-Space/Assisted measured the distance attained with devices; and

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Life-Space/Maximal the distance attained using assistance from devices and/ or people.

The mean age of the sample (n=133; African American 50%; male 29%) was 76.4 (SD= 7.18). Means for Life-Space/Independent=3.4; Life-Space/Assisted=3.8; Life-Space/Maximal=4.7. On the Life-Space Independent measure, 13.5% were limited to the room where they slept (level 0); 5.3 % to their homes (level 1); 12.8% to areas immediately outside their homes (level 2); 9.8% to their neighborhood (level 3); 12.8% to their town or community (level 4) and 45.9% were unrestricted (level 5). With devices, 16% of the sample improved in life-space; 38% improved using devices and/or personal assistance.

At Life-Space/Independent level 0, using devices reduced the percentage of persons at that level from 13.5 to 3%; at level 5 the change was only from 45.9 to 49.6%. At the highest Life-Space level (5), using devices or personal assistance increased the percentage of persons in that category from 45.9% to 78%. In conclusion, using devices and/or personal assistance increases life-space at all levels, but the effect of devices is more powerful at the lower levels and personal assistance at higher levels.

14

WHAT DO NETWORK MEMBERS KNOW? THE ATTITUDES AND REACTIONS OF NETWORK MEMBERS TO DEPRESSION IN CAUCASIAN AND AFRICAN-AMERICAN OLDER WOMEN

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Participants:

D. Alexander & K. Heller (Indiana University) Using community sampling procedures to recruit depressed older women and their network members.

S. Allen, R. Swindle & D. Alexander (Indiana University) Predictors of congruence in ratings of depression, health, and coping with stress between older women and their network members.

M. Wyman, R. Swindle & D. Alexander (Indiana University) Self-reports and network member reports of support as predictors of depression in older women.

K. Heller, M. Wyman & R. Swindle (Indiana University) The role of attitudes toward aging, locus of control, relationship closeness and support reciprocity in predicting the coping of older women.

Discussants:

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Despite decades of research on the effects of social relationships on physical and mental health, very few studies examine these relationships from the perspective of more than one dyad participant. Thus, it is unclear whether reports of support and social transactions simply represent social perceptions, or whether concordance between dyad participants matters for the maintenance of physical or mental health. There is also very little information about the effects of racial differences in network member perceptions and reactions.

Symposium participants discuss data from a study of community-dwelling older women chosen randomly from low income census tracts in a large Midwestern city. Potential participants were screened for depression and then participated in a series of diagnostic and life event interviews. Up to two network members of each participant also were interviewed about their social contacts and attitudes, and about what they know about the target participant's health, mental health, social ties and coping with stress. Factors predicting concordance in reports are examined, and are related to physical and mental health outcomes. Reactions of Caucasian and African-American network members are compared.

USING COMMUNITY SAMPLING PROCEDURES TO RECRUIT DEPRESSED OLDER WOMEN AND THEIR NETWORK MEMBERS

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Much of the research on the relationships between older adult health, mood and social ties, uses either patient derived samples or samples of convenience, neither of which are likely to be representative of the general population of older adults. Since depression in old age is often hidden, it is important to assess these variables in more representative samples.

The participants in this study were selected at random from an urban Midwestern community. They consisted of women over the age of 65 who exhibited depressive symptoms and their demographically matched non-depressed controls. Up to two network members also were interviewed for each participant.

In this paper, we discuss the methodology for recruiting and screening a representative community sample of older women and their network members, and the problems encountered using this method. We also examine the usefulness of abbreviated phone screening assessment of depression and social ties in predicting responses to more detailed in-home diagnostic and life events interviews.

PREDICTORS OF CONGRUENCE IN RATINGS OF DEPRESSION. HEALTH, AND COPING WITH STRESS BETWEEN OLDER WOMEN AND THEIR NETWORK MEMBERS.

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The literature indicates that congruence may be an important aspect of satisfying and enduring relationships and may be significant in determining the impact of supportive behaviors on an individual's mental health. Previous studies of concordance between individuals and their network members have found greater concordance for persons who are close and for family members compared with friends. Also, greater concordance was found in what network members knew about negative life events experienced by depressed compared with non-depressed individuals, indicating that distressed individuals are more likely to make their worries and concerns known to network members. Furthermore, in another study, partner's knowledge of a woman's stressful events was found to reduce the impact of these events, with stress leading to increased depression levels only for women whose partners did not know about the woman's events.

Data is available in the current study to test these propositions for Caucasian and African-American older women and to determine the characteristics of network members who are most aware of an older woman's life experiences, behavior and affective state.

SELF-REPORTS AND NETWORK MEMBER REPORTS OF SOCIAL SUPPORT AS PREDICTORS OF DEPRESSION IN OLDER WOMEN

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One of the most consistent findings in the social support literature is that measures of perceived support are significantly better predictors of depression than are more objective measures of support received. This may mean that perceived support represents a perceptual bias related to depression rather than the amount of true support received. One way to evaluate this hypothesis is to examine reports of social relationships from the perspective of a significant other. Using data from a sample of community-dwelling older women and their nominated network members, this study examines the relationship between self-report and informant ratings of depression (assessed by the CES-D), an older woman's own assessment of her support, and the network members' assessment of her support. A measure of closeness, measures of specific positive and negative supportive transactions during two stressful life events, and a rating of overall quality of received support were used. Results comparing the relationship of depression to self-report and to network informant reports are presented.

THE ROLE OF ATTITUDES TOWARD AGING, LOCUS OF CONTROL, RELATIONSHIP CLOSENESS AND SUPPORT RECIPROCITY IN PREDICTING THE COPING OF OLDER WOMEN.

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Social relationships not only serve as sources of support but they also exert social control functions (i.e., attempts to regulate the behavior of others). While there is a great deal of research on the supportive functions of social ties, the regulatory aspects of social relationships have received much less emphasis.

In this study we examine network member and dyad characteristics that facilitate or impede active coping with stress on the part of depressed and non-depressed older women. We hypothesize that active coping with stress is more likely to occur for women with emotionally close network ties and for those who engage in support reciprocity (i.e., who both give and get support from others). We also expect that active coping is more likely to be facilitated by network members who have positive attitudes toward aging and who have an internal locus of control with regard to events in their own lives. Attempts at social control (i.e., disapproval of typical coping behaviors), is expected to be more frequent for family members than for friends. These hypotheses are tested in a study that examines the responses of older women who vary in the severity of their depressive symptomatology, and those of their friends and family members.

15

A MODEL OF SUCCESSFUL COMMUNICATION ABOUT CARE GOALS BETWEEN OLDER BREAST CANCER PATIENTS AND ONCOLOGISTS.

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Successful communication between breast cancer patients and oncologists is necessary to make collective care decisions, incorporate patient preferences, and address psychosocial well being. Yet insufficient attention has been directed at understanding physician-patient successful communication for women living with metastatic breast cancer. This qualitative study presents a model of successful communication based on an analysis of the personal experiences of breast cancer patients and oncologists. Data are presented from 7 focus groups; three with older women (n=21) with incurable breast cancer and four with oncologists (n=17). Results indicate that patients and physicians differ in their perceptions of successful communication. Physicians conceive successful communication to encompass the communication of disease specific information to the patient in a manner that preserves hope. Patients perceive successful communication to be honest communication that includes respect, physician competence, touch, time, partnership, and the presentation of information that results in an understanding of disease. Physicians and patients generally believe end-of-life discussions are not appropriate until the patient's health deteriorates which may prohibit patients from participating in end-of-life care decisions. Major dimensions of the successful communication model include physician and patient characteristics, physician communication style, physician and patient comfort discussing end-of-life care, patient clinical status and disease prognosis, patient emotional acceptance of the disease and prognosis and hope.

THE EFFECTS OF PRIOR CAREGIVING INVOLVEMENT ON ADJUSTMENT TO THE DEATH OF A SPOUSE J.L. Yee, R.Schulz, S.R. Beach, University Center for Social and Urban Research, University of Pittsburgh, Pittsburgh, PA 15260, S. Jackson, WFU School of Medicine, Dept. of Public Health Sciences, Medical Center Blvd., Winston-Salem, NC 27157, L. Burton, Center for Health Services Research, Johns Hopkins University, Baltimore, MD, 21205, C. Hirsch, Dept. Of Medicine, University of California, Davis, Sacramento, CA 95817

The present study investigated the effects of caregiving involvement prior to the death of a spouse (providing no help, providing help, but experiencing no strain, providing help and experiencing strain) on depressive symptoms and preventative health behaviors before and after spousal death. Participants were 114 (84 males and 30 females) widowed older adults who were enrolled in the Caregiver Health Effects Study (CHES), a longitudinal study that assesses the mental and physical health effects of caregiving. Results of longitudinal analyses demonstrated that participants who helped their spouse and felt strained showed improvements in preventative health behaviors after the death of the spouse. However, those helping and not experiencing strain and those providing no help remained constant in the number of preventative health behaviors they engaged in. Results showed there was no significant pre-to-post-death change in depressive symptoms among the three caregiving involvement

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groups. However, a trend was present in which the help and strained group showed a decrease in depressive symtpoms and the no help group showed an increase in depressive symptoms. These results suggest that there are improvements after spousal death in the mental and physical health of widowed caregivers who experienced caregiving strain. However, longer follow-ups and larger sample sizes are needed to more clearly establish the relationship between caregiving and post-bereavement adjustment.

Outcome of Nutritional Screening and Intervention in an Outpatient Urban Geriatric Setting. M.Brodsky, K. Truby, and R. Pomerantz. Saint Joseph Hospital, Section of Geriatric Medicine, Chicago, IL 60657

It is well established that there is a high incidence of malnutrition in the hospitalized elderly population. This study examined both the prevalence of malnutrition and the outcomes due to intervention in an outpatient geriatric setting. Nutritional screenings using the Subjective Global Assessment method were performed on consecutive patients seen in an urban geriatric clinic (n=147). Subjects were categorized by a single examiner as either well nourished(A), moderately malnourished (B), or severely malnourished (C). All patients who were found to be in levels B or C received nutritional intervention including provision of nutritional counselling or oral supplementation. Results of the screening showed that 33% of all patients screened were either moderately or severely malnourished. Of those patients found to be malnourished, 33% were found to be severely malnourished. Among those who received a one month follow-up (n=21), 76% either had gained or stabilized in weight after intervention. Mean weight change including both patients who lost and gained weight after one month was 0.45 lbs.(SD=6.06, range=-21-+10 lbs). Among those patients who had a weight loss after intervention, 83% were in the moderately malnourished group (mean -6.6 lbs). Those found to be in the severely malnourished group had the most improvement after intervention (mean +3.07lbs.). This study demonstrates a high prevalence of malnutrition among the outpatient urban geriatric community. Identification and nutritional intervention was found to be beneficial in the majority of patients especially those with the most severe malnutrition.

EXTENDING THE REACH OF PALLIATIVE MEDICINE: ETHNOGRAPHY OF AN INTERDISCIPLINARY PALLIATIVE CARE CONSULTING TEAM.

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This paper explores some of the inherent contradictions resulting when attempts are made to provide palliative care in health care organizations which practice curative medicine. Efforts on the part of health care providers and the public which seek to improve care for the dying began when society came to realize that medical advances in treating disease not only prolonged life, but also often resulted in the prolonging of suffering. Providing dying patients with palliative care has become a central goal of health care providers concerned with improving care for patients at the end of life. This paper reports on findings from an ethnographic study of one such effort to expand the use of palliative care in an out-patient setting: an interdisciplinary palliative care consulting team. Using the sociology of knowledge approach, this analysis will reveal both organizational barriers and issues of power and authority which are central to an understanding of how palliative care can most effectively be extended into organizations which practice curative medicine.

INTERPERSONAL CORRELATES OF QUALITY OF LIFE IN OLDER ADULT CANCER PATIENTS.

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Advances in palliative care and hospice medicine have demonstrated that cancer patients' quality of life (QOL) can be improved with appropriate management of patient symptomatology. However, few studies have looked at interpersonal factors that contribute to QOL in terminally ill cancer patients. This study examined the relationship between caregiver psychosocial factors and care receiver QOL. Seventeen hospice patients completed the McGill Quality of Life Scale (Cohen et al., 1997) and the Primary Relationship Questionnaire (Redinbaugh, unpublished) while their family caregivers completed the Caregiver Burden Screen (Rankin et al., 1994) and the Brief Symptom Inventory (Derogatis, 1974). The typical care receiver was a 65 year old white married male with some college education. The typical caregiver was a 56 year old married female with a high school education. The average family income ranged between 20 and 30K. The physical symptom items from the McGill QOL Scale were eliminated in the analyses so that care receivers' physical health did not confound the results. The results showed a moderate correlation (r=.35) between patient QOL and patient relationship satisfaction. Caregiver psychological distress and caregiver burden showed high correlations with patient QOL (r's = -.67 and -.65, respectively). The association between relationship satisfaction and QOL decreased to r=.21 when controlling for caregiver burden, and it further declined (r=.12) when controlling for caregivers' psychological distress. These results indicate that psychosocial factors relevant to the caregiver - care receiver relationship (i.e., caregiver burden and psychological distress) contribute to patient QOL at the end of life.

GRIEF AND THE FAMILY SYSTEM: THE ROLES OF COMMUNICATION, AFFECT, AND COHESION.

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In addition to its effects on individuals, the loss of a loved one also alters the family system. While how the family functions may affect the grief process, the experience of grief over time may also alter the family's functioning and patterns of communication. In order to understand the relationship between grief and the family's functional characteristics, 61 adults who had experienced the loss of a family member within the last year completed measures assessing characteristics of the family system (communication, affect, cohesion) as well as the Grief Experience Inventory within 4-5 weeks of the death of a spouse or parent and again 6 months later. Cross lagged panel correlational analyses indicated ($p < .05$) that less family cohesion negatively impacted grief over time. Hierarchial regression analyses further indicated ($p < .05$) that when controlling for the effects of sociodemographic variables, initial levels of grief, and family system characteristics at posttest, lower initial family cohesion and communication predicted more negative grief reactions 6 months later. These findings have value for family therapists who can positively affect how their clients cope with the loss of a loved one.

Perceptions of Elective Discontinuation of Chronic Life-Sustaining Ventilation by Medical Staff

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Introduction: The discontinuation of mechanical ventilation with the implicit knowledge that death will result is a rare event in the nursing home. This study evaluates the impact of terminal weaning on medical staff perception of patient care, as well as self-reported effects on mood one year after death of the patient.
Methods: A retrospective chart review of patients admitted to the chronic ventilator unit (1992-1998), identified 14 patients, who had elective removal of mechanical ventilation. With IRB approval, a structured interview on patient care and staff attitudes was given.
Results: Thirteen participants completed the interview, including 6 RN's, 3 MD's, 2 CRT, 1 GNA, and 1 PA. Ten participants felt that overall the experience was a positive one. Nursing care, respiratory care, and medical care were ranked to be positive parts of the patient care by 12/13 people interviewed. Participants felt that patients were clinically declining in all but three cases. Three patients were perceived to be uncomfortable. Four of those interviewed reported some discomfort with the terminal weaning process. In the year following the patients death staff reported increased fatigue 4/13, symptoms of depression 2/13, loneliness 2/13, and guilt 3/ 13. The staff reported that 11/13 would agree to terminal weaning if a family member was in a similar situation and 12/13 would want their family to support terminal weaning for themselves.
Discussion: Terminal weaning is a difficult decision for chronic ventilator patients. Despite this, 77% of the staff who provides care for these patients sees it as a positive experience. In some cases the staff is affected by feelings of depression and guilt. Counseling or bereavement services targeted to help medical staff with personal issues of grief and loss may be helpful.

ATTRITION IN A RANDOM-SAMPLE PANEL ON OCTOGENARIANS : DETERMINANTS AND CONSEQUENCES

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Attrition in a panel study is a major concern, even more so when studying the oldest old, particularly where health may be both a cause of attrition and the central focus of the research project.
Among oldest old, death is the most frequent source of attrition, but there are other causes, like refusal due to health problems or relocation. The use of proxies in these cases is helpful, but limited. Proxies are not always available or may refuse to participate. Even when available, they may be unable to provide the required information.
Based on data from the Swiss Interdisciplinary Longitudinal Study on the Old-Old (SWILSO-O), this paper aims at analyzing the determinants of attrition due to death or to refusal; discussing the consequences of ignoring these processes in the interpretation of results; and suggesting possible solutions.
Since 1994, SWILSO-O has followed a cohort of 340 randomly sampled octogenarians living at home at baseline. After four waves (42 months), the attrition rate was 38% (n=131, half of these due to death).
Results show that attrition due to death was related to prior poor functional health, poor self-rated health, and to attitudes towards self and religious practice. Attrition due to refusal was linked with SES and regions of residence.

LINEAR REGRESSION COVARIATE DEPENDENT MISSING DATA.

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In this paper, we present a linear regression analysis accommodating a missing dependent variable process that is independent of the process generating the dependent variable, but dependent on measured covariates. The type of missing data is referred to as completely at random missing data conditional on covariates. The approach we use is from Heckman (1979), sometimes referred to as the propensity score approach. In response to a series of questions on years of life desired under ten hypothetical conditions, dependent variables for regression analyses, Lawton et.al. obtained answers and three types of omissions from 300 white and 300 black aged subjects. Dummy codes of answers and missing responses were created for them. Each dummy code was regressed in Probit analysis on the same predictors to be used in the regressions. The new variable, a cumulative probability estimate was included as an additional predictor. The list-wise complete records were then used in regressions for each type of omission and for all three combined. The estimated predictors contained information on how the dummy groups differed on the predictors, acting in the role of covariates in the regressions. The entire method, including the SAS steps, the Probit analyses, and the regressions will be presented and discussed on one of the dependent variables. Supported by grants MH52129 and AG11995.

PSYCHOLOGICAL ATTRIBUTES AND CHANGES IN DISABILITY AMONG LOW-FUNCTIONING OLDER PERSONS: DOES ATTRITION AFFECT THE OUTCOMES?

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The impact of attrition in a 2-wave panel study on the associations between psychological attributes (mastery, self-efficacy expectancies) and disability increase among low-functioning older persons (n=753) was studied. The results showed that: (1) attrition at the 2-year follow-up was clearly related to age and level of disability at baseline. Particularly older persons and those with higher levels of disability did not participate in the follow-up; and (2) the strength of the association between the selected psychological attributes and the increase in disability did not substantially alter when (a) missing follow-up scores of disability were replaced by several values (lower, equal or higher compared to those who actually participated at the follow-up) or (b) associations were computed excluding those participants at follow-up with highest increase in disability. We conclude that attrition may affect the descriptive outcomes of aging studies, but that attrition not always seems to be serious when associations between variables are analyzed.

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PREDICTIVE MODELS OF ATTRITION IN CAREGIVING RESEARCH: A MULTI-SAMPLE ANALYSIS.

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The purpose of this study was to evaluate if similar processes were responsible for generating subject attrition across four caregiving samples. The NIA funded PROCESS project seeks to understand the role of social support in reducing caregiving distress, using secondary data analysis of four longitudinal studies of informal caregivers. The studies used conceptually similar measures, but differing procedures in regard to sampling, sample size, and length of panels. Since strategies for handling missing data rest on different assumptions, an important consideration was how best to represent subject attrition. The proportion of dropouts in each study ranged from 10% to 17%. A discrete-time event history analysis was performed separately on each data set. Potential predictors of attrition included demographic characteristics, measures of social support and caregiving distress. Different sets of predictors emerged for each sample. The major consideration appeared to be whether the data came from a probability sample or a convenience sample. In the probability sample, demographic factors were most important with dropouts more likely to be adult children rather than spouses, white, younger, working full-time, and with lower income. In contrast, in the convenience samples, attrition was better predicted by measures of caregiving distress, informal support and duration of the study. We assume, at this point, that these differing patterns of attrition may be due to different characteristics of the populations represented by the two sampling procedures. Our results suggest that findings from longitudinal caregiving studies need to be examined in the context of sampling error.

17

THE SOCIAL CONTEXT OF EVERYDAY PROBLEM SOLVING

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Participants:

J.H. Patrick, & K.A. Barnes (Department of Psych., West Virginia University, Morgantown, WV 26506-6040) Perceived Ability to Deal with Everyday Stress.

J. Strough, S. Cheng, & L.M. Swenson (Department of Psych., West Virginia University, Morgantown, WV 26506-6040) Older Adults' Preferences for Collaborative and Individualistic Everyday Problem Solving.

S. Cheng & J. Strough (Department of Psych., West Virginia University, Morgantown, WV 26506-6040) Collaborative Everyday Problem Solving Among Older Adults.

S.P. Meegan (Dept. of Psych., University of Utah, Salt Lake City, UT, 84112) Measurement Issues in Assessing the Salience of the Social Context in Life Tasks among Married Middle-aged and Older Adults.

Discussant:

C. A. Berg (Dept. Of Psych., University of Utah, Salt Lake City, UT 84112)

The social context of everyday functioning is an area of increasing interest in the adult development and aging literature. The symposium considers the multiple levels at which older adults' social contexts relate to their everyday problem solving. Participants address the interplay between individuals and their social contexts in a variety of ways. First, social cognitive processes are examined in terms of how older adults view their memory and health abilities in comparison to those of same-age peers, and the consequences of these views for their perceived ability to deal with everyday stressors. Second, individual differences in older adults' preferences for solving everyday problems alone and in collaboration with others in specific problem domains are considered. Third, the performance of older adults who work with another person on an everyday problem-solving task is compared to the performance of older adults who work on the task alone. Fourth, methodological issues in the assessment of the social context are considered. Together, the presentations illustrate the importance of the social context for understanding everyday problem solving in later adulthood. Emphasis is placed on how collaboration with others may reflect successful adaptation to demands faced by older adults when solving problems in their everyday lives.

PERCEIVED ABILITY TO DEAL WITH EVERYDAY STRESS.

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Increasing threats to one's ability to deal with everyday stress are thought to occur with increasing age. However, individual differences in perceived ability to meet daily demands have not been adequately delineated. The current study sought to identify predictors of perceived everyday competence and to examine the relative contributions of each predictor. Data for these analyses derive from 80 adults (age 65 to 89) who completed self-administered measures of perceived ability to deal with everyday stress, physical health, memory ability, income, and personality.

Regression analyses predicting perceived ability to deal with stress indicated significant contributions of health, memory, and personality, although age and income were not significant predictors ($F(5,66)= 9.09$, $p< .001$; $R^2= .41$). Logistic analyses showed that 84.7% of the sample could be correctly classified as to whether they perceived themselves to have superior abilities or not (χ^2 (5)= 37.12, $p< .001$). Log likelihood ratios revealed that adults reporting superior memory ability were 6.6 times more likely to perceive themselves as dealing effectively with everyday stresses. Although failing to reach statistical significance ($p= .08$), persons who reported inadequate economic resources were 4.7 times more likely to report average or below average perceptions of everyday competence.

Results are discussed within the context of improving basic memory resources as a means to increase perceptions of everyday competence. BSS25

OLDER ADULTS' PREFERENCES FOR COLLABORATIVE AND INDIVIDUALISTIC EVERYDAY PROBLEM SOLVING

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Recent empirical and theoretical work has been directed toward understanding collaborative problem solving in later adulthood. The purpose of the present study was to examine older adults' preferences for collaborative and individualistic problem solving as a function of problem domain, self-perceptions of ability, and gender. Older adults' (65+ yrs.) preferences for solving problems collaboratively and alone in nine everyday domains (health, memory, household repairs, finances, vacation planning, meal preparation, assembling products, medications, transportation), and their self-perceptions of their ability to solve problems in these domains, were assessed. Results indicated that preferences for working alone and for working with other people varied according to problem domain. Preferences for working alone to solve problems were greatest in meal preparation, medication, and transportation domains; preferences for working with others were greatest in trip planning and household repair domains. Gender also interacted with domain such that males were more likely than females to report to prefer to work alone in most, but not all, problem domains. Self-perceptions of ability were important for understanding preferences for working alone or with other people to solve problems. In most domains, lower perceived ability was associated with greater preference for working with others and lesser preference for working alone to solve problems. Discussion focuses on how collaboration with others may reflect successful adaptation to demands faced by the aging person.

Collaboration in Everyday Problem Solving Among Older Adults

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Previous studies on problem solving ability often find older adults to be poor problem solvers in comparison to younger age groups because older adults use problem-solving strategies that are defined as less effective by researchers. The purpose of this study was to investigate the benefits of collaborative problem solving as opposed to solitary problem solving among older adults on an everyday problem-solving task. Older adults 60 years and older completed an everyday problem-solving task that required participants to sequence a variety of destinations in the most time efficient route with either a same-sex friend or alone. Collaborating older adults took less time to complete the task, created more time-efficient routes, and made fewer mistakes (e.g., omission of destinations) in comparison to adults who completed the task independently. These results suggest that collaboration can be beneficial to older adults' problem solving. An examination of the social context in which older adults solve their everyday problems is important when assessing older adults problem solving.

MEASUREMENT ISSUES IN ASSESSING THE SALIENCE OF THE SOCIAL CONTEXT IN LIFE TASKS AMONG MARRIED MIDDLE-AGED AND OLDER ADULTS

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Research has revealed that the context of everyday stressors, problems, and life tasks holds an important role in appraisal processes. Scholars have focused especially on variability in the salience of social aspects of the context, such as interpersonal domains, the mention of others in the context, or the post-hoc coding of the centrality of relationship partners. Little conceptual and empirical attention, however, has been given to the potentially different estimates of the salience of the social context provided by different methodologies. The present study addresses three ways the social context was assessed in a study of life tasks among married middle-aged and older adults. Spontaneous mentions of relationship partners during life task descriptions, the interpersonal content of life tasks, and appraisals of life tasks as shared with relationship partners are used to suggest that methodological differences have important consequences for the apparent salience of the social context in life tasks. The methodologies may actually capture different aspects of appraisal processes, such as the social content of life tasks or the extent to which the social context is important to how an individual defines a life task.

18

INTERNAL CONSISTENCY OF DAY-TO-DAY DIARY REPORTS OF INCONTINENCE

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A frequently asked question by researchers who rely upon diary reports is how many days of reports are necessary to reach a satisfactory level of reliability. The purpose of this study was to examine the number of consecutive days of diary reports of frequency of incontinent episodes necessary to obtain adequate internal consistency. Participants in this study included women who were enrolled in one of two randomized clinical trials designed to treat either urge (N=138, aged 55+) or stress incontinence (N=76, aged 40+). Prior to treatment, participants completed two weeks of diaries documenting the frequency of incontinent episodes. Women with predominantly urge incontinence recorded an average daily frequency of 2.18 episodes, while women with predominantly stress incontinence recorded an average daily frequency of 2.14 episodes. Using Cronbach's alpha to obtain a desired reliability estimate of alpha= .90, women with urge incontinence required four days of diary before adequate internal consistency was reached, while women with stress incontinence required six days of diary. In addition, for both groups the greatest frequency of incontinent episodes occurred in the first few days of recording. These self-monitoring effects appeared to diminish after three days. It is suggested that a minimum of seven consecutive days of diary records provide stable estimates of the frequency of incontinence in clinical samples.

A PSYCHOLOGICAL AUTOPSY EXAMINATION FOR THE STUDY OF HOMICIDE-SUICIDE IN OLDER COUPLES.

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Previous studies using medical examiner records suggest that while depression plays an important role, older perpetrators of spousal/consortial homicide-suicide differ from older married perpetrators of suicide only. In order to clarify the multiple, complex motivations for homicide-suicide and suicide in persons 55 and older, a two-year study is being conducted using psychological autopsy examinations of surviving informants to compare these two groups. Homicide-suicide cases and age-matched married suicide cases were ascertained from all 24 medical examiner districts in Florida. This paper presents a structured psychological autopsy method specifically designed for the study of homicide-suicide, where two people have died, including the most knowledgeable informant. Important areas in the construction and interpretation of the psychological autopsy evaluation include: adaptation of the SCID for third-party informants; cultural complexities of assessing DSM-IV Axis I and II disorders; measures of family traumatic grief; structured interviews with friends and neighbors of the decedents; ascertainment of health status as well as perceived health status; measures of personality factors; measures of marital conflict and domestic violence and their relation to the occurrence of homicide-suicide in older couples. The homicide-suicide psychological autopsy will be presented using case studies of homicide-suicide events involving older couples in Florida during 1998-1999.

Genetic Studies of Prostate Cancer in African-American Population.

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Prostate cancer incidence is the highest among men in their late 60s and 70s. It is the most common malignancy in men in the United States, with the age-adjusted incidence of prostate cancer in African-American men is approximately 50% greater than in Caucasian-American men. A number of possible explanations for this increased incidence are actively being explored including diet, hormonal, and genetic differences between African and Caucasian Americans. It has been found that differences in saturated fat intake accounted for only 10% to 15% of the differences in prostate cancer incidence between these populations. Thus, genetic factors may be important in explaining the variable prostate cancer incidence rates in African-Americans. There are data (on Caucasian families) to support the existence of four potential prostate cancer susceptibility loci, three of which on chromosome 1, and the fourth one on X-chromosome. Studies have shown that 1q24-25 (HPC1, which is estimated to account for probably less than one third of hereditary prostate cancer families) may contribute to the clustering of prostate cancer in some African-American families. There are likely other genetic loci in African-Americans yet to be identified that contribute to the inherited predisposition to prostate cancer. However, there are not enough data on African-Americans to confirm the linkage to the four loci already found. We are identifying African-American families with three or more prostate cancer cases through the prostate cancer screening which is already in effect at the LSUMC Department of Urology. We plan to look at the candidate regions and identify the families linked to four identified loci and do the genomic scan to look for any new susceptible locus which is suspected to result in a large incidence rate in African-Americans.

THE ART AND SCIENCE OF PROBABILITY SAMPLING OF BLACK FEMALE CAREGIVERS.

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The purpose of this paper is to describe and evaluate the effectiveness, in terms of accuracy and costs, of a replicated probability sampling design to obtain a representative sample of Black female caregivers (CG) and non-caregivers (NCG) for a longitudinal study focused on the cardiovascular responses of Black female caregivers. Using a special list reverse screening strategy and the Healthcare Financing Administration's Medicare Enrollment Database, a probability sample of Black elders was contacted. Through a specially developed screening algorithm, the elders identified Black female caregivers and non-caregivers that were then, in turn, contacted by recruiters. A sample of 195 cases and 195 controls was expected to be recruited with the assumption that 75% of the names selected were valid household listings, the screening response among elders was 68%, the "case" household eligibility rate was 8%, and the recruitment response rate was 90%. **Results**: After 22 months of sampling, 313 CG and 310 NCG recruited; 202 CG and 206 NCG remain in study. Obtaining a representative sample of a rare or inaccessible population (i.e. black female caregivers) can be achieved using a dynamic process of decision-making and feedback while balancing sampling error and survey costs.

FACTORS AFFECTING COMPLIANCE OF OLDER MINORITY AND WHITE WOMEN IN AN ESTROGEN STUDY

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Aim: Factors predicting medication (estrogen replacement) compliance among 95 older women aged 70 and older from three ethnic groups (65% White, 18% Black, 17% Hispanic) were investigated. **Method**: Compliance rates, using pill count, of women who had volunteered to participate in a three-month estrogen dose response study on osteoporosis were monitored. The number of reported side effects during treatment, minority (Black and Hispanic) status, number of medications, and the interaction between education and minority status were hypothesized to predict compliance. Membership in treatment or placebo group was included as covariate. **Results**: The average respondent age is 74.9, reported number of side effects at treatment is 5.97, and number of medications is 1.85. Median education is some years of college. The standardized regression coefficients are reported. Non-minority status (-.41*) and fewer reported side effects (-.22*) are associated with higher compliance ($R^2 = .30$, F=7.18, p<.001). **Conclusions**: Programs to improve compliance rates should incorporate strategies that consider ethnic and socio-economic differences in perceptions of coping abilities with estrogen side effects.

Table 1: Means (S.D.) of Predictors of Compliance

Predictors	Minority (N=33)	Non-minority (N=62)
Compliance rates	75.7(24.20)	95.4(9.56)***
Side-effects on Rx	9.21(9.33)	3.84 (4.91)***
No. of medications	2.14((1.93)	1.67(1.69)
Education	some HS – HS grad	Some college-college grad

IS THE RELATIONSHIP BETWEEN DISABILITY AND SURVIVAL THE SAME AT DIFFERENT AGES?

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It is well-known that functional capacity (FC) tends to change with age. However, analyses of the relationship of FC and mortality are based, generally, on FC at the beginning of the follow-up. Our aim was to describe the relationship between disability and mortality at different ages, allowing individuals to change their FC status during the follow-up period. A total of 1,315 individuals aged 65 years or older from the city of Barcelona were interviewed in 1986 and re-assessed in 1993. FC was measured by means of 9 basic activities of daily living. The semi-parametric Cox model for delayed entry and time varying covariates was applied using age as the time scale. FC did not show the same pattern of decline for all elders: about 26% experienced an improvement of their FC status during the follow-up, no differences by gender were found. The strength of the association of FC with mortality changed over time. Thus, the risk of death among those who were dependent (in comparison with those independent) decreased with age in both genders. Among women, the relative risk of death among dependent elders diminished from 5 (at age 65) to 2.5 (at age 90). In conclusion, the use of repeated measures of FC is deemed more appropriate when assessing the relationship between FC and mortality. The dynamic nature of disability and its changing effect on mortality throughout the aging process should be taken into account in order to assess the need of health services.

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MEXICAN HEALTH AND AGING STUDY (MHAS): OVERVIEW AND DESIGN

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Mexico accounts for 1/4 of all migrants to the US. On average, in-migrants from Mexico have low levels of education and wages, and high rates of unhealthful behaviors, including smoking, obesity, and alcohol consumption, yet Mexico-born immigrants have morbidity and mortality advantages relative to Mexican-Americans or non-Hispanics white Americans. To provide data to test a range of selection hypotheses, as well as to describe the unique health and aging dynamics in this middle-income country, MHAS was designed as a nationally representative biennial panel study of Mexicans aged 50 and over and their spouses (n=16000).The 6 states which account for 40% of all migrants to the US are oversampled. Baseline personal interviews in 2000 will collect data on the major health domains (incl., cognition), anthropometrics, economic status, family structure, transfer behaviors, care arrangements, and the health and migration histories of respondents, and their parents, sibs, and children. MHAS data will be publically available within a year of collection and largely comparable to data from HRS - AHEAD and NHANES-3. The paper provides details of the sampling plan, key measures, plans for linked community-level variables as well as early pretest results for many health and remittance measures. (BSS-3)

USING DIGITAL MEDIA IN ASSESSING DISRUPTIVE BEHAVIORS DURING BATHING.

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The importance of temporal relationships in the analysis of behavior is generally accepted; however, the methods available for recording complex interactions have been limited. Raters recording behaviors in a natural setting have been restricted in the amount of information that can be assessed. The use of videotape has provided greater flexibility for evaluating how interactions evolve over time. Observational software has further enhanced the ability to evaluate human interaction by incorporating database capabilities as well as video. Recent advances in video capture hardware for PCs have eliminated the problems with sequential media such as standard or even digital videotapes.

These innovations were used to assess the effectiveness of two bathing interventions for demented residents disruptive during bathing. Baths in both intervention and control facilities were taped over a 15 week period. These videotapes were then digitized and stored on CD-ROM and analyzed using observational analysis software. *The Observer VideoPro, Version 4.0*, (Noldus, 1997). Raters recorded frequency and duration of disruptive behaviors: hitting, biting, kicking, grabbing, cursing, yelling, crying and complaining. Results will include reliability and preliminary outcomes and a demonstration of the technology on a laptop PC.

IMPORTANT EFFECTS OF CAREGIVER DEFINITIONS.

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How "caregiver" is defined may affect the composition of caregiver and non-caregiver samples, and may bias study results. Many studies define caregivers as persons who "provide unpaid assistance or supervision in Instrumental and/or basic Activities of Daily Living (IADLs and ADLs)." Yet, classifying persons who help with 1 IADL as caregiver, or misclassifying caregivers as non-caregivers may underestimate associations between caregiving and health outcomes. This study evaluated how 3 definitions (Help with > 1 IADL or ADL [Def 1]; Help with >2 IADL or >1 ADL [Def 2]; Help with >1ADL only [Def 3]) affected ADL and IADL tasks performed, age distribution, and type of care recipient. The sample was 4988 women from the Study of Osteoporotic Fractures (SOF) who completed surveys to assess if they helped anyone with each of 14 ADLs and IADLs and whom they helped. Their mean age was 80 years (range 65-100), 10% were African-American (AA). 20% of respondents were defined as caregiver under Def 1, 13.7% under Def 2, and 9.5% under Def 3. Caregivers were younger than non-caregivers, and helped most with shopping (11%), going places of walking distance (8%), and least with transferring and toileting (2%). Under Defs 2 and 3, a higher proportion of AAs than whites were caregivers; persons who helped with only 1 IADL were classified as "non-caregiver." Type of care recipient varied by definition and race: under Def 3, 43% of white and 17% of AA caregivers helped a spouse, but among persons who met Def 1 (but not Defs 2 or 3), 14% of white and 10% of AA caregivers helped a spouse. AAs were more likely than whites to help siblings under any definition (13-28% vs. 11-18%). Using >1 IADL tasks (Def 1) yielded the most heterogeneous group of care recipients, but 60% of these women helped with 1-2 IADLs. Thus, caregiver definition has implications for study designs, interventions, and bias.

RELIABILITY AND VALIDITY OF THE CAREGIVER BATHING BEHAVIOR SCALE :

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Valid, reliable outcome measures are required to evaluate the efficacy of clinical interventions developed for reducing dementia patients' disruptive behavior during personal care. The Caregiver Bathing Behavior Rating Scale (CBBRS) was developed to measure caregivers' behaviors while assisting persons with Alzheimer's disease and related disorders with bathing. It is a fourteen item scale with three subscales: (a) Verbal Communication, (b) Nonverbal Communication, and (c) Task Presentation Style. Behaviors are rated on a six-point Likert-type scale. Development of the scale included assessment of content validity by performing a z -test of expert ratings of item relevance, assessment of inter-rater reliability by conducting paired ratings of 28 items on 25 videotaped baths, and removal of items with poor reliability. Item analyses, reliability scores, and properties of the final scale will be presented, as will data illustrating the use of the scale to measure change in caregiver behavior as a result of a behavioral intervention. Suggestions for modifying the scale for use with other types of interactions between caregivers and patients will also be discussed.

PATIENTS' PREFERENCES FOR INVOLVEMENT IN TREATMENT DECISIONS: ADAPTATION OF A CARD SORT MEASURE FOR TELEPHONE SURVEYS

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Patients' preferences for how involved they wish to be in treatment decision-making is an emerging research focus, especially with regard to the current cohort of older patients. Traditional forced-choice card sort techniques are a useful way of tapping patient preferences, yet these techniques can be logistically challenging for telephone interviews. We investigated the feasibility of adapting an in-person card sort task (Degner & Sloan, 1992) for telephone use in an ongoing study of community-residing patients in treatment for urinary incontinence (n = 99, mean age = 57.8). Rather than asking respondents to sort through series of cards and choose between sets of preference statements, telephone interviewers read the five treatment preference statements appearing on the cards. Statements ranged from preferring an active role to collaborative to passive. In a first round, respondents were read five statements one at a time and asked if each statement described them. In a subsequent round, all "yes" statements were repeated and respondents were asked to choose the one statement most descriptive of them. Less than 1% of respondents indicated preference for a very active role, 13% chose a somewhat active role, 34% chose a collaborative or shared role, 44% chose a somewhat passive role, and 3% chose a very passive role. These preliminary results yielded response patterns similar to results gained from more traditional in-person card-sort techniques, suggesting a viable, less costly alternative for research involving telephone interviews.

IDENTIFYING DEMOGRAPHIC AND MEDICATION INDICES AS PREDICTORS OF STUDY PARTICIPATION

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Medication usage has been known to influence indices of health and physical functioning among older adults. Results from previous studies suggest that certain medications can affect cognitive abilities, define levels of frailty, compliance of study participation, and functional status. The purpose of this investigation was to examine: 1) if significant demographic and medication prescription differences existed between those telephone screened to participate in a study and those not screened and 2) to identify group differences in study participation among the screened adults. Preliminary analyses were conducted on 388 rural elderly from Pennsylvania, recruited as potential participants for the pilot phase of the ACTIVE study. Results from categorical modeling showed that age, gender, income and being prescribed a cardiovascular or gastrointestinal drug were predictors that differed among those screened and those not screened, and among those in the various screened only groups. More women, those who were younger, and those with a higher income were more likely to have been screened and to have agreed to participate in the study. Results from this preliminary study show that certain medication and demographic variables serve as potential indicators of research participation. Data on the first and second replicates of the study will also be examined in a similar manner.

Acceleration of aging revealed by mixed Weibull aging model

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Life tables of 7 countries (USA, UK, France, Germany, Sweden, Switzland and Japan) were closely analyzed using the mixed Weibull aging model. The mixed Weibull distribution is consisted with three elements; initial failure, random failure and wear-out failure modes. In these countries, the shape of Survival curve was dominated by wear-out failure mode. The location parameter of the wear-out failure mode (the starting point of wear-out death) shifted to a higher age. Most of these countries, the expection of women's life increased faster than men. Japanese women's acceraration was very slow. These results indicate the acceleration of the aging in 7 countries, but deceleration might begin in Japanese women.

Right-shift of Survival Curve (Age/Year)

	Male	Female
USA	0.17	0.19
UK	0.13	0.10
FRANCE	0.17	0.23
GERMANY	0.00	0.13
SWEDEN	0.05	0.19
SWITZLAND	0.03	0.23
JAPAN	0.15	0.09

Studying African American twins, you have to find them first: The Carolina African American Twin Study of Aging. K.E. Whitfield Department of Biobehavioral Health, The Pennsylvania State University, University Park, PA 16803

Twin studies are designed to provide estimates of genetic and environmental sources of individual differences in development. They can also contribute to identifying critical starting points for studying the genetic origins of diseases and biomarkers of aging. The Carolina African American Twin Study of Aging (CAATSA) is a five year study supported by the National Institute on Aging to examine the sources of individual variability in health and psychosocial factors that contribute to health among African Americans. This presentation will be an overview the sampling strategies for finding and statistics on the rate of twin pregnancies, twin births, and still births relative to the African American population 50 and older in the 19 counties sampled. Using death index information we provide estimates of twins available for interviewing. Lastly, we suggest ethnically relevant modifications to the "Classical Twin Design" by the inclusion of siblings.

THE EFFECTS OF PSYCHO-SOCIAL FACTORS ON THE RELATIONSHIP BETWEEN SELF REPORTED AND PERFORMANCE BASED MEASURES OF FUNCTIONING

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There has been a growing call to complement interview based information about physical functioning by using simple performance based tests. Relatively little is known, however, about the relationship between self-report and performance based measures of functioning. This paper examines the relationship between self-report and performance based measures and explores how psychosocial factors (self-efficacy, mastery, emotional support and instrumental support) influence them. Data from the MacArthur Research Network on Successful Aging Community Study, a longitudinal, three-site cohort study of high functioning, disability free Americans 70-79 in 1988 (re-interviewed in 1991 and 1995) is used to investigate these relationships. A series of logistic regression models suggest that self-report and performance based measures of functioning measure somewhat different constructs. Psychosocial factors affect these measures differently, more commonly affecting self-reported than performance based measures. This suggests that where both physical and psychological dimensions influence self-reported measures, performance measures rely more heavily on measures of physical ability. Psychosocial factors impact these relationships differently for men and women. Performance on specific tasks predict different self-reported measures of physical functioning allowing for the development of distinct performance profiles for different self-reported measures. These findings support the argument for inclusion of simple performance based measures in survey instruments and ask us to re-examine what self-reported measures are actually measuring.

USING AMOS TO PERFORM HIERARCHICAL LINEAR MODELS (HLM)

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In BMDP 5V, a random coefficient growth curve model was illustrated using the data of Pothoff & Roy (1964). These were measures of distance from the pituitary to the pterygomaxillary fissure at ages of 8, 10, 12 and 14 for eleven girls and sixteen boys. Rovine and Molenaar (1998) and previously Willett and Sayer (1994), with a different data set, showed how the random effects model or HLM can be adapted to LISREL. The purpose of the present paper is to show how these hierarchical linear models can be performed in AMOS, the SPSS structural equations package. Three models of the Pothoff & Roy data were designed and are described in the paper. These models were written in AMOS BASIC. The first model is a direct translation of the Rovine & Molenaar LISREL statements into AMOS commands. The second model performs the same analysis using a design and commands inimitable to AMOS. Whereas the above two models were two group comparisons with separate data for each group, the third model is a one group analysis and has a form similar to that outlined by Willett & Sayer in LISREL. The last two models are presented also in AMOS GRAPHICS, illustrating how they can be drawn and specified. The papers, including the setups for the models, will be made available to those who want them. Supported in part by grants AG11995 and TRG-95-006.

RELIABILITY OF PHONE VS HOME INTERVIEWS IN A BIETHNIC POPULATION: The San Luis Valley Health and Aging Study.

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Phone interviews are an efficient method to collect data longitudinally after an initial face-to-face visit, but reliability estimates for mixed-mode data collection in biethnic populations is limited. We evaluated reliability of the telephone Mini-Mental State Exam (TMMSE), reported ADL/IADL disability, and a quality of life scale (QOL) using both a phone and home interview in a random sample of 38 Hispanic (H) and 33 non-Hispanic white (NHW) persons aged 65-96. The order of interviews was randomized, with 46% first interviewed at home. Repeat interviews were 7-14 days later.

Intraclass correlation estimates of reliability were high for all scales: 0.74 for TMMSE, 0.87 for ADL/IADL disability and 0.88 for the QOL scale. Score differences (phone minus home) were centered around zero, suggesting no consistent direction of 'better' or 'worse' scores with either interview mode. Repeat response correlations did not differ by age, ethnicity, or reported hearing status but Hispanics using some Spanish (N=11) averaged 1.7 points lower on the TMMSE phone interview than at home (p=0.009) despite bilingual interviewers. Lower TMMSE scores and hearing or speech difficulties contributed to a slightly greater use of proxy respondents during the phone interview compared to the home setting (14% vs 8.5% p=0.046).

Reliability of mixed-mode interviews was high in both H and NHW participants, though additional efforts to improve reliability in key subgroups may be needed.

CARE OF THE ELDERLY: A SPECIALITY OR A DEAD END JOB? FACTORS AFFECTING THE PROFESSIONAL ESTEEM OF HEALTH CARE PROFESSIONALS WORKING WITH OLDER PEOPLE.

A Kydd, M Gilhooly, J Curzio, D Horsburgh, P Lightbody, C McAlpine and C Wilkieson.

The aim of the study is to explore factors which may contribute to or detract from the promotion of gerontology as a specialism. Many studies have centred on individual issues such as attitudes to older people, morale of those working in the field, the working environment and the professional kudos of health care professionals in geriatric medicine. However, few studies have correlated the joint factors which may possibly contribute to such attitudes. The focus of this study is to explore possible links by examining four broad subject areas : ageism, staff morale, the working environment and gerontology as a perceived speciality.

A total of eight hundred questionnaires were distributed to eight hospitals in Scotland and yielded a response rate of three hundred and seventy five. The data was entered onto SPSS. Twenty seven of the respondences agreed to take part in a personal interview and the transcribed interviews entered onto HUDIST. The aim of this paper is to outline the results of the preliminary analysis as obtained using SPSS. Emergent themes will be described including ageist attitudes, the need for education, the working environment, intrinsic job satisfaction and perceived professional status. Two of the major findings of note are that the greater the age of the respondent, regardless of their profession, the more likely they are to express ageist attitudes and that over eighty per cent of respondents felt that other staff do not acknowledge geriatric medicine as a speciality even though fifty seven per cent agreed that experience was needed in this field of work.

SEVERITY OF FUNCTIONAL LIMITATION: SCALE DEVELOPMENT AND VALIDATION WITH SELF-REPORT AND PERFORMANCE-BASED MEASURES.

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To better understand disablement and transitions from impairment to disability, discrete, valid measures of functional limitation are needed. Using reported level of difficulty performing basic functions, severity indices of upper and lower extremity functional limitation were developed. Data are from the Women's Health and Aging Study, a longitudinal study of the causes and course of disability in moderate to severely disabled, community-dwelling women age 65+. Both the age-stratified random sample of 3,635 screened for eligibility and the 1,002 study participants were used. The upper extremity scale ranges from 0-6 and comprises difficulty grasping handling, lifting - carrying 10 lbs., and raising arms over head. Three lower extremity scales were constructed. The first represents level of difficulty walking across a room and 1/4 mile (0-5), the second adds climbing stairs (0-7), and the third adds stooping (0-8). Scale scores were well-distributed in the disabled and also discriminated limitation in the broader community. Construct validity was evaluated by examining rates of difficulty performing ADL and IADL and physical performance (e.g., grip strength and walking speed) by severity level. For all scales, with increasing severity score, rates of difficulty for all ADL and IADL tasks increased ($p < .001$) and percent able to do and mean performance on respect upper and lower extremity tasks decreased ($p < .01$). These scales provide discrete measures of upper and lower extremity functional limitation, distinct from measures of disability and impairment, applicable in surveys that use common self-report measures of functional limitation.

DEVELOPING ACROSS CENTER COLLABORATIONS: EXPERIENCE OF THE RESOURCE CENTERS ON MINORITY RESEARCH

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The Resource Centers on Minority Aging Research were funded with the unique addition of a Coordinating Center (CC), not for data management, but for the promotion of collaboration among the Centers. The RCMAR Centers are independently funded with their own research agenda, but each Center has a similar structure. Each Center has four cores (Administration, Measurement, Community Liaison, and Investigator Development). Through collaboration facilitated by the CC, these Center Cores share expertise and developmental work, address common problems and solutions, identify new sources of funding. The Center Cores also participate in the Center evaluation process by developing core-specific measures of Center success. Examples will be presented in the poster. With help from the Centers, the CC has developed a web-site to allow Center-specific communication and collaborations beyond the Centers. (This web-site will be demonstrated.) The CC also facilitates an annual RCMAR meeting focusing on topics of interest to Center investigators, such as measurement in aging minorities, or discussion and critique of pilot project concepts. In general, the collaboration among Centers, has facilitated wider dissemination of early Center research findings and Center experience, to the benefit of all the involved Centers. The Coordinating Center concept as described on this poster could be a model for other Center grants.

DEVELOPMENT AND EMPIRICAL ASSESSMENT OF A THREE-DIMENSIONAL WISDOM SCALE

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Long thought to be an efficacious predictor for many attributes of aging well, the construct of wisdom still lacks a coherent, directly testable scale. A sample of close-knit social groups of 180 older adults (52+) was used to develop a three-dimensional wisdom scale (3D-WS) and to test its validity and reliability for use in large, standardized surveys of older populations. In the study wisdom is operationalized and measured as a latent variable with cognitive, reflective, and affective effect indicators. Respondents completed a self-administered questionnaire, which included 132 items from existing scales and newly developed items to measure the three dimensions of wisdom. The questionnaire also inquired about the respondents' general well-being, their objective life conditions, and their demographic characteristics. In addition, respondents were asked to nominate persons whom they would consider as wise from their close-knit social groups. The final version of the 3D-WS consists of 39 items (14 items for the cognitive, 12 for the reflective, and 13 for the affective component of wisdom) with α-values ranging from .74 to .78 (internal reliability). In confirmatory factor analysis which takes measurement error into account, the standardized factor loadings of the three effect indicators of the latent variable wisdom range from .5 for the cognitive component to .8 for the reflective component (construct validity). As predicted, the 3D-WS is significantly and positively related to general well-being, mastery, purpose in life, and physical health and negatively related to depressive symptoms (predictive validity). The 3D-WS is unrelated to the respondents' finances, marital and retirement status, gender, race, and a social desirability index (discriminant validity). Moreover, respondents who score high on the 3D-WS are more likely to be nominated as wise by other study participants (convergent validity). The newly developed 3D-WS will make it possible to measure a person's degree of wisdom in large samples.

Age and Gender Differences in Cognitive Representations of Hypertension in Diverse Clinic Outpatients Scisney-Matlock, Margaret , Wegner, Jill & Watkins, Kenneth The University of Michigan, School of Nursing, Room 2176 400 North Ingalls Street, The University of Michigan, Ann Arbor, MI 48109-0482

Gender bias in diagnosis and treatment of women for cardiovascular disease is reported despite after age 50, women are twice as likely to have essential hypertension (HTN) than men. Assessing illness cognitions or cognitive representations of hypertension (CRHTN) using Leventhal, Diefenbach & Leventhal's five-factor illness-cognition-model: label, consequences, cause, control and timeline can reflect a person's existing mental images of beliefs, attitudes and intentions for health-related behavior. The purposes of this study were to examine CRHTN for (a) differences by age, and gender, and (b) multi-group model fit and factor structure equivalence. Secondary analysis of data from the previously factor analyzed Cognitive Representations of Hypertension Scales collected from a diverse sample of adult outpatients with HTN (114 females and 104 males, ages 31-85) revealed significant differences by age and gender for three factors, respectively. The final comparative fit index for the multi-group model was .92 and only the control dimension demonstrated an unspecified factor structure relationship for gender differences. These findings suggest more physiological and psychological experiences with HTN for respondents who are female and middle-aged than for younger, elderly and men. Plans for future research for gender specific cognitive-behavioral interventions will be presented. BSS-18

THE CLINICAL USEFULNESS AND PSYCHOMETRIC PROPERTIES OF THE REVISED MEMORY AND BEHAVIOR PROBLEMS CHECKLIST IN A MEMORY DISORDERS CLINIC POPULATION. M. Johnson, S. Wackerbarth, M. Smart, C. Smith, & F. Schmitt University of Kentucky, Lexington, KY 40536-0086.

The goal of this study was to examine the usefulness, validity and reliability of the Revised Memory and Behavior Problems Checklist (Teri, et al., 1992) administered during patients first visit to the UK Memory Disorders Clinic. Over the past 6 years, 23 health care professionals have interviewed the family members accompanying patients to the clinic. For the purposes of this study we analyzed data from 741 first visits. Most current staff members found the scale easy to administer and useful in characterizing clinical manifestations of memory problems that were most problematic for families. Significant correlations with Mini Mental Status Exam scores, Dementia Rating Scale scores, and global ratings of patient and caregiver functioning, indicate good construct validity. Cronbachs' alphas for subscales (frequency of – and reactions to – depression, disruptive behavior, and memory-related problems) ranged from .80 to .99 indicating good internal consistency. Factor analysis revealed 4 factors for the problem frequency responses and 2 factors for the reaction responses. These results are discussed in comparison to a 3 factor solution based on the sample reported in Teri et al.(1992) as this sample was larger and more heterogeneous including patients with Age-Associated Memory Impairment and other dementias such as Pick's disease, Lewy Body Dementia, and Vascular Dementia.

THE CONCURRENT VALIDITY AND RELIABILITY OF THE REVISED HASEGAWA'S DEMENTIA SCALE WITH KOREAN ELDERS WITH DEMENTIA

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In Korea, approximately 11.2 % of people over 65 were reported as having senile dementia. The primary investigator translated the instrument of the Revised Hasegawa's Dementia Scale (HDS-R) (1994) into Korean. The purpose of the study was to examine the concurrent validity of the instrument of HDS-R with Korean-Mini Mental State Examination (K-MMSE), and to investigate the reliability of the translated instrument of the HDS-R. The K-MMSE was a translated version of the Mini-Mental State Examination (MMSE), which was a quick and easy measure of cognitive functioning that has been widely used in clinical evaluation. The K-MMSE total score was significantly associated with age and educational level in Kang et al's study (1997). After established the content, semantic, and technical equivalence of the instrument, to evaluate concurrent validity of the HDS-R, both instruments of Korean-translated HDR-S and K-MMSE were applied to 90 Korean elders with dementia at SamSung Medical Hospital in Seoul, Korea. The mean age of elders was 72.9 years (SD=8.63). Most of the elders with dementia were female (67.8%), and had completed elementary school (41.1%). Their mean scores of HDR-S and K-MMSE were 9.5 (SD=6.45) and 13.7 (SD=7.53), respectively. The result showed good concurrent validity (r = .92, p<.001) with significant correlation for the scale. The reliability coefficient alpha of the HDS-R was reported as of .82 with Korean elders with dementia. For this study, however, elders' age and education did not associated with both scores of HDR-S and K-MMSE.

COMPARING DIFFERENT MODELS FOR PREDICTING HEALTH AND LONG-TERM CARE EXPENDITURES

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The prediction of future medical and long-term care expenditures is an important question in times of managed care. Various predictors of these costs include previous medical costs, age, race and functional/health status. Multiple regression models are commonly employed for this prediction problem. We considered multiple regression along with other regression modeling techniques for predicting health and long-term care expenditures. Alternative regression models considered include logistic regression for dichotomized responses (high cost vs. low cost medical expenses), gamma generalized linear models (GLiM) to address the skewed nature of expenditure data and regression trees to deal with the predictor variables in a less structured manner. These models were applied to two years of expenditure data from a sample of chronically disabled older people in Ohio. The multiple regression model was the easiest to fit; however, the other models provided rich alternatives. For example, parameter estimates were interpreted as odds ratios in the logistic model and multiplicative effects in the gamma GliM with a log link. The results of the regression tree was a tree diagram where branches corresponded to optimal partitioning of the predictor space for predicting expenses. Ultimately, it appeared that some of the non-traditionally applied regression models might result in richer models for evaluating expenditures.

MODELING DEATH RATES WITH AN ARCTANGENT CURVE: A METHOD FOR EXAMINING COMPRESSION OF MORTALITY AND THE DECELERATION IN OLD-AGE MORTALITY

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Two key areas of demographic investigation into declining mortality rates include the compression of mortality and the slow-down in the rate of increase in old-age mortality. Proponents of the compression hypothesis claim that we should observe a compression of mortality at the oldest ages as declines in mortality at younger ages necessitate rises in old age mortality against the backdrop of a finite lifespan. The hypothesis is usually tested with methods derived from exponential hazard functions, despite clear evidence that human mortality fails to exhibit exponential growth at the oldest ages. In this paper, we model 25 years of US death rates with a 4 parameter arctangent curve, using Bayesian McMC estimation methods. We test for compression of mortality and estimate changes in the age of mortality deceleration with parameters derived from our models. Our models fit the data extremely well for ages 40-105. We find strong evidence for the compression hypothesis; however, the rate of mortality compression has tapered since 1980. Further, we find that the age at which mortality deceleration begins has increased steadily since 1968 (from age 91 in 1968 to age 97 in 1992). Implications of these results are discussed, and suggestions are made for further use of the arctangent function in modeling mortality.

BSS-18

THE NETBOARD: A TOOL FOR MEASURING SUPPORT NETWORKS IN RESEARCH AND PRACTISE

A. Wales, M. Gilhooly, P. Lightbody, Centre of Gerontology & Health Studies, University of Paisley, Scotland and Curzio, J. Nursing research Initiative for Scotland.

Measuring elderly people's support network's is an area of importance both in research and practise. The range of resources support network's can supply is highlighted through research and in practise, community care professional are increasingly expected to measure and at times 'massage' client networks.

This poster describes the development and preliminary testing of a tool designed to facilitate both the measurement and exploration of elderly peoples support networks.

The NetBoard is an amalgamation of Kahn and Antonucci's affective method of network measurement with a name elicitation approach. It was designed with the aim of actively engaging subjects (or clients) in the network data generation process, rather than render them passive recipients of long series of questions.

The NetBoard's strength lies in the breadth and depth of opportunity it creates within an interview situation to build up and record a data rich picture of an individuals support network, whilst exploring the importance of individual relationships to the elderly subject.

The board was tested as part of an on-going study (Wales et al, 1999) investigating the role of the nurse in the support networks of a sample of 50 vulnerable elderly people living in the Argyll and Clyde region of Scotland. The board produced networks of a size and composition to be expected in an older population (Wenger, 1984, Stephens, 1978), and proved a highly user friendly tool with elderly subjects. It was also rated very positively by a small sample of 21 community nurses, who were if they thought it would be a useful tool in elderly client assessment.

FACTOR STRUCTURE OF THE REVISED MEMORY AND BEHAVIOR PROBLEMS CHECKLIST-NURSING HOME

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The reliability and construct validity of the Revised Memory and Behavior Problems Checklist-Nursing Home (RMBPC-NH) was examined. This questionnaire measures staff report of the frequency of behavior problems exhibited by nursing home residents and resultant staff burden. Behavior problem frequency and burden were assessed across four subscales: (a) cognition, (b) emotion, (c) function, and (d) disruption. Data for 92 nursing home residents (M age=83.70, SD=8.56; M MMSE=13.42, SD=6.64) from five nursing homes were used to assess the internal consistency and reliability of the new measure. The RMBPC-NH behavior problem frequency items were found to be internally consistent ($\alpha = .90$). Internal consistency for the subscales ranged from ($\alpha = .65$) for disruption to ($\alpha = .83$) for cognition. Test-retest reliabilities ranged from ($r = .72$) for function to ($r = .88$) for emotion. Inter-rater reliabilities ranged from ($r = .70$) for function to ($r = .83$) for emotion. Data from 10 nursing homes ($N = 184$) were used to conduct confirmatory factor analyses to examine the structure of the questionnaire. Factors were allowed to intercorrelate. Using the polychoric correlation matrix and unweighted least squares estimation procedures, the data were found to be well represented by a four factor model, $\chi^2(813, N=184)=3610.85$, $p<.05$; GFI=.81, AGFI=.79, RMR=.15. Inspection of the modification indices suggested that fit was improved when two items were reassigned to the disruption subscale. Additionally, modification indices suggested that models including more than four factors may improve fit. BSS-11

UPDATING AN OLD SCALE: ANALYSIS OF KOGAN'S ATTITUDES TOWARD PEOPLE SCALE (KOPS). R. GLIDEWELL, P. FAULKENDER, K. SMITH.

Kogan's scale has been used widely since publication in 1961. This scale is composed of each item having a positive and negative form. The present study is examining the validity of this scale. The KOPS was used in a study looking at worker's attitudes toward the elderly. The Cronbach's alpha for this study was .79 and a Spearman-Brown for split-halves was .75. When attempting to factor analyze the KOPS, no reasonable factors emerged. Positive and negative item response sets will be discussed.

PSYCHOMETRIC EVALUATION OF THE TENACIOUS GOAL PURSUIT SCALE (TGP) AND THE FLEXIBLE GOAL ADJUSTMENT SCALE (FGA) USING ELDERLY COMMUNITY SAMPLES

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In this study, we examined psychometric properties of the TGP and FGA, developed by Brandtstaedter and colleagues (1993), using two groups of older adults living independently in the community. Recently there has been increased attention to the role of the adaptability of older adults, in the face of declines and losses that typically accompany aging. It is important, for future research, to examine the validity and utility of existing instruments that were developed to measure this construct. The TGP is supposed to measure an individual's tendency toward tenacious adherence to values and standards that are not commensurate with performance level (e.g., instrumental and compensatory activities). The FGA is purported to measure a person's tendency toward a flexible, accommodative style of adjustment of their standards (e.g., downgrading of aspirations, and self-enhancing comparisons).

We recruited, from those who attended a local senior fair, 216 older adults who were aged 50 to 90 (mostly in their 60s and 70s) (mean 71.05, SD 9.21), and administered several instruments including the TGP, FGA, CES-D (Radloff, 1977), Self-Acceptance and Environmental Mastery scales (Ryff, 1989), and measures of demographic information and perceived physical health. The results showed that both FGA and TGP have adequate internal consistency (.74 and .83, respectively) and split-half reliability (.71 and .83, respectively). Both instruments also showed low to moderate, significant relationships with those measuring conceptually related constructs, such as depression, perceived physical health, and psychological well-being. This indicates the construct validity of the instruments. But there was no significant relationship to age. This finding is somewhat contrary to the underlying theoretical framework, claiming that tendency toward flexible goal adjustment may increase with age. Also, no gender difference was found. A significant but low correlation ($r= .17$) was found between TGP scores and educational level.

A partial replication was conducted with 65 older adults attending an adult community center. The results also showed adequate internal consistency, reliability, and some construct validity for the TGP and FGA. However, factor analyses with both samples suggests that further research and refining of the instruments are necessary. BSS-18

SPECIFYING THE MEANINGS OF SELF-RATED HEALTH: REFINING HEALTH MEASURES USING COGNITIVE & ANTHROPOLOGICAL METHODS

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Self rated health (SRH), assessed by one simple question, "How do you rate your health today," is a puzzling and powerful predictor of health outcomes including mortality and disability. In fact, SRH predicts mortality better than doctors' ratings, symptom counts, or disease severity. Despite substantial epidemiological and clinical proof of the effect, the meanings SRH captures or how it is constructed remain little known. The lack of such systematic data limits our basic knowledge of this and other forms of self-report, and also our ability to use this powerful predictor in public health and clinical practice. We are now conducting the first joint epidemiology-anthropology study of SRH to address this puzzle.

This paper reports findings from a set of cognitive science and anthropological techniques developed to identify meanings of SRH. The sample is drawn randomly from Medicare beneficiaries in Philadelphia, stratified at baseline into 5 categories of SRH. Using a sub-set (N=40), we identify: (1) domains of appraisals for SRH previously overlooked, (2) confounds in elicitation and analyses of SRH, (3) nonequivalence across subjects in interpretations of the SRH question, and (4) directions for future person-centered studies of health appraisal. [NIH grant #1R01AG13790]

THE MULTIDIMENSIONAL NATURE OF THE LIFE ORIENTATION TEST AMONG HOSPITALIZED ELDERS.

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Scheier and Carver's Life Orientation Test (LOT) has frequently been used in health studies as a measure of optimism. Higher levels of optimism have been shown to have a beneficial impact on health. Most researchers have assumed unidimensionality of this scale. Little is known of the characteristics of the LOT scale in elderly populations. The current study explores the dimensionality of the 8-item LOT scale within a sample of 797 hospitalized elders treated at a large Midwest university-affiliated teaching hospital. LOT items were collected within 48 hours of hospital admission.

Results based on exploratory principal-axis factor analysis and confirmatory factor analysis indicate that the LOT consists of two factors (optimism and pessimism).

Adjusted for measurement error, the correlation between optimism and pessimism (.23) was small enough to suggest that the LOT factors should not be treated as unidimensional. Further support of the two-factor structure of the LOT is evidenced by the distinct pattern of correlates with external variables. For example, the optimism and pessimism dimensions show different patterns in correlation magnitude with measures of physical health, psychological well-being, sociodemographics, and social support (e.g., positive affect correlated -.20 with pessimism and .36 with optimism). These findings are the first to support a multidimensional factor structure to the LOT scale in elderly populations based on a thorough regimen of testing for factor structures.

THE STATE OF THE SCIENCE: FEAR OF FALLING

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Problem: Fear of falling is a concept that appears to be quite relevant to gerontology. Given the epidemiology of falls and the morbidity and mortality associated with fractures in older adults, the concept may play a pivotal role in understanding fall prevention and rehabilitation. Yet the theoretical development of the concept is limited.

Methods: Newly developed methods of qualitative concept analysis were used to evaluate the state of the concept in scientific literature. Four principles guided the analysis: epistemologic, pragmatic, linguistic, and logical.

Results: This study revealed that despite the volume of literature devoted to the fear of falling, the concept is immature. A well-differentiated definition that accurately captures the theoretical essence of the concept is lacking. Without such clarity in conceptual meaning, the scientific concept of fear of falling will continue to present unique challenges to researchers attempting to achieve construct validity in measurement.

Conclusions: Based on these findings, methods of concept development are recommended. Such work would contribute to the evolution of this important concept.

Section: BSS-18

EVALUATING CLINICAL MEASURES.

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The care of older people requires the use of different measures to assess the factors contributing to their well-being and quality of life. These instruments need to be practical and have good psychometric qualities. This paper presents a systematic method developed to evaluate clinical measures on these qualities and illustrates it through application to measures of the environment. A broad review identified 9 measures that were rated as adequate or excellent; these are identified and the results summarized. The advantages and limitations of this approach will be discussed.

CONTRASTING RANDOM AND CONVENIENCE SAMPLES IN PSYCHOLOGICAL AGING RESEARCH

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Except in rare circumstances, researchers cannot include all members of a population in their studies. Instead, samples are drawn and a recommended strategy for promoting the generalizability of results back to the population is to draw these samples at random. However, most psychological research on aging uses samples of convenience, raising the question whether this strategy yields substantially different results from random samples. This study contrasted the performance of a random sample of older adults (65-100 yrs.; N = 1278) with two similarly aged convenience samples (Ns = 61 and 54). Participants completed an interview measuring multiple aspects of functioning including self-reported health, cognition, well-being, activities, and social relationships. Initial analyses treated the random sample as the population and determined whether the convenience samples' confidence intervals contained the random sample's mean. The convenience samples were better educated, healthier, and more cognitively able than the random sample. Fewer significant differences were noted in the areas of well being, activities, and social relationships, but the convenience samples displayed less variability in some cases. Finally, no differences were found among the samples in the extent to which age was related to the outcome measures. The results confirm that samples of convenience are more advantaged than random samples, but the differences are not uniform.

USING VARIOUS DEFINITIONS OF IMPAIRMENT TO PREDICT THE LIKELIHOOD OF DISABILITY AND HOME HEALTH CARE USE: WHO BENEFITS? WHO DOESN'T?

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We present results of a study of how various definitions of physical impairment affect the probability of disability and home health care use. Data from the 1993 Survey of Asset and Health Dynamics Among the Oldest Old was used to construct four disability scales, ranging from any difficulty performing an ADL (broader measure) to receiving help most of the time (narrower measure). Logistic regression techniques were used to examine differences in the probability of disability and home health care use for several subgroups of the older population. Results showed that older unmarried persons were more likely to be disabled and to use home health care under all impairment definitions. Measuring the change in probabilities under narrower compared to broader definitions of impairment showed older unmarried persons to be relatively worse off. Their likelihood of disability decreased more while their likelihood of using home health care increased less compared to other subgroups. Older subgroups are dissimilarly affected by the use of

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different measures of impairment, with the potential for some subgroups to be disadvantaged when certain measures are used to establish program eligibility.

BSS-18

THE ART AND SCIENCE OF PROBABILITY SAMPLING OF BLACK FEMALE CAREGIVERS

S. J. PICOT* J. SAMONTE** J. TIERNEY* J. H. CONNOR,** Case Western Reserve Univ*, Cleveland, OH & University of Michigan**

The purpose of this paper is to describe and evaluate the effectiveness in terms of accuracy and costs, of a replicated probability sampling design to obtain a representative sample of Black female caregivers (CG) and non-caregivers (NCG) for a longitudinal study focused on the cardiovascular responses of Black female caregivers. Using a special list reverse screening strategy and the Healthcare Financing Administration's Medicare Enrollment Database, a probability sample of Black elders was contacted. Through a specially developed screening algorithm, the elders identified Black female caregivers and non-caregivers that were then, in turn, contacted by recruiters. A sample of 195 cases and 195 controls was expected to be recruited with the assumption that 75% of the names selected were valid household listings, the screening response among elders was 58%, the case household eligibility rate was 8%, and the recruitment response rate was 90%. **Results**: After 22 months of sampling 313 CG and 310 NCG recruited; 202 CG and 206 NCG remain in study. Obtaining a representative sample of a rare or inaccessible population (i.e. black female caregivers) can be achieved using a dynamic process of decision-making and feedback while balancing sampling error and survey costs

19

PREDICTORS OF CHANGE IN OBSERVED EMOTION OVER A 6 MONTH PERIOD FOR NURSING HOME RESIDENTS WITH DEMENTIA

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Observed emotion is a key indicator of quality of life for persons with dementia residing in a nursing home. The purpose of the present study was to examine change in observed emotion over a 6 month period at two points in time for 122 nursing home residents with dementia. Results indicated that there was a significant difference between Time 1 and Time 2 measures of observed emotion for pleasure (*t*=6 07, p< 001), interest (*t*=2 6, p< 01), anger (*t*=2 06, p< 04), and anxiety (*t*=5 85, p< 001). For each emotion, means declined over time. Regression analyses were conducted to examine hypotheses regarding the prediction of this decline for each emotion. Time 1 measures of Demographics, Basic competencies, Health care conditions, and Behavior were entered as blocks to predict an observed emotion change score. Results indicated that Time 1 Behaviors were significant predictors of change in all emotions except sadness, even after accounting for variance in Demographics, Basic competencies, and Health care conditions. Specifically, change in emotional status was predicted by duration of observed socialization and agitation during the 3-11 shift. Implications for clinical practice are discussed. Supported by the NIA Cooperative Study Grant UAG10304

SRPP-4

SEVERELY COGNITIVELY IMPAIRED OLDER ADULTS LIVING IN THE COMMUNITY: LESSONS FROM THE PUBLIC GUARDIANSHIP PROJECT

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Most older adults placed with the Los Angeles Public Guardian reside in highly restrictive care settings including skilled nursing homes and psychiatric treatment facilities. A small percent, however, live in the community, either in their own homes, or in board and care homes with comparatively little supervision.

To better understand how to support impaired adults' opportunities to live in the least restrictive, appropriate care setting, we examined demographic, medical, functional, and psycho-social characteristics of 523 Los Angeles County public conservatees between the ages of 18 and 103 who lived independently. This sample represents approximately 25% of the total caseload of adult public conservatees in Los Angeles. We also compared 123 conservatees, age 70 and older to proxy respondents from a national survey (AHEAD).

We found community-dwelling conservatees to be predominantly male, single, white, relatively affluent and diagnosed with psychoses and behavioral problems. Anti-psychotics were the most often prescribed medication. In contrast, community-dwelling conservatees 70+ tended to be female, single or widowed, likely to be diagnosed with dementia or developmental disability, with fewer behavioral disorders. In contrast to proxy respondents from AHEAD, older conservatees were more likely to be single, less affluent, have smaller family network, and higher rates of heart disease, cancer and diabetes.

DOES LEGISLATIVE CHANGE RESULT IN CHANGES IN GUARDIANSHIP PRACTICE?

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In 1989, the State of Florida enacted extensive changes in their guardianship statute, FSL §744, changing the nature and frequency of many of the statutory reporting requirements, and other standards of conduct.

This study examines a stratified random sample of 406 open and closed guardianship files in Hillsborough and Pinellas counties in Florida, opened from 1983 to 1996. Data on characteristics of the wards, guardians, and practice elements of guardianship were analyzed to determine what changes occurred in wards and guardianship practice surrounding the legislative changes made in 1989.

Findings indicate that later wards (guardianships open between 1990 and 1996) are older, more likely to have a professional guardian, or have dementia, cardiovascular diseases, diabetes, cancer or connective tissue problems. Recommended medical and social services increase in the later period but service usage does not. Court procedures reflect the intent of the 1989 reforms, with increases in audited accounts, limited guardianship, and specificity of cognitive testing to determine capacity. These changes imply that this type of reform can be effective.

MENTAL HEALTH SERVICE NEEDS OF AGING PERSONS WITH SCHIZOPHRENIA.

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During the next decade, we will witness the unprecedented growth in the numbers of older adults with schizophrenia receiving community based mental health treatment due, in part, to deinstitutionalization and the aging of the large baby boom cohort of adults with schizophrenia. The purpose of this study was to investigate differences in the service needs of midlife and older adults with schizophrenia to determine the unique service demands that will be placed on the public mental-health system with the aging of the population of adults with schizoprehenia. The sample was drawn from a larger study of 1180 adults with serious mental illness who were receiving publicly funded mental health services. The data were collected from mental health providers via a self-administered questionnaire. This analysis is restricted to the sample of 392 midlife and older adults with schizophrenia between the ages of 40 and 84. The findings indicate similarities and differences in the service needs of midlife and older adults with schizophrenia. Both groups depended on service providers for assistance with managing their medications and finances. However, older adults with schizophrenia had a greater need for transportation and medical services whereas the needs of the younger cohort were for employment, recreational, and counseling services. Also, older adults required significantly more assistance with both ADLs and IADLs. These data indicate that older adults with schizophrenia require services more typically provided by the aging network than the mental health system. The paper concludes with a discussion of the need to develop closer linkages between these two systems of care to more appropriately serve older mental health consumers.

Alone and Confused: Minority and Low Income Elders with Dementia Alone in the Community

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Little is know about persons with dementia living alone without caregiver support. More than half (54 %) of the clients referred to the Memory and Aging Project Satellite over a two-year period were living alone without the benefit of significant caregiver assistance. The absence of a caregiver, or reliable informant poses diagnostic as well as case management challenges. This study compares the demographic, functional and cognitive characteristics of a sample ($N=218$) of confused community residing elders referred for cognitive and functional assessment. In the group living alone: 36 % were very mildly demented (CDR 0.5), 52% had mild dementia (CDR 1), and 12 % had moderate dementia. The mean age of the two groups ($M=80 \pm 16$) was similar. Clients who lived alone were more likely to be African American women with no significant family support. Persons who lived alone had lower Short Blessed ($t=4.76$, $p<.0001$) and MMSE ($t=3.57$, $p<.001$) scores, and were more dependent in IADLs ($t=2.97, p<.01$) than clients with caregivers. Despite the levels of cognitive and functional impairment in this sample, these clients were less dependent than expected, raising questions about the role of procedural memory and habit in sustaining performance over time. The results will be interpreted using the framework of person-environment fit. Implications for practice with this population will be presented. (SRPP-4)

DEMENTIA AS A DISABILITY TOWARDS A RESEARCH AGENDA

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The dominance of the biomedical model of dementia has been lamented on both sides of the Atlantic. Critics argue that it reduces a person with dementia to a catalogue of intellectual and behavioural deficits with scant regard for a more holistic interpretation of human life. In calling for alternative approaches to researching dementia, a broader range of available paradigms needs to be drawn on - one of which could be that of the social model of disability. The World Health Organisation (WHO) model of disability includes a discussion of impairment, disability, and handicap which has not to date been applied to dementia. The social model of disability, which grew out of the WHO model, challenges us to find ways to minimise the disability associated with impairment. The purpose of this paper is to propose a research agenda for dementia that will draw on the social model of disability. How can we best support the person in order to minimise the disability? What is the experience of disability from the person's perspective? What are the social, economic, and design barriers to people with dementia having optimum quality of life? The paper will examine the implications of this approach for policy and practice.

20

RATIONING HOME CARE FOR BETTER OUTCOMES AT LOWER COST: A RISK, VALUE AND EFFICACY-BASED STRATEGY

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Participants:

M. Chernew (University of Michigan, School of Public Health) Risk of Adverse Outcomes in a Managed Home Care Population.

S. Diwan (Georgia State University, Department of Social Work, 1007, Urban Life, Atlanta, GA 30303) Pilot Test Results: Care Planning Under Efficacy, Risk & Value Payment.

Discussant:

J. Knickman (Robert Wood Johnson Foundation, PO Box 2316, Princeton, NJ 08543-2316).

Medicare spending on home health services has risen more than 10-fold over the past decade. Evidence reported during this period suggests that, on average, home health care services have not generated significant economic or clinical benefits. Service use and costs-of-care for similar patients varies widely, especially across provider agencies. Congress, concerned about the level and variability of spending as well as the lack of demonstrable benefits, has ordered HCFA to develop a prospective payment methodology for home health care services. Under a grant from the Robert Wood Johnson Foundation, the presenters have developed and pilot-tested a payment method which could be a basis for prospective payment. It is designed to control home care expenditures and improve outcomes. The payment methodology allocates home care services based upon three factors: the level of risks of each of several adverse outcomes faced by patients; the economic value of avoiding the adverse outcome, and the efficacy of home care in mitigating the likelihood of the outcome. The payment approach should result in more funds being allocated to patients at high risk of adverse outcomes such as hospitalization, and comparatively fewer dollars allocated to patients at relatively low risk of adverse outcomes. Because effectiveness is incorporated into the payment methodology, better outcomes are expected to ensue for all patients. Supervision should be better able to focus on milestones associated with achieving highly valued goals. The extra funds for patients likely to benefit from home care will finance a broader range of services – such physician home visits. Paper 1 will present an overview of the problem and approach. Paper 2 will describe and present results of discrete time hazard models used to estimate risk of each adverse outcome. Paper 3 will present results of a pilot test of the payment methodology in which care planners were divided into a control group and two intervention groups and given patient records from patients drawn from the actual dataset.

21

IS THE GERMAN CARE INSURANCE A MODEL FOR THE U.S.?

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The German Long-Term Care Insurance, implemented in 1995, significantly extends the coverage of care-related risks. Drawing upon similarities between institutional features of The US, the German social insurance approach has been put forward as possible model for a Long-Term Program in the US.

Using a political-economy framework, we conducted a policy analysis which (1) compared the main shortfalls of LTC provision in the US and Germany, (2) examined the responses which the Care Insurance has been able to provide in the German context and (3) related them to broader trends and proposals of change in welfare policy in both the US and Germany.

The findings indicate that decentralisation and financing are some of the characteristics in both countries responsible for the failure to promote egalitarian social policy and to substantially expand social protection to family and care related risks.

Study conclusions analyze how LTC programs are shaped by different national contexts and identify significant shortfalls of the German care insurance and the US programs including fragmented service delivery and the lack of representation of consumer interests, lessons for the US policy on LTC are described.

LOW-WAGE SERVICE WORKERS AND THE CHALLENGES OF SAVING FOR RETIREMENT

J. Gonyea & R. Hudson, Boston University School of Social Work, 264 Bay State Rd., Boston, MA 02215

Although public and private policy makers are increasingly sending the message that each of us must do a better job of saving for our own retirement, individuals in the low-wage service sector encounter significant challenges accruing sufficient funds for a "comfortable retirement." While a contingent workforce appeals to employers due to the flexibility and economies associated with this labor force, it also brings significant social costs. Low-wage workers face a greater risk of reaching the end of their working lives without a company pension, and with only minimal Social Security benefits. Only one-third of part-time employees work for a firm offering a retirement plan, and equally important less than 49% of part-time workers eligible for such coverage choose to participate.

Based on survey data of approximately 500 full-time and part-time low wage workers in health services, this study investigated factors that influence workers saving for retirement. Using logistic regression analysis, five domains were examined as predictors of saving behavior: financial knowledge and skills; retirement expectations; economic resources and hardships; job characteristics, and demographic variables. Implications of the findings are examined in terms of identifying strategies for developing retirement planning initiatives and policies that are more responsive to these workers.

RE-EMPLOYMENT SUCCESS OF MIDLIFE AND OLDER DISPLACED WORKERS

J. Bowman, & R. Eisenstadt, Institute of Gerontology, Northeast Louisiana University, 700 University Avenue, Monroe, LA 71209. (Sponsor: AARP Andrus Foundation)

Over the last decade midlife and older workers have experienced less job security, increased job displacement, and have faced relative reductions in earnings. In prior research the authors find that the incidence of job displacement is more likely to occur upon more highly educated workers and the professionally employed rather than the blue collar sector and manufacturing sector where job displacement has predominated.

In this study we further our investigation of job displacement by considering the re-employment success of midlife and older displaced workers. We take advantage of the 1998 Current Population Survey (CPS) Displaced Worker Supplement (DWS) to investigate the determinants of post-displacement re-employment, and relative post-displacement re-employment earnings. The results from logistic analysis suggest that controlling for education, broad occupational sector, race, gender, and duration of unemployment, midlife and older workers experience a lower likelihood of re-employment, a lower likelihood of full-time re-employment, and, to the extent that they are re-employed, were less likely to achieve parity with their pre-displacement earnings. Moreover, the relative re-employment earnings penalty of older workers is concentrated among those workers who were long tenured in their pre-displacement jobs. Our findings have broad implications for workplace policy, especially as it concerns the retirement savings of midlife and older workers who are in their peak-savings years. We intend to expand on these results with a longitudinal analysis of retirement savings among midlife and older displaced workers using the Health and Retirement Survey.

TAKING RISK IN INVESTING IN THE EQUITY MARKET: RACIAL DIFFERENCES. Y. Lum, School of Social Work, University of Minnesota, Minneapolis, MN 55455, and M. N. Ozawa, George Warren Brown School of Social work, Washington University, St. Louis, MO 63130-4899. As the movement toward privatizing social security gains currency, it is important to investigate what determines the risk-taking behavior in investing in the equity market. This paper presents findings from a study on the likelihood to invest in stocks and stock mutual funds and the determinants of the proportion of non-housing equity assets that is invested in stocks and stock mutual funds among people aged 51 to 61. Major findings are as follows: (1) The likelihood of investing in such items are strongly related to marital status and gender, education, and health condition, in addition to demographic variables. (2) Controlling for other variables, the likelihood of black and Hispanic persons to do so is only 29 percent and 23 percent, respectively, of the likelihood of whites to do so. (3) Among those with non-home equity assets, the proportion of non-home equity assets that is invested in stocks and stock mutual funds is related to the same set of variables as under (1) above. (4) Controlling for other variables, blacks and Hispanics invest significantly smaller proportions of their non-home equity assets in these items. In summary, persons of racial minorities, those of nonmarried status, those with less education, and those with health problems are not only less likely to invest in stocks and stock mutual funds, but they invest smaller proportions of their assets in these types of financial market. The findings have important implications for transforming social security into individualized retirement accounts. The source of data: Health & Retirement Survey.

SRPP-13 (income, pensions and retirement)

22

MORAL DILEMMAS OF THE THIRD AGE IN THE POST-GENOME ERA

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Participants:

Marshall Kapp, J.D., MPH(Wright State Univ. Office of Geriatric Medicine, Dayton, Ohio)
Msgr. Charles Fahey (Third Age Center, Fordham Univ., Bronx, N.Y.)
Larry Polivka, Ph.D. (Fl. Policy Exchange Center on Aging, Univ. of S.Fl., Tampa, Fl.)
LuMarie Polivka-West, MSP (FHCA, Tal., Fl.)

The complexities of public policies, the political economy, biomedical research advances and health care delivery limitations have contributed to a dulling of moral understanding of major national decisions being made. Limits on Medicare, political pressure to privatize Social Security, increased responsibilities placed on seniors for health, housing and community services, and reduced opportunities for the next generation are forming a societal drama yet to be recognized. Presenters will review data on the Balanced Budget Act and present conceptual material on the major policy changes proposed with recommended alternatives. A critical analysis of the policy changes that are occurring that will limit access to care at the same time that biomedical advances are prolonging life will be presented from the perspective of a lawyer ,ethicist, practitioner, and policy researcher. A proactive model will be delineated by each presenter with alternative financing and benefit strategies, as well as quality of care research findings that could be better used to plan the Third Age health and social services system of the Post-Genome Era.

23

TRANSFORMING RESEARCH INTO POLICY: BRIDGING THE GAP

S. Strulowitz, Duke University, Dept. of Sociology, Box 90088, Durham, NC 27708-0088, and J. L. Isgrigg, Portland State University, Institute on Aging, PO Box 751, Portland, OR 97201

Participants:

E. Kutza (Director, Institute on Aging at Portland State University) Presenting Social Research in the Policy Arena

G. O'Neill (Research Analyst, National Academy on an Aging Society, Washington, DC) Making the Transition: Moving from Graduate Studies in the Social Sciences to a Washington-Based Public Policy Institute

T. Wetle (Deputy Director, National Institute on Aging) Policy Implications of NIA Sponsored Research

J. Wiener (Principal Research Associate, the Urban Institute) Policy Research and Policy Making at the National and State Levels: A Think Tank Perspective

As the American population ages, social research directed toward the care of older Americans becomes increasingly important in informing policy and programs on the national and state levels. However, while graduate education trains emerging scholars in the techniques of quality research and scholarly publishing, the ability to translate policy relevant findings into public policy is usually not taught.

This years SRPP Student Sponsored Symposium will address several issues related to converting good social research into public policy. Dr. Kutza will describe how to gain access to the public policy arena and how to present social research as public policy. Dr. Wiener will discuss the role of policy research in think tank settings and how it is used in developing and analyzing proposals for change. He will highlight contrasts between policy making at the national and state levels. Dr. Wetle will illustrate the contributions of social research to public policy, using examples of NIA sponsored research which has directly informed policy. Dr. O'Neill will describe his transition from graduate studies in sociology and demography into a public policy institute, including both the advantages and the pitfalls.

24

STEERING THE BRITISH REFORMS OF LONG-TERM CARE: RESPONSES TO THE LABOUR'S WHITE PAPER AND THE ROYAL COMMISSION REPORT

B. Davies, PSSRU, London School of Economics and the Universities of Kent and Manchester, England, CT2 7NF

Participants:

W. Leutz (Heller School, Brandeis University, Waltham, MA 02154-9110) 'Joined-up government': Proposals for the coordination/integration of health and social care in the UK and US compared.

J. Wiener (Urban Institute, Washington DC 20037). Finance and supply proposals in the light of reform logics in other countries.

B. Davies (PSSRU, London School of Economics and the Universities of Kent and Manchester, England, CT2 7NF). UK White Paper and Royal Commission Analysis and Proposals Implications of Research on Service Effects on Outcomes and Efficiency Patterns.

Discussant:

D. Kodner (Metropolitan Jewish Health System, Brooklyn, NY 11220-4711)

During the fifth year following reform implementation, the incoming Labour Government's White Paper reviewed progress and made proposals and the Royal Commission on Long-Term Care. The white paper fits with other important policy announcements for the health services. The symposium will review arguments and proposals from 3 perspectives. One is how these and health related policy proposals handle the coordinating/ integrating health and social services. The proposals are related to the new policies and structures for the national health service and to the policy framework for 'joined-up government'.

A second perspective is differences in logic between these British proposals for financing and supply compared with those in the reforms in other European countries (particularly Germany) and elsewhere. A third perspective is how far they engage the issues of equity and efficiency revealed by research mapping of the patterns and effects of service inputs on outcomes related to the policy goals of the reforms, patterns of variations in efficiency, and the implications of these patterns for the likely benefits of alternative strategies for improving equity and efficiency.

'JOINED-UP GOVERNMENT': WHITE PAPER AND ROYAL COMMISSION PROPOSALS FOR THE COORDINATION/INTEGRATION OF HEALTH AND SOCIAL CARE IN THE UK AND US COMPARED

W. Leutz, Heller Graduate School MS035, Brandeis University, 415 South Street, Waltham, MA 02154-9110.

As in the US, the integration of acute and long-term care for persons with disabilities and chronic illness has been a focus of policy-making in the UK, though in the UK, the integration of other human services with health services is a more important aspect of this. But integration has taken on many meanings, with much discussion about how much financial and organisational integration are needed to achieve clinical integration, who should manage what aspect of integration, at whom it should be targeted, and what structures are required to support it. The paper reviews the proposals in the 1998 white paper and the report of the Royal Commission and related contemporary policy developments in the light of the policies of the last decade, comparing the British arguments and proposals with those in the US, in the context of 'laws of integration' and the dilemmas they pose. The analysis is partly based on research on integration in England involving extensive interviewing of policy-makers and managers.

UK WHITE PAPER AND ROYAL COMMISSION FINANCE AND SUPPLY PROPOSALS IN THE LIGHT OF REFORM LOGICS IN OTHER COUNTRIES.

J. Wiener, Health Policy Center, The Urban Institute, 2100 M Street, NW Washington, DC 20037.

The main initial reform focus of the Thatcher government was supply efficiency, ie using public spending more effectively to achieve care goals, though the reforms were promoted with a rhetoric of citizen independence and greater clarity in the definition of public and private responsibilities. While applying the lessons of the reform experience and its considerable political muscle to the same end in the White Paper, the Labour administration also tackles other equity issues, and established the Royal Commission on Long Term Care. The most publicised recommendations of the Royal Commission were new financing arrangements. The paper [a] describes the proposals of the majority and the dissenting minority, discusses the broader context and logic, and the research used by the Commission to quantify their implications under various scenarios for the first half of the next century. In doing so, it compares the British proposals with reforms in other countries, notably Germany, in the light of research which included interviews conducted by the author with senior policy-makers and managers in the UK and Germany.

UK WHITE PAPER AND ROYAL COMMISSION ANALYSIS AND PROPOSALS IMPLICATIONS OF RESEARCH ON SERVICE EFFECTS ON OUTCOMES AND EFFICIENCY PATTERNS.

B. Davies, London School of Economics &
Universities of Kent and Manchester, England.
CT2 7NF

The 1998 White Paper reinforces the emphasis on improving efficiency in using public resources, and proposes to tackle more equity issues. The report of the Royal Commission on Long Term Care reviews policy performance and recommends changes. The paper discusses the analyses and proposals. *Evidence* is from a collection built around triads of 419 new users of packages brokered by local authority social services departments, their caregivers and case managers. It includes 2 rounds of depth interviews, the continuous tracking of broad needs and service utilisation. *Methods of analysis* are the estimation of production functions, used to envisage the consequences of efficiency improvement under different scenarios. *Results* show 70 productivity effects that between them substantially offset disbenefits predicted by risk factors, and affecting almost all users to some degree. The *discussion* uses the results to discuss Royal Commission and White Paper logics, and likely benefits of strategies for equity and efficiency.

25

OVERVIEW OF THE 1996 NURSING HOME COMPONENT OF THE MEDICAL EXPENDITURE PANEL SURVEY

D.E.B. Potter & J. Rhoades, Agency for Health Care Policy and Research (AHCPR), 2101 East Jefferson Street, Suite 500, Rockville, MD 20852.

Participants:

D.E.B. Potter & J. Rhoades (AHCPR) The MEPS NHC: Event-Level Residence History Data and the Health Status Data.

E. Brown, Jr. (AHCPR) Demographics, Facility characteristics and staffing: 1996 Nursing Home Component of the Medical Expenditure Panel Survey.

A. Dey, (AHCPR) Insurance Section of the 1996 Nursing Home Component of Medical Expenditure Panel Survey.

J. Rhoades. (AHCPR) Nursing Home Expenditures and Sources of Payment, and Income and Assets: 1996 Nursing Home Component of the Medical Expenditure Panel Survey.

The dramatic growth in the number of Americans over age 75, the desire to minimize the duration of expensive inpatient hospital care, and the trend towards community-based care all make data pertaining to nursing homes and nursing home residents of growing importance. The nursing home (NH) survey of the Medical Expenditure Panel Survey (MEPS) -- the MEPS NHC -- has a multistage stratified probability design, with NH's selected in the first stage and NH residents selected in the last stage. The survey's primary objective is to estimate, for persons who were in a NH at any time during 1996, their use of and expenses for NH and health care services during their periods of NH residence. Extensive data are collected on a variety of measures related to health status, insurance coverage, income and assets, as well as facility characteristics. The purposes of this symposium are three fold: (1) present an overview of the survey design and data collection methods; (2) describe the available data and the data editing methods; and (3) provide to the research community a better understanding of the strengths and limitations of these data. We will begin with the survey overview.

D.E.B. Potter & J. Rhoades (AHCPR) The MEPS NHC: Event-Level Residence History Data and the Health Status Data.

This presentation on person-specific data from the 1996 MEPS NHC is in two parts; the first on residence history (RH) data, and the second, on health status (HS) data. For sample persons, the RH questions solicit information about all stays (of one or more nights) that occurred during 1996. The data include items such as: admission/discharge dates to NH's and hospitals, place of residence prior to admission and after discharge, last date of community residence, and time and place of death. The data are: collected at the event level (i.e., a stay); obtained from multiple respondents in NH's and the community; and are fundamental to making estimates about NH use. This part of the talk will focus primarily on the methods used to construct and edit the RH stay-level file. A particular focus will be a description of the item and event-level imputation methods.

The second part of this talk will concentrate on sample person HS data collected from NH sources. These questions were designed to measure at multiple time points and to correspond to HCFA's Resident Assessment Form -- the Minimum Data Set (MDS). The questions are formatted in such a way that permit the interviewer to abstract health status data directly from the forms and provide a questionnaire mechanism to collect data for persons with no forms. This part of the talk will concentrate on the bench-marking of HS estimates to other sources.

E. Brown, Jr. (AHCPR) Demographics, facility characteristics and staffing: 1996 Nursing Home Component of the Medical Expenditure Panel Survey.

The presentation will include instrument content, collection strategy and data editing and imputation methods employed, as well as data availability.

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The background section was used to collect demographic items about sampled persons. The data collected included age, sex, race, education, veterans' status, marital status, and information about vital status of parents and siblings. Each demographic item was collected by one of the following five methodologies: 1) Facility as the only data source. 2) Facility was considered the primary data source. 3) Community as the only data source. 4) Community was considered the primary data source. 5) Data item was collected from both community and facility. Since the methodology is driven, in part, by the completeness of the data provided, it may vary across persons.

Facility-level data are gathered in three rounds of data collection. Round 1 and Round 3 Facility Questionnaires (FQ) consist of the facility structure and characteristics section as well as staffing. The Round 1 FQ was designed to identify all parts of a nursing home, and units within the nursing home (including special care units such as Alzheimer's units). The Round 2 FQ data items are on services routinely offered by the facility to residents and nonresidents. The instrument also collects information about physicians with nursing home staff privileges.

A. Dey, (AHCPR) Insurance Section of the 1996 Nursing Home Component of Medical Expenditure Panel Survey.

The purpose of this paper is to present the contents of the insurance (IN) section of the 1996 Nursing Home Component of the Medical Expenditure Panel Survey.

The central goal of the IN section was to determine what insurance coverage the current residents (CR) and first admissions (FA) had during 1996. CR refers to a cross-sectional sample of January 1, 1996, residents and FA refers to a sample of residents admitted to a nursing home any time during 1996. The questionnaire contains specific probes for determining whether the sampled person was a Medicaid recipient, a Medicare beneficiary, covered by private insurance including Medigap, covered by private long-term care insurance, covered by Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) or Veteran's Affairs (CHAMPVA) or covered by any other public assistance program. For Medicaid coverage, the section also collects the date when Medicaid coverage began, whether the sampled person had Medicaid coverage at the time of admission, and where sampled person was living when Medicaid began.

The IN section collects data on a person's insurance coverage at baseline. For CR's, this is January 1, 1996. For FA's, this is the time of admission to the sampled nursing home.

J. Rhoades. (AHCPR) Nursing Home Expenditures and Sources of Payment, and Income and Assets: 1996 Nursing Home Component of the Medical Expenditure Panel Survey.

This paper presents, survey methodology, questionnaire content, data editing, imputation and benchmarking techniques, as well as data availability.

The expenditures questionnaire collected data on the cost of nursing home care during 1996. The data collected included information about the billing period, number of days billed, and the rate or rates billed for basic care, as well as charges for ancillary care. The section also included information on all payments received by the facility, the sources of payments, and the amounts paid by each source.

The Income and Assets questionnaire subset the population into married and unmarried groups. Married individuals were asked if they would be reporting their income amounts separately or combined with their spouse. Data was collected on whether sample persons (spouses) received Social Security, pension, or other income and the amounts of each type of income. They were then asked about total gross income. If income was refused or unknown the respondent moved to unfolding questions on income. Sample persons were also asked about home ownership, home value, and financial assets. A series of unfolding questions to determine a value range for the home and other financial assets were asked if the respondent did not provide a specific value.

26

SES, MEDICARE COVERAGE, AND FLU SHOT UTILIZATION AMONG VULNERABLE WOMEN IN THE WOMEN'S HEALTH AND AGING STUDY (WHAS). K.D. Frick. Department of Health Policy and Management, Johns Hopkins University, Baltimore, MD 21205-1901. Eleanor M. Simonsick, National Institute on Aging, Bethesda, MD.

This study assesses the differences in flu shot utilization by SES measures before and after Medicare Part B coverage implementation. Differences in utilization by individuals of different SES, and resulting health status differences, may be mitigated by providing insurance coverage. The WHAS baseline data used in the analysis were collected from November 1992 to February 1995, spanning the introduction of Medicare coverage of flu shots in May 1993. These data are representative of moderately to severely disabled, community-dwelling, older women living in Baltimore, Maryland. Bivariate analyses with education, income, private Medigap insurance coverage, Medicaid coverage, not having a driver in the household, and specific sources of income indicate variation in utilization is associated with SES, both before and after Medicare coverage. Multivariate logistic analyses including measures of SES, sociodemographic, and health-related factors suggest that before coverage income was positively associated with receiving a flu shot. After coverage, having private Medigap insurance was positively associated and not having a driver in the household was negatively associated with flu shot utilization. Coverage mitigates the association of utilization with income, as expected, but it also reveals the influence of non-income factors; thus, insurance coverage addresses affordability, but does not mitigate all SES-related utilization differences. Unless other aspects of access, e.g. acceptability, availability, and information, are addressed, differences in constraints and preferences and associated utilization and health outcomes will persist.

GENDER DIFFERENCES IN HEALTH UTILIZATION BEHAVIOR AMONG THE JIREL ELDERLY OF EASTERN NEPAL.

J. Subedi, S. Subedi, Dept. of SGA, Miami University, Oxford, Ohio 45056, S. Gautam, Division of Biostatistics, Vanderbilt University School of Medicine, A-1124 Medical Center North, Nashville, TN 37232, S. Williams-Blangero Dept. Of Genetics, Southwest Foundation for Biomedical Research, P.O. Box 760549, San Antonio, TX 78245.

In most developing countries, medical pluralism is a fact. Research has consistently documented the widespread use and preference for indigenous health care services. Also, that modern medicine is often used as a last resort.

In our study conducted among the elderly in Jiri, Eastern Nepal we found that contradictory to earlier findings, there was a high preference for modern medicine even though lack of access kept persons from utilizing it. We felt that it would be interesting to explore if there were gender variations in health behavior.

This paper, then, examines the difference in health care seeking and utilization behavior among elderly men and women in the Jiri Valley of Eastern Nepal. The sample consisted of randomly selected 110 elderly individuals (male=60, female=50).The results were interesting. We found that women tend to prefer and use modern medicine more than men, although the reasons for use differed significantly from the men. A much larger proportion of men were found to use home remedies and consult with family and friends before seeking formal health care.

The paper tries to identify some of the reasons for such findings and concludes with general recommendations and policy implications.

WHO's INTERNATIONAL GOALS FOR HEALTHY AGING FOR ADULTS WITH INTELLECTUAL DISABILITIES - THE OUTCOME OF A W.H.O. - I.Y.O.P. CONSENSUS CONFERENCE ON A GROWING POPULATION OF OLDER ADULTS

M. P. Janicki, University at Albany, Richardson 280, Albany, NY 12222.

Concerns about the need to promote wellness and healthy aging among adults with intellectual disabilities all over the world, lead the World Health Organization to ask the International Association for the Scientific Study of Intellectual Disability to organize a working group to examine the factors associated with, and contributing to, health aging and to produce a summative report for worldwide distribution by the WHO. As part of the United Nation's International Year of Older Persons, the WHO consensus meeting reviewed four primary areas: aging and social policy, health issues, women's health issues, and biobehavioral issues. This paper presents the outcome of the consensus conference in Geneva, Switzerland held in April 1999 and provides an overview of the key health promotion activities recommended to be undertaken to help adults with intellectual disabilities successfully survive to old age in good physical and mental health.

ACCELERATED AGING? THE NEW HEALTH RISKS OF LONG-TERM PHYSICAL DISABILITY

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Many individuals aging with long-term physical disability are experiencing secondary conditions-- new health problems and functional limitations-- that are directly or indirectly related to the underlying primary impairment. The purpose of this study was to investigate whether selected secondary conditions represent "accelerated aging" and to identify who is at-risk for multiple chronic health conditions and greater use of health services. Data are from the Aging with Disability (AwD) Survey Study, a cross-sequential, group comparison study of 555 respondents with polio, rheumatoid arthritis, and stroke. The mean age of the samples was similar ($\bar{X}$=60 years) but groups differed by duration of disability (Polio $\bar{X}$ =50 yrs., R.A. $\bar{X}$ =20 yrs, Stroke $\bar{X}$ =6 yrs). Within sample analyses describe the prevalence of 14 chronic health conditions that represent the leading causes of mortality and/or functional limitations by age and type of impairment. Multiple pair-wise comparisons between AwD respondents and national estimates of age-matched cohorts from the population at large test the hypothesis of "accelerated aging". Logistic regression models identify the strongest predictors of high numbers of chronic health conditions and physician visits. Results show significant differences by impairment group for 11 of 14 chronic health conditions and provide consistent support for the "accelerated aging hypothesis." Contrary to expectations, age, duration, and severity of impairment were weak predictors of secondary conditions. Findings are discussed in terms of the opportunities for targeting prevention efforts and the implications for public policy.

DESIGNING PROGRAMS TO PROMOTE HEALTH IN VULNERABLE SENIORS

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The health of seniors at greatest risk of developing health problems is of concern as seniors have the highest rate of health care utilization. Low income seniors were targeted in this pilot study as being at greater risk of developing health problems since they had moved to a more sheltered form of housing. These residents of government-subsidized apartments for seniors were the focus of self-directed health promotion programs including such areas as exercise, nutrition, and health information and counseling. Students in health disciplines such as nursing, pharmacy and nutrition assisted in delivering the 6-week program in 3 seniors apartments. The program consisted of exercise classes, nutrition talks, a newsletter incorporating information about health and the program and a 'health corner' in which nurses and pharmacists were available to talk with seniors with health concerns. 33 seniors completed pre and post measures and demonstrated significant improvements on some measures of health, functional ability and quality of life. Results on other measures approached significance.

PREVENTION OF FALLS AND INJURIES IN FRAIL OLDER PERSONS IN THE AUSTRALIAN COMMUNITY USING AN INTEGRATED MULTI-DISCIPLINARY MODEL.

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of South Australia and the Southern Division of General Practice, South Australia 5000.

1999 has seen an increased emphasis on clinical indicators and outcomes linked to the funding of programs associated with the International Year of Older Persons. Based on strong evidence from previous research, conferences and workshops around Australia have amplified the need for a multifactorial approach to the problem of falls and injuries in older persons. We have further developed this model by integrating General Practitioners, Allied Health and Nursing Services, Hospitals, Acute Geriatric Service, Nursing Homes and Home-based care, using quality medicine, osteoporosis management, home safety, progressive resistance, endurance and balance training to provide the optimum benefits in preventing falls and injuries. Increasingly, the role of the General Practitioner is being developed as a key player in this process, as the primary care contact, educator and motivator on behalf of the client. The General Practitioner is becoming aware of his/her central role in risk detection and injury prevention through Continuing Medical Education programs which are being driven by the Divisions of General Practice. This model is embedded in a much broader collaborative partnership between University based clinical research programs at the University of South Australia, the Flinders University of South Australia and the Divisions of General Practice in South Australia.

27

GRAY AND GREEN?: ENVIRONMENTALISM, STEWARDSHIP AND SUSTAINABILITY IN AN AGING SOCIETY

S.D. Wright, D. A. Lund, M. Caserta, Gerontology Center, University of Utah, Salt Lake City, UT 84112

The natural environment has been a missing part of the public policy forums regarding the implications of an aging society. Stewardship and the sustainability of natural resources is complementary to the topics of economics and health care when addressing the themes of well-being and quality of life for future generations in the United States. Environmental and sustainability issues also pertain to the conceptual framework for observing the *International Year of Older Persons* where multi-generational relationships are a key component of establishing a "society for all ages". This session will present an overview of the usage of the concept "environment" in gerontology; discusses the research and organizational activities relating to ecology and gerontology; the role of environmentalism in aging cohorts; activities of seniors in environmental issues at the community level, and presents an introductory review of sustainability and its relevance to issues of an aging society. An emerging research agenda addressing these issues will be reviewed. Specific examples of environmental effects of global warming and urban heat islands on the well-being of frail elders and survey data of environmental attitudes of older adults will be presented.

ASSESSMENT OF AN ON-LINE COURSE ON ADULT DEVELOPMENT, AGING, AND DIVERSITY.

S. Fried, Park College, Parkville, MO 64152 and C. Mehrotra, The College of St. Scholastica, Duluth, MN 55811.

During the past year, we designed and offered an on-line undergraduate course on adult development, aging, and diversity. Based on an awareness of individual differences, the course design employs a variety of strategies to promote active learning. Students read assigned chapters and internet-based presentations, participate in bulletin-board discussions with their classmates and the instructor, share their reflections on what they are reading and experiencing, complete three written assignments at different points in the course, and take two exams. We conducted a course evaluation by monitoring students' participation in group discussions, examining the quality of their work on written assignments, tracking their retention and engagement in the course, and assessing their performance on the two exams. In addition, we used two on-line surveys to obtain students' feedback regarding the course, what they learned, and how it affected them. Preliminary findings include: (a) study questions and case studies are highly effective in engaging students in active learning, (b) students appreciate the convenience and flexibility of the course and the prompt instructor feedback on their work, (c) students' active participation in learning activities and prompt instructor feedback promote high rates of course completion; and (d) they learn not only about aging and diversity, but also about their families and themselves.

OLDER ADULTS WORKING FOR SUSTAINABLE COMMUNITIES A CASE STUDY OF EAST ARLINGTON

S B Eve, Dept of Applied Gerontology, Univ of North Texas, Denton, TX 76203-0919, K Burton, Arlington Police Dept , R Cartwright, Arlington Apartment Managers Assn , K Daly, City of Arlington, City Manager's Office, R Eve, Dept of Sociology and Anthropology, Univ of Texas at Arlington, M Hockenberger, D Rodeheaver, S Walker, Dept of Sociology, University of North Texas, R Perez, Anthropology, Univ of N Texas, Sue Phillips, East Arlington Leadership Committee

This paper will report on the experiences of a group of older residents working to reclaim an aging section of a large suburban city in the Southwestern U S In 1995, the City of Arlington developed a sector plan dividing the city into six sectors Citizens' groups were organized in each sector to identify and address problems in that area, beginning with East Arlington Most of the homes in this sector were built in the 1950s for a predominantly working and middle class Anglo population who owned their own homes Many of these homeowners have aged in place and cannot afford to leave their homes The area had begun to decline Apartment buildings in the area were in disrepair Renters in the apartments and in single family dwellings were relatively young, low-income, and predominantly minority (African American, Mexican American and Mexican) East Arlington Leadership Committee, a grassroots community organization, composed primarily of older Anglo homeowners, joined with the city and other community institutions to identify over 60 objectives to reclaim this section of Arlington Community led efforts for renewal of this area included successfully coping with culture conflict and generational conflict, as well as problems of urban decay We will focus on one illustrative example involving partnerships among the grassroots citizens group, police, apartment managers and owners, city government and two universities (Funded by U S Depts of Justice and HUD COPC-TX-97-045)

SRPP-3

CONSUMER-DIRECTED CARE OF MINORITY ELDERLY: AN EXAMINATION OF PROS & CONS

J. Weathersby
University of Wisconsin-Milwaukee.

Consumer-directed care -- user control of services provided in the home or place of residence of the client (*consumer*) -- appears to be emerging as a critical agenda (*focus for change*) in long-term care of the elderly. Consumer-directed care is becoming a vital option for younger persons with functional disabilities, and may become a viable alternative for older individuals as well. What are the pros and cons of hiring self-employed, independent personal care workers for frail, disabled, elderly African-Americans?

This study examines a subset of six poor, disabled African-American elders who select, supervise and control paid independent (*self- employed*) caregivers through the Wis. COP. This qualitative, narrative analysis of interviews with clients and their workers provides meaningful insights into the utilization of independent personal care workers, the preferences and concerns of frail, elderly minority consumers, plus their relationships with the workers. Additionally, the consumers' living arrangements reveal specific strengths and weaknesses of independent care (*consumer-directed*) as a model offering more choices to minority elders. **SRPP-15**

RESEARCH WITH LATINO CAREGIVERS: RECRUITMENT AND INSTRUMENTATION DEVELOPMENT.

B. Ramos, R. Toseland, S. Roff, G. Aquino, & V. Ramos. School of Social Welfare, SUNY at Albany, Albany, NY 12222.

Caregiving among Latinos is influenced by a series of social and cultural factors including finances, community resources, beliefs and attitudes about familial responsibilities. In order to examine caregiving among Latinos, cultural components and cultural awareness were interwoven into the various phases of the research process. This presentation will highlight: (1) recruitment strategies used for accessing this population (e.g., community involvement, partnerships with community agencies, identification and inclusion of key community leaders); (2) development of culturally appropriate instruments to measure the practical and conceptual issues related to Latino caregiving (e.g., demographics, acculturation, beliefs and attitudes); (3) the forward-back methodology for translating English language instruments; (4) preliminary data on the effectiveness of these strategies and methods. Efforts to increase research participation of older Latinos, an underrepresented group in caregiving studies, must include a culturally competent approach that takes into account the cultural characteristics of this group. (Funded by a Minority Supplement award from the Agency for Health Care Policy and Research).

AGE OF DISABILITY ONSET ACROSS ETHNICITY AND EDUCATION AND SOCIAL POLICY IMPLICATIONS

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Recent studies have reported the decline in onset of disability and lower disability rates among older population The improved health status of older population seems to support an increase in Social Security and Medicare eligibility age However, some inconclusive findings have also been reported and variation in disability prevalence rates across education and income groups have raised policy questions

This study examines the disability onsets and development across different ethnic groups, particularly APIs, using the 1990 Census PUMS for Hawaii The Hawaii Health Surveillance and other studies have reported higher morbidity and shorter life expectancies among selected ethnic groups, particularly Hawaiians/Part-Hawaiians The life expectancy for Hawaiians is 74 years in contrast to Japanese, 82 years and Chinese, 83 years The analyses show that great discrepancies exist across ethnic groups in the onset and development work disability (WD) The WD rates for the 40-54 age group are 13% for Hawaiians, in contrast to 5% for Japanese, 6% for Chinese and Filipinos and 9% for Caucasians, for the 55-62 age group, 26% for Hawaiians, 10% for Japanese, 7% for Chinese, 13% for Filipinos and 15% for Caucasians Strong associations between education attainment and WD are observed for all ethnic groups For example, for Hawaiians of 40-54 age group with less than high school education, the WD rate was 22%, with high school, 12%, and with some college or more, 10%, while Chinese with less than high school have 11% WD rate, with high school, 7% and with some college or more 4% The findings suggest that the Social Security and Medicare eligibility age increase will have different meanings across ethnic groups and may require varied mechanisms

PHYSICIAN, HOSPITAL, AND HOME HEALTH SERVICE USE BY HISPANIC ELDERLY PERSONS.

D. Burnette, PhD & Ada C. Mui, PhD, Columbia University School of Social Work, New York, NY 10025.

The behavioral model of health service utilization is used to examine elderly Hispanic Americans' use of physician, hospital, and home health care services. Data are from the *1988 National Survey of Hispanic Elderly People*, which provides a nationally representative sample of Hispanic elders within telephone exchanges with at least 30% concentration of Hispanics Multivariate logistic regression models are used to examine the likelihood of using each type of service and correlates of use Results show different predictors of physician, hospital, and home health care use Enabling factors have the greatest impact on physician use and need indicators have the greatest effect on use of the other two, more discretionary services. Mexican Americans were 74% less likely to have seen a physician and 45% less likely to have used home health care than Cuban Americans. Use of the health services delivery system by Hispanic elders thus appears to depend largely on physician use, which is influenced most by insurance coverage. Mexican American elders are particularly vulnerable to this access barrier

ELDERLY MEXICAN AMERICAN HEALTH: IMPLICATIONS FOR ECONOMIC SECURITY

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LBJ School of Public Affairs, The University of Texas at Austin, P.O. Box Y, Austin, TX 78713

Latinos are a rapidly growing component of the elderly population, and have distinctive health characteristics which influence their income-earning opportunities, and the quality of their lives after retirement. The purpose of this study is to assess how health impacts the economic well-being of older Latinos. We hypothesize that inequalities in lifetime social security benefits and financial resources disproportionately affect the health and health care access of Hispanic immigrants in later life. The study group consisted of a sample of 2,378 Mexican Americans age 65 and over, interviewed twice over a two year period, who reside in the five southwestern states of Arizona, California, Colorado, New Mexico, and Texas (Hispanic Established Population for Epidemiologic Study of the Elderly). Results suggest that income inequalities exist within the Mexican-American population, especially for foreign-born elderly and infirm Mexican Americans. Individuals reporting poor health and activity limitation also rely more heavily on public than private pensions, and experience greater financial strain than do those who report no limitations. The study outlines implications of the apparent income-health gradient in the aged Mexican American population for social security reform.

ACCESSING HEALTH CARE INFORMATION VIA THE INTERNET: IMPACT ON MINORITY ELDERLY IN NORTH PHILADELPHIA, PENNSYLVANIA

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It has become increasingly evident that older adults are acquiring computer skills and are surfing the web for a variety of information. More recently, efforts have been made to train trainers to facilitate older adults access to health care information. In mid 1997, a senior apartment complex with 60 older African American residents opened its doors a block from the Institute on Aging, Temple University in North Philadelphia. The Institute staff met with the residents to assess their needs and had computer literacy voiced as the number one interest of the residents. Unfortunately, no one had a computer on which to learn. A local foundation was approached to secure funds to purchase a computer system, to provide training on the uses of the computer, to acquire an Internet provider, and to provide direction to health care sites on the web and agreed to provide the funding for this project. Of the 60 residents, 15 indicated a desire to be trained on the use of the computer and attended three sessions (half of trainees in each three session training track) over a three month period with follow-up sessions provided six weeks and three months after the initial training period. Pre and post training assessment indicated that the residents gained competency in knowing how a computer operates, how to do word processing, how to operate e-mail and how to access the world wide web particularly sites providing health care information. Follow-up dialog and questionnaire completion identified the particular health care sites visited by the residents and the usefulness of the information from a health care perspective.

Constructing and Deconstructing a Reservation Nursing Home: A Community Study of the Laguna Pueblo Indians

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American Indians are not unique in their struggle to find the best solution in caring for their elders. Increased longevity worldwide has brought this issue to the forefront of health care. What is unique to Indians is their strong sense of tradition coupled with the circumstances of reservation life. This research examines how one American Indian group, the Laguna Pueblo, believe they have solved the problem of elder care by borrowing from contemporary Anglo society, the structure of a nursing home and elder care center

The goals of this study were two-fold. The first goal was to understand the historical and social circumstances that promoted the construction of the Laguna Rainbow Elder Care Center. To accomplish this goal, semi-structured open-ended interviews were conducted with four key groups of people who are the primary "stake-holders" in the Center. They included: nursing home residents, senior center participants, staff of the Center, and those community members who were influential in the inception of the facility

The second goal was to understand, once constructed, what the Laguna Rainbow Elder Care Center means to those individuals who were identified as "stake holders". To accomplish this goal interviews were conducted in which respondents were asked to reflect on the "meaning" the Center provides for them

Content analysis was conducted on the interviews and thematic categories were developed. Additionally, participant observation was used to provide the researcher with direct experience of the daily events at the Center

The National Indian Council on Aging reported at the White House Conference on Aging that nursing home care is a primary concern to all tribes (NICOA, 1995). The increased life expectancy of Indians makes the issues of long term care arrangements more salient for today's elders and for generations to come

Federal Welfare Reform, Supplemental Security Income and Elderly Immigrants: The Role of National Aging Organizations. Grace J. Yoo, University of California, San Francisco, Box 0612, San Francisco, CA 94143.

On August 22, 1996, President Clinton signed the welfare reform law that ended eligibility for all immigrants to federal means tested entitlements. Poor elderly immigrants were specifically targeted. Eligibility of supplemental security income for this population became debated throughout. This study documents how national Aging organizations responded to these policy changes. The following are the major research questions: 1) How were elderly immigrant welfare recipients perceived before, during and after the federal welfare reform debates? 2) Who were the key actors and players from national Aging organizations before, after and during the federal welfare reform debates? 3) How did these

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organizations define and influence the federal welfare reform and elderly immigrant debate. This study utilizes an in-depth content analysis and intensive telephone surveys. In analyzing the data, both qualitative and quantitative approaches were used. The results of this study are to document the role of national aging organizations in social welfare policy making, and to identify their best practices in terms of grassroots advocacy and national influence.

THE DIFFERENCES IN SENIOR CENTER USE BETWEEN ELDERLY KOREAN-AMERICANS ATTENDING A KOREAN-SPECFIC CENTER AND RACIALLY-MIXED CENTERS.

W. Kim, M.S.W., Fordham University, 113West 60th Street #716, New York, NY 10023, and J. Berman, Ph.D., NYC Department for the Aging, 2 Lafayette Street, New York, NY 10007.

While there are several studies available regarding patterns of senior center use by minority elders, no study has been conducted to investigate the variations among minority users based on their use of different types of senior centers. An exploratory study was undertaken to compare Korean seniors attending Korean-specific center with Korean seniors attending more ethnically-diverse centers in New York City. In-depth personal interviews were conducted with 60 randomly selected participants, consisting of 30 Korean-specific center users and 30 racially-mixed center users. In addition, senior center directors were interviewed for additional information regarding senior center use by the Korean-American elderly. Preliminary findings indicate that there are great differences between those who attend the Korean-specific center and those who attend racially-mixed centers in terms of their socio-demographic backgrounds, user satisfaction, patterns and levels of senior center involvement. Compared to general center users, those who attend the Korean-specific senior center are more likely to be recent immigrants, have fewer resources, live far from the center, and have higher levels of consumer satisfaction. Seniors attending Korean-specific center are more likely to utilize a wide range of available services for socialization, recreation, education, health, and social service assistance. In comparison, although racially-mixed center users do use certain services, such as the hot lunch program, the majority do not tend to utilize the wide range of available services, due to cultural and language barriers. The need for future research and implications for policy and practice will be addressed.

SRPP-3

EFFECTS OF SOCIAL SUPPORT IN HOME HEALTH OUTCOMES AMONG MINORITY ELDERLY

T.R. Peng, Center for Home Care Policy and Research, New York, NY 10001, J. Lee, Fordham University Graduate School of Social Services, New York, NY 10023.

The share of minority elders in the U.S. population is projected to increase rapidly, yet research on home health utilization and outcomes on these vulnerable populations has been scarce. Specifically, the effect of social support on home health outcomes is critical to examine as the industry moves toward linking cost containment to outcome. The objective of this study is to examine how social support affects functional outcomes and home care service utilization for elderly patients aged 65 and who enter post-acute home care with a primary diagnosis of Congestive Heart Failure (CHF). Data sources are the Outcomes Assessment Information Set (OASIS) and home health service claims for a sample of patients who were admitted and discharged in 1998 from the Visiting Nurse Services of New York (VNSNY), the largest non-profit home health provider in the U.S. Comparisons are made across self-identified White (N = 353), Black (N = 219) and Hispanic (N = 160) patients. Preliminary results demonstrate that the presence of social support interacted with ethnicity to can lead to better functional outcomes. Ethnicity played a significant role in service utilization, interacting with social support. Black patients who lived with family received fewer nursing visits than others patients. This research has policy and practice implications for the home health industry where the interaction between culture and social support needs to be considered in the equitable distribution of the economic and emotional burdens caregivers face as we move towards a prospective payment system.

THE IMPACT OF PHYSICAL, MENTAL, AND SOCIAL SUPPORT FACTORS ON DISABILITY AMONG LONG-TERM CARE CONSUMERS

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Losses in activities of daily living (ADL) are an indication of the level of disability or frailty among the elderly. Risk factors of disability possibly include: poor physical health, cognitive impairment, and lack of social support. This study investigated how physical health, mental status, and social support predict disability, as measured by ADL, for Caucasian/English speaking and Hispanic/Spanish speaking home and community services enrollees (n=1,249). Results of hierarchical linear regression supported the model. Physical health, mental status, and social support contributed significantly to the disability variance, after controlling for region/residence and personal characteristics. There were significant contributions from residence (assisted living facility residents had lower levels of disability), race/language and age (Hispanics and older people had higher levels of ADL disability). Policy implications to set criteria for providing disabled elderly with long-term care services based on risk factors, race/language and age are discussed.

HEALTH-PROMOTING BEHAVIORS AMONG AFRICAN AMERICAN ELDERS

L. H. Davis, Southern University School of Nursing, Baton Rouge, LA, 70813, B. F. McGadney-Douglass, Wayne State University School of Social Work, Detroit MI 48202.

The research literature affirms that healthy aging is ultimately dependent on the extent to which individuals practice and maintain health-promoting lifestyles. Although there is evidence that African American elders are interested in practicing health behaviors, they are rarely included in health promotion programs and research. As part of a larger community study to identify health beliefs and practices of African American elders, a sample of 50 elders (20 men and 30 women) were administered the Health-Promoting Lifestyle Profile (HPLP). Six dimensions were measured: self-actualization; health responsibility, exercise, nutrition, interpersonal support and stress management. Findings revealed that women, the young-old and those who rated their health as good/excellent engaged in significantly more health promoting behaviors than men, the old-old and those who rated their health as poor/fair. Discussion focuses on the importance of recognizing the variability of health-promoting behaviors in this population when implementing health promotion programs.

CULTURAL ISSUES AND ASSESSMENT OF NAVAJO ELDERS, Sara Aleman, Ph D and Judith Sellers, Ph D , Northern Arizona University, P O Box 53110, Flagstaff, AZ 86011

Navajo elders are a growing group of this indigenous Native American population. One of the striking aspects of the group is the strength that comes from their traditional culture and family system. While these are strengths that have historically helped them to survive daily assaults on their traditional way of life, these factors are currently being ignored as Navajo elders attempt to survive into old age.

As in other groups, current elders are breaking age limits in longevity. This presents challenges to Navajo families to provide for their elders in ways that are consistent with family values as well as with good modern medical care. Due to issues of isolation, adult children having to work long distances from their elders, and grandchildren going off to school, the elders have to deal with many aging issues in a foreign world from what they know. This presentation deals with a current project that is underway to assist elders and their families. In particular this presentation provides information on how a survey was conducted to collect data to support the development of new programs for the elders in one area of the Navajo Reservation.

THE SITUATION OF OLDER PERSONS IN BOTSWANA: IMPLICATIONS OF THE OLD AGE PENSION.
S. Shaibu, S. Tlou, , B. Ingstadt, University of Botswana, Department of Nursing Education, P. Bag 00702, Gaborone, Botswana

Changes to the extended family are placing doubt on the meaning of old growing old. The purpose of this study was to investigate the situation of the older persons in Botswana, with a focus on the old age pension which was introduces in October, 1996. The design was a longitudinal descriptive study. This paper presents preliminary findings of the qualitative data. Ten focus groups were used to collect data from older persons in different parts of Botswana. The findings show that the introduction of an old age pension scheme has transformed the economic status of older persons. Although they admitted that it was seemingly meager, however, given the poverty levels prevailing in the rural areas where most of the elderly people live, this money was appreciated. Old people reported an increased self-esteem. Some older persons reported that it was inadequate as it was used to raise orphans and those grandchildren whose parents did not provide any remittances for the children's upbringing. The scheme, unfortunately led to the exclusion of social programs like drought relief. They also complained of being left out of mainstream development. There was a general feeling of hopelessness with regard to their situation. Children were seen as unable to care for them due to their own financial obligations, and also due to deliberate neglect. Implications of these findings are discussed.

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Dementia Care Down Under – Beyond the Rhetoric

This paper serves to provide an overview of the impact of translating policy into practice in the Australian context of dementia care.

Over a twenty year history, the author has been funded on a number of occasions by government funding mechanisms to translate policy into practice by project managing specific projects related to the care of people with dementia.

This paper serves to present examples of the outcomes of a number of these projects and at the same time to provide an overview of current practice in dementia care in Australia. It further serves to demonstrate the difference between real client and carer outcomes that extend beyond the rhetoric of policy.

29

Chronic Pain in Geriatrics: Assessment

One (25 minute)/color videotape; 1998
Produced by Geriatric Video Productions, Inc.

This video discusses the false beliefs concerning chronic pain in elderly patients.

It directly guides you in the assessment process. It discusses the influence of pain on functional status, and shows the use of pain rating scales. It teaches pain assessment technique, including techniques for assessing pain in those who are cognitively impaired.

Contact: James Vanden Bosch, Terra Nova Films, 9848 S. Winchester Ave., Chicago, IL 60643 800.779.8491; FAX 773.881.3368; e-mail: jvb@terranova.org

30

Chronic Pain in Geriatrics: Management

One (25 minute)/color videotape, 1998
Produced by Geriatric Video Productions, Inc

This program directly guides you in developing a pain management program for the elderly who have chronic pain. An approach to specific drug therapy—including opiates—is discussed, with emphasis on fears of staff, patients and family caregivers regarding addiction, tolerance and respiratory depression with opiate use.

The video also reviews the use of specific non-drug therapies to minimize medication use. It focuses on improving quality of life by providing an individualized care plan that addresses the physical and psychosocial symptoms, areas of decline in ADL's, family distress, and other factors that contribute to suffering.

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31

IMMOBILITY AND FALLS ON MEDICAL UNITS AT A UNIVERSITY HOSPITAL

J. Mahoney, University of Wisconsin School of Medicine and GRECC, William S. Middleton Veterans Hospital, Madison, WI 53705.

Participants:

J. Mahoney, C. Bubolz (Univ. of Wisconsin, Madison, WI) Hallway Ambulation by Older Adults Hospitalized on Medical Units.

C. Bubolz, J. Mahoney, T. Wells (Univ of Wisconsin, Madison, WI) Rate of Traffic on Medical Units.

R. Euhardy, J. Mahoney (Univ. of Wisconsin, Madison, WI) Hospitalized Older Adults' Perceptions of Ambulation on a Medical Unit.

M. Enloe, T. Wells, J. Mahoney, S. Hughes (Univ. of Wisconsin Hospital, Madison, WI) Comparison of Falls by Medical and Surgical Patients in a University Hospital.

Discussants:

M. Hunt (Univ. of Wisconsin School of Human Ecology, Madison, WI)

T. Wells (Univ. of Wisconsin School of Nursing, Madison, WI)

Immobilization is a common consequence of hospitalization and may contribute to adverse outcomes including loss of walking independence, functional decline, and falls. Despite extensive literature documenting the adverse consequences of immobilization, there are few studies examining the frequency of ambulation or barriers to mobility in the hospital setting. Hospitalized patients' perceptions of barriers to mobility also have not been well explored. This symposium will present findings from four studies performed on medical units of a busy university primary and tertiary care hospital. Individual presenters will discuss the frequency of ambulation in hallways of medical units, environmental barriers to hallway ambulation determined by quantitative observational research, and patients' perceptions of ambulation on a medical unit gained from qualitative research. The final presenter will compare falls by medical and surgical patients, highlighting mobility-related issues that are of particular importance to medical units. Discussion by Dr. Hunt will stress the role of environmental design in patient ambulation and falls by relating the effects of environmental cognitive clarity and restorative environments. Discussion by Dr. Wells will highlight the complexity of acute care and the implications of this for design of programs to improve mobility and prevent falls.

HALLWAY AMBULATION BY OLDER ADULTS HOSPITALIZED ON MEDICAL UNITS

J. Mahoney, C. Bubolz, Univ. of Wisconsin and GRECC, Wm. S. Middleton Veterans Hosp, Madison, WI 53705

Lack of activity during hospitalization can impact on the functioning of patients beyond their illness. The purpose of this study was to determine the frequency of hall ambulation by elderly patients on medical units of a university hospital. Patient ambulation in the hallways on each of three medical units was observed eight times in three hour intervals between 8am and 8pm. A total of 248 patients over the age of 55 (mean age 73.5 ± 9.8 years, 56.5% female) were hospitalized on the units during the observations. Prior to observation, nursing staff were questioned regarding patients' ability to ambulate with or without assistance. 127 patients (51.2% of total) were considered by nursing as able to ambulate in the halls. Of these patients, 52.8% (n=67) could do so independent of another person, while 47.2% (n=60) needed human assistance. On average, in a three hour period, 15.0% of patients able to ambulate walked once, 4.7% twice, 3.2% three or more times, and 77.2% did not ambulate. Of 20,881 total patient-minutes on the unit, patients spent only 311 (1.5%) minutes walking. 22.4% of independent patients walked, compared to 23.3% of dependent patients (p=ns). The median minutes walked was 5.0 in a three hour period. Of the 60 dependent patients, 3 walked with nursing, 2 with family, 8 with physical therapy and 1 alone. Results from this study show that frequency and duration of hall walking for hospitalized elderly patients is very low. Independent patients may benefit from encouragement to improve ambulation. Dependent patients will need additional assistance from family or hospital staff.

RATE OF TRAFFIC ON MEDICAL UNITS

C. Bubolz, J. Mahoney, T.Wells, Univ. of Wisc. and GRECC, Veterans Hosp, Madison, WI 53705

Traffic by objects and people in hospitals may create both psychological and physical barriers to patient ambulation. We observed traffic on each of three medical units of similar layout, for eight 3-hour intervals, covering the period 8am to 8pm. Traffic was measured by counting the number of people, stationary and moving objects in one section of a unit (middle or wing) in a two-minute period approximately every 10 minutes. A total of 2098 people, 701 stationary objects, and 61 moving objects were observed in 546 minutes of observation. In the middle of a unit, during a two-minute interval, a mean of 9.7 ± 4.5 people, 1.1 ± 1.5 stationary objects, and .4 ± .7 moving objects were observed, with a maximum of 23, 5, and 3, respectively. In the wings of a unit, a mean of 7.0 ± 4.1 people, 3.1 ± 2.0 stationary objects, and .3 ± .6 moving objects per wing were observed, with a maximum of 20, 12, and 3 respectively. When comparing types of wings (bay versus thru), significant differences existed in the number of people ($p<.001$) and moving objects ($p=.004$). The bay wing had a mean of 5.4 ± 3.6 people and .1 ± .4 moving objects, while the thru wing (leading to an elevator) had 8.3 ± 4.3 people and .4 ± .7 moving objects. People traffic remained constant for each hour from 8am to 7pm. For example, over these hours, people traffic per section of a unit per two-minute interval ranged from 7.1 to 9.9. Between 7 and 8pm, people traffic decreased to 5.1. Through traffic (i.e. people passing through without making contact) represented 10.6% of total unit people traffic. A substantial amount of traffic occurs in hallways adjoining patient rooms. This traffic may transform hallways into obstacle courses for hospitalized patients.

HOSPITALIZED OLDER ADULTS' PERCEPTIONS OF AMBULATION ON A MEDICAL UNIT.

R. Euhardy, J. Mahoney, Physical Therapy Program, Univ of Wisc. and GRECC, Veterans Hosp, Madison, WI 53705.

Immobility occurs frequently on hospital units, but there is little research examining patients' views on mobility in the hospital setting. Using qualitative research methodology, we interviewed patients regarding their perceptions of the value of ambulation, and factors that aided or hampered mobility in the hospital. The participants were seven patients age 65 or older, who were hospitalized on one medical unit of a university hospital for at least 5 days, independent in walking at study entry, and moderate to high risk for functional decline based on the Hospital Admission Risk Profile (HARP). Participants were interviewed twice in their hospital rooms, one to two days apart, with each interview lasting 25 to 45 minutes. A core theme was that participants had a lack of awareness of the importance of mobility. Findings indicated many physical barriers to activity, including pain, weakness, lack of energy, urinary incontinence, low vision, unfamiliarity of surroundings, lack of anyplace to go, and use of IV's. Less concrete barriers included fear of falling, and feelings of dependency, passivity, and insecurity. For example, one participant stated "I do what they tell me and that's it". Data analysis identified several factors that aided mobility, such as having someone present, and using ambulation aids or holding environmental objects. Data indicated that patients would be more active if they were told to get out of bed and walk, and if a routine were provided for this. Many of the factors that aid or hamper mobility are amenable to intervention. Patient education should be a core component of any intervention.

COMPARISON OF FALLS BY MEDICAL AND SURGICAL PATIENTS IN A UNIVERSITY HOSPITAL.

M. Enloe, T. Wells, J. Mahoney, S. Hughes, Univ of WI Hospital, Madison, WI. 53575

Hospitalization increases the risk of falling in the elderly due to a combination of acute change in medical condition, deconditioning and the effects of unfamiliar environment. We hypothesized that there would be significant differences between patients who fall on medical and surgical units. We examined all fall incident reports that occurred in 1997 on medical (n= 4 units, 93 beds) and surgical (n=6 units, 154 beds) units. There were 179 falls by 150 fallers. The average fall rate per 1000 patient days on medical units was 4.0 versus 1.3 on surgical units ($p < .0001$). Comparing patients who fell on medical and surgical units, there were no significant differences in age (64.3 years versus 62.3) or gender (53% male vs 42% male). 52% of fall incidences on medical units involved mental status alterations, versus 33% of fall incidences on surgical units ($p=.02$). 60% of falls on medical units occurred from supine, seated, or transfer positions, compared to 45% of falls on surgical units ($p=.05$). Whether falls occurred on medical or surgical units, most falls were not witnessed (79.5%), and did not result in injury (61%). Fall prevention on medical units compared to surgical units will require greater vigilance to the effects of mental status alterations and the risk of falls from supine, seated, or transfer positions.

32

THE NEED-DRIVEN DEMENTIA-COMPROMISED BEHAVIOR MODEL (NDB): DERIVING INTERVENTIONS FOR DEMENTIA CARE

A.L.Whall, The University of Michigan, School of Nursing, 2304 400 NIB, Ann Arbor, MI 48109-0482.

Participants:

E. Beattie & D. Algase (University of Michigan, Ann Arbor, MI 48109-0482) Using Social Interaction to Reduce Mealtime Wandering: A Derived Intervention from the NDB Model.

A.Kolanowski (Medical College of Georgia, Augusta GA 30912-4210) & K. Richards (University of Arkansas for Medical Sciences, Little Rock, AR 72207) Synthesis of Existing Findings on Premorbid Personality and Intervention Preferences.

L. Buettner (Binghamton University, Binghamton, NY 13850) & K. Colling (University of Michigan, Ann Arbor, MI 48109-4082) Simple Pleasures: A Theoretically-driven Intervention utilizing the NDB Model.

The human genome project highlights the increasing availability today and in the future, of very precise data available to plan care for patients with dementia. In former decades caregiving for dementia patients, especially care addressing more troubling behaviors, was based upon ad hoc empirical generalizations. Today ongoing testing produces updated neurologic, physiologic, psychosocial, and other data that can be used for specific, patient-centered care interventions for persons with dementia. However, there is a serious gap between such scientifically produced data and the ability of caregivers to process and utilize this data for interventions. The NDB Model was designed specifically to assist caregivers to utilize more precise data to plan care for dementia patients. This symposium reviews the NDB Model and presents several methods by which precise data may be organized to produce updated, scientifically based interventions. Examples of these derived interventions are presented

USING SOCIAL INTERACTION TO REDUCE MEALTIME WANDERING: A DERIVED INTERVENTION FROM THE NDB MODEL.

E. Beattie, D. Algase, School of Nursing, The University of Michigan, Ann Arbor, MI.48109

Many severely cognitively impaired nursing home residents who wander are unable to remain seated for meals and thus have increased risk of poor nutrition, dehydration and weight loss. Utilizing the theory-building strategy of deductive inference, a nursing intervention to reduce wandering behavior during mealtimes was derived from the NDB model. The intervention uses operant conditioning and targets proximal social environmental factors to return wanderers to the table and keep them seated. The intervention is delivered in a quasi-experiment embedded in a multiple case study design (n=6). Outcomes of interest are length of time spent at table, amount and type of food eaten and body weight. Predominant analysis is within-case t-tests comparing means of all dependent variables between the Baseline and Intervention observations.

Synthesis of Existing Findings on Premorbid Personality and Intervention Preferences. A. Kolanowski (Medical College of Georgia, Augusta, Ga 30912-4210) & K. Richards (University of Arkansas for Medical Sciences, Little Rock, Ark. 72207)

Assessment of personality traits has guided treatment options in non-demented populations and may hold promise for intervention preferences among the cognitively impaired. Because emotional behavior is subserved by an older brain system than that which subserves cognition, we hypothesize that emotional expression and preferences may be continuous with preillness patterns. For example, individuals who wander tend to be those who are rated as extroverted and who used activity as a coping mechanism in the past. In preliminary work, we found a significant relation between the premorbid trait of neuroticism and physical aggression in a sample of institutionalized elders with mid-to later stage dementia ($r=.62$, $p<.01$). This paper will synthesize empirical evidence on premorbid personality, behavior and intervention preferences using the Need-driven Dementia-compromised Behavior Model as an organizing framework for the deviation of interventions.

SIMPLE PLEASURES: THEORETICALLY-DRIVEN INTERVENTION UTILIZING THE NDB MODEL

L. Buettner, Binghamton University, Binghamton, NY 13850, K. Colling, University of Michigan School of Nursing, Ann Arbor, MI 48105.

This presentation will utilize the methodology of substruction as posited by Gibbs (1972), Hinshaw (1979) and Dulock and Holzemer (1991) to demonstrate the congruence between the theoretical aspects of a middle-range theory, that is, the NDB Model, and the operational systems inherent in the research design of an empirically based study utilizing a miltilevel sensorimotor intervention for nursing home (NH) residents with dementia. The Simple Pleasures intervention consisted of the testing of 30 handmade recreational items which were designed and tested for appeal, safety, and therapeutic value with residents of varying functional abilities in 2 NHs. Twenty-three items were found to be therapeutically valuable with family visits, use of the recreational items and satisfaction with visits significantly improved during the intervention. Residents were slightly less agitated at one NH and significantly less agitated at the other NH. Interventions demonstrated effectiveness in addressing the four disturbing behaviors of passivity, wandering, agitation and vocalizations which have been identified with the NDB Model. The synchrony between the theoretical and operational systems in the derivation and testing of interventions linked to variables in the model give credence to continuing efforts to derive theoretically sound approaches from middle range theories.

33

COGNITIVE PREDICTORS OF SUB-CLINICAL DISABILITY AMONG ELDERLY RETIREES

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We assessed the effects of Executive Control Function (ECF) impairment on IADL's and level of care among non-demented well elderly retirees with "minimal cognitive impairment". **Methods:** N= 561 well elderly retirees (AGE 78.2 ± 5.0; ED 15.1 ± 2.4; 58.5% female; 27.9% living alone) from a single, 1500 bed, continuing care retirement community (CCRC), were examined for cognitive impairment and incipient disability, using the Executive Interview (EXIT25)(12.5 ± 5.0; scores >15 /50 impaired), Mini-Mental State Examination (MMSE)(27.7 ±

2.8; scores <24 /30 impaired), and CLOX: An Executive Clock-drawing Test (CLOX). The CLOX is divided into executively sensitive (CLOX1) (10.3 ± 3.3; scores <10 /15 impaired) and simple constructional (CLOX2) (13.3 ± 2.1; scores <12 /15 impaired) sub-tests. Multivariate models of level of care, and IADL function were developed. **Results**: Residents in congregate high-rises (N=260) differed significantly from those in garden apartment settings (N=301) with respect to AGE, GENDER, % living ALONE, EXIT25, CLOX1, MMSE, and CLOX2 scores [p<.03]. Only differences in ECF measures persist after adjusting for AGE and living ALONE [p<.004]. The EXIT25 [p<.006] and CLOX2 [p=.02] were associated with the use of prostheses. The EXIT25's ability to distinguish these groups persists after adjusting for LEVEL and living ALONE [p=.01]. All instruments distinguish residents with impairment in IADL's. However, in multiple regression models, only three variables, CLOX2 (p<.001), EXIT25 (p<.001) and AGE (p<.001) made significant independent contributions. **Conclusions**: ECF impairment is statistically associated with level of care and IADL impairment even in pre-clinical, non-institutionalized, well elderly retirees. Executive measures may detect well elderly subgroups at risk for future progression to frank dementia /disability.

An Extended Delayed Recall Task in Screening for Mild Cognitive Impairment in Community Dwelling Elders

D. A. Loewenstein, Ph.D., R. Duara, M.D., W.W. Barker, MS, D.G. Harwood, MA, Cheryl Luis,M.S., Amarilis Acevedo, Ph.D.
The Department of Psychiatry and Behavioral Sciences, University of Miami School of Medicine and the Wien Center for Alzheimer's Disease and Memory Disorders, Mount Sinai Medical Center

The Folstein Mini Mental StateEvaluation (MMSE) is widely used as a screening measure for cognitive impairment and dementia in the elderly. However, there are concerns regarding its utility in identifying those individuals with very mild cognitive deficits. In this study, one hundred and two elderly persons presenting to a free memory screening program and subsequently diagnosed by neurological and neuropsychological evaluation as cognitively normal (n=52), mild cognitively impaired (n=24), or demented (n=26) were evaluated with the MMSE. In addition, they were administered extended delayed recall trials for the three objects that the patient is required to remember on the MMSE.

Observed sensitivity of 83.3% and specificity of 90.4% was achieved across three delayed recall trials in differentiating cases with mild cognitive impairment (without dementia) from individuals with normal cognition and was far superior to the total MMSE score alone.Cumulative recall for the three MMSE items across only two delayed recall trials demonstrated a sensitivity of 96.2% and specificity of 90.4% in differentiating between cases of dementia versus cases diagnosed with no cognitive impairment.

The three trial delayed recall score greatly increased prediction of mild cognitive impairment in at-risk elderly living within the community and may have promise in the development of future screening batteries.

EVALUATION OF ACTIVITIES OF DAILY LIVING FOR PATIENTS WITH ALZHEIMER'S DISEASE.

C Lofgreen, LD Baker, E Cress, T Lofgreen, S Asthana. GRECC, VA Puget Sound Health Care System, Seattle/Tacoma, WA, U of Washington & U of Georgia.

Alzheimer's disease (AD) is associated with significant impairments in cognition and activities of daily living. Although much attention has been devoted to cognitive assessment in these individuals, physical function evaluation is just beginning to receive more attention. We propose a battery of tests to measure skills of independent living that may provide valuable information regarding not only a person's present capacity, but also the potential benefit of various therapeutic interventions. The Physical Function Performance (PFP) test battery consists of measures assessing activities of daily living, which are eventually impaired by AD. These tests are unique in the field of physical function evaluation in that standardized objective measures are administered rather than subjective questionnaires, and several domains function are sampled including body strength, endurance, and coordination. Some of the tasks vary with respect to the cognitive skills required (e.g., getting dressed, grocery shopping) while others depend primarily on muscle strength and function (e.g., reaching, carrying weights, endurance walk). Overall performance is reflected by a single score that is derived using both time to complete the task and amount of weight carried. To establish the utility of such a battery for patients with dementia, 5 women with mild to moderate AD (mean age in yrs: 71.6±7.8[sd]; mean MMSE: 20.2±3.1[sd]) were assessed and their results were compared to a previously collected data set representing PFP scores of cognitively healthy age-matched women. We found that the subjects with AD scored significantly worse on the PFP compared to the healthy controls (mean PFP scores: 35.6±7.1[sd] and 50.9±9.9[sd], respectively), even though the women with AD were younger, had no physical disabilities, and did not significantly differ on measures of muscle strength. The PFP scores for women with AD were also independent of age, and varied inversely with scores on the MMSE, particularly for the cognitively more demanding tasks (r=-0.86 to -0.98). Therefore, poor performance on the PFP by women with AD was likely due to disease-associated deficits in cognition rather than impairments in muscle function. These results suggest that the PFP can be safely administered to adults with AD and may be sensitive to differences in performance as a function of dementia severity.

USING MDS-BASED QUALITY INDICATORS TO ASSESS CARE OF NURSING HOME RESIDENTS WITH DEMENTIA.

Christie L. Teigland, New York Association of Homes & Services for the Aging (NYAHSA), 150 State Street, Suite 301, Albany, NY 12207

Purpose HCFA has recently announced plans to use the quality indicators (QIs) developed at the Univ. of Wisconsin to focus surveys. This study demonstrates the importance of risk adjusting the quality measures for dementia. **Results** The current QI definitions categorize a large number of residents as having no impairment that are impaired using the more complex Cognitive Performance Scale (CPS). More importantly, the QI definition of "severe cognitive impairment" includes residents scoring at levels 5 and 6 on the CPS, and these residents behave very differently. For example, residents scoring at level 5 (severely impaired) on the CPS have a much higher risk of falling than those at levels 1 and 2 (intact and borderline) -- the QI rates for those groups are 15.2 vs. 8.0 percent. However, the risk of falling is much lower for residents scoring 6 on the CPS (very severe), with only a 5.3 percent rate of falls. Critically, this measure is used to risk adjust several QIs and the high-risk group will be skewed by the different behavior of these residents. The results demonstrate that the CPS should be used to risk adjust many of the QIs for level of cognitive impairment to appropriately focus quality improvement efforts. **Conclusions** This research clearly shows the need to reevaluate the QI definitions of cognitive impairment and to review the risk adjustment factors currently used in order to make these measures truly comparable across nursing homes. **CM1**

THE FEELING-TONE QUESTIONNAIRE(FTQ): A METHOD FOR DETECTING DEPRESSIVE SYMPTOMS AMONG DEMENTED PATIENTS ON SPECIAL CARE UNITS.

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The purpose of this study was to develop a reliable and valid measure

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of affective disorder in elderly demented residents of special care units. The Feeling-Tone Questionnaire is both a self-report and an observational rating instrument developed as a tool for the recognition of depression in moderate and severe as well as mild dementia. The sample consited of 516 nursing home patients in New York State and 52 inpatients at Willard Psychiatric Center, who received DSM-IIIR diagnoses of dementia, were 60 years old or older, and resided on a Special Care Unit for demented pts. The reliability of this scale using Cronbach's alpha is .90. Interrater reliability is .99. Test-retest reliability over a 2 week period is .81. Evidence for validity is provided through positive correlations of the FTQ with MD's DSMIII-R ratings of depression. Validity coefficient=.71.

35

NIA SYMPOSIUM: RESEARCH INITIATIVES, FUNDING AND TRAINING OPPORTUNITIES AT THE NATIONAL INSTITUTE ON AGING.

Organizer: R J. Hodes, Director, National Institute on Aging, NIH, Bethesda, MD

Participants:

Introduction and Overview R J Hodes
Biology of Aging F Bellino
Geriatrics Program E Hadley
Behavioral and Social Sciences R Suzman
Neuroscience and Neuropsychology of Aging M Morrison-Bogorad
Intramural Research Program D L Longo

The National Institute on Aging conducts and supports biomedical and behavioral research with a focus on understanding basic processes of aging, improving prevention and treatment of diseases and conditions common in later years, and improving the health of older persons The NIA also supports the training and career development of scientists focusing on aging research and the development of research resources The symposium will provide an overview of research initiatives, funding and training opportunities at the National Institute on Aging and will also provide an opportunity to meet and converse with representatives of relevant program areas The session will also describe the NIA strategic planning process and seek input from audience participants on research goals, training activities, and other related topics

36

EVALUATION PRACTICE IN SELF MANAGEMENT PROGRAMS FOR ARTHRITIS, PARKINSON'S, AND STROKE

M. Huijbregts, Baycrest Centre for Geriatric Care 3560 Bathurst Street, Toronto, Ontario, Canada, M6A 2E1 University of Toronto

Participants:

S. Yolleck, M. Huijbregts & R. Gruber (Baycrest Centre) Health Care Restructuring: Facilitating Transition to Community Care.

R. Gruber & A. Levin. (Baycrest Centre) Theoretical Models to Foster Self Management Attitudes and Skills.

M. Huijbregts & A. Levin. Evaluation of Self Management Programs: Approaches, Results and Implementation of Findings.

M. Huijbregts, A. Levin & R. Gruber Measurement Issues in Self Management: Capturing Health Status and Program Impact

Discussant: Dr. A. Myers (Univ. of Waterloo)

Redirection of health care resources in Ontario has led to a greater emphasis on community based care. In order to facilitate this, a continuum of evaluation approaches was used to guide program planning. The most common chronic illnesses and referral patterns in Baycrest Centre's target population were identified. Based on these findings, Baycrest Centre implemented interdisciplinary self management programs (SMP) for community residing clients with arthritis, Parkinson's, and stroke. Nursing, pharmacy, nutrition, social work, psychology and rehabilitation therapies participated. Although SMPs are typically based on the principles of perceived self efficacy, incorporation of concepts from other health behavior change models may reinforce self management skills and attitudes of participants. Goal attainment scaling was used as a measurement tool and as a strategy for clients to set goals in collaboration with a health professional. At Baycrest Centre the first SMP for arthritis started in 1994. Initial outcome evaluation indicated that there was statistically and clinically meaningful change in health status (p=.03), pain (p=.03), and clients' confidence in their ability to perform activities of daily living (p=.007). An evaluability assessment of the SMP for arthritis, and a critical functions analysis of the Parkinson's SMP involved all program stakeholders and indicated concerns about recruitment, client priming/prompting, and measurement, and information management. The last part of this presentation will focus on issues of measurement responsiveness, and generic versus disease specific measurement. This symposium illustrates how ongoing evaluation can guide the development of effective SMPs for persons with chronic disease. CM-12/BSS-16

HEALTH CARE RESTRUCTURING: FACILITATING TRANSITION TO COMMUNITY CARE. S. Yolleck, M. Huijbregts & R. Gruber. Baycrest Centre for Geriatric Care, 3560 Bathurst Street, Toronto, Ontario, Canada, M6A 2E1 University of Toronto.

Baycrest Centre provides a continuum of care for inpatient and community residing elderly. A Centre-wide review of ambulatory care needs and services confirmed that current models of physical therapy (PT) practice were unable to meet the needs of the target population, and were not very successful for clients with chronic conditions. At the same time, province-wide hospital restructuring mandated the integration of health care services and a redirection to community care. A literature review and community consultations led the PT department to develop self management programs (SMPs) for the most prevalent chronic diseases in its population. As arthritis is a leading cause of disability, and highly prevalent in the geriatric population, an inter-disciplinary SMP for clients with this condition was the first to be developed. A review of the workload measurement system and quantitative as well as qualitative client data confirmed that care was provided more efficiently and effectively. Based on the success of this program, a Parkinson's SMP was implemented and a Stroke SMP is currently being developed. Both programs utilize similar principles but content and format are adapted to specific needs. Partners and/or caregivers are an integral part of the program. Ongoing evaluation ensures that program goals are met, and that the program evolves as clients' needs change. An additional challenge in staffing the program has been that this different service delivery model requires new knowledge, skills and attitudes. CM-12/BSS-16

THEORETICAL MODELS TO FOSTER SELF MANAGEMENT ATTITUDES AND SKILLS. R. Gruber & A. Levin. Baycrest Centre for Geriatric Care, 3560 Bathurst Street, Toronto, Ontario, Canada, M6A 2E1; University of Toronto.

It is evident from the literature that to live successfully with chronic illness, the individual must take responsibility for managing symptoms and their impact on daily life. The role of the health practitioner has expanded from provider of direct care to include additional roles of consultant and educator. This paradigm shift is especially apparent in self management programs (SMPs). SMPs described in the literature are based on the construct of perceived self efficacy, and its relationship to health status. Self-efficacy has been shown to be predictive of future health behaviors. However, an emphasis on self efficacy alone may be unnecessarily limiting the impact of SMPs. Incorporation of concepts from other health behavior change models, such as the trans-theoretical and self determination models, may better address clients' different learning needs. Clients' readiness for change is an important predictor of health behavior change; however this concept has not yet been integrated into service delivery of SMPs. Motivational enhancement techniques have been shown to be effective in the area of addiction research. These strategies should be applied to the populatiobn of clients with chronic illnesses and evaluated for effectiveness. Incorporation of concepts of health behavior change in all program components including recruitment, intake, assessment, goal setting, education and discharge planning will strengthen self management skills of participants and facilitate further independence.
CM-12/BSS-16

EVALUATION OF SELF MANAGEMENT PROGRAMS: APPROACHES, RESULTS AND IMPLEMENTATION OF FINDINGS. M. Huijbregts & A. Levin. Baycrest Centre for Geriatric Care, 3560 Bathurst Street, Toronto, Ontario, Canada, M6A 2E1, University of Toronto.

At Baycrest Centre the first Self Management Program (SMP) for arthritis started in 1994. Initial outcome evaluation indicated a statistically and clinically meaningful change in health status ($p=.03$), pain ($p=.03$), and clients' confidence in their ability to perform activities of daily living (ADL) ($p=.007$). Level of pain and confidence in ADL contributed to health status. An evaluability assessment in 1997 was theory based and utilization focused. It included a literature review, development of a program logic model, and stakeholder consultation through interview and focus groups. The review indicated a need for the program to widen its theoretical foundation. Advertising, recruitment, and program content need to be modified to better address clients' readiness for change in health behaviors. Other potential barriers to participation, such as cost, transportation, and the intake system need to be considered. A process to provide clients with meaningful feedback on their performance is currently being developed, and a systematic review of available measurement instruments is being conducted. Evaluation of the Parkinson's SMP (started in 1997) included a critical functions analysis and indicated concerns regarding priming and prompting clients for health behavior change, and measurement issues. Ongoing evaluation provides the information required to modify SMPs to optimally meet clients' needs. CM-12/BSS-16

MEASUREMENT ISSUES IN SELF MANAGEMENT: CAPTURING HEALTH STATUS AND PROGRAM IMPACT. M. Huijbregts, A. Levin & R. Gruber. Baycrest Centre for Geriatric Care. 3560 Bathurst Street, Toronto, ON Canada, M6A 2E1. University of Toronto.

Baycrest Centre has successfully implemented self management programs (SMP) for arthritis and Parkinson's Disease. A SMP for stroke will be implemented in the fall of 1999. All programs utilize standardized measurement instruments to categorize clients at different levels of impairment and activity level, and to measure program impact. Goal Attainment Scaling (GAS) is used to quantify participants' achievement of self set goals and has been successful in capturing goal accomplishment. Focus groups have revealed the utility of GAS in reinforcing client progress. However, there are important concerns about the ability of other measures to detect clinically meaningful change. Success in GAS has not necessarily led to an improvement in perceived self efficacy as measured by the instruments. It appears that clients have great difficulty understanding the questions pertaining to this concept. There is also debate over the issue of generic versus disease specific measures. Disease specific measures may be more sensitive to changes in a particular population but often lack sufficient standardization. Generic measures allow for comparisons of disease impact across different populations, often are well standardized and may assist in prioritizing client services. It is apparent that increased collaboration between researchers and clinicians is needed to adequately measure client outcomes and program impact. CM-12/BSS-16

37

Title: Exposure to gun-related domestic violence in older women.

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Background: Nationally 8-12 million women annually become victims of domestic violence perpetrated by a spouse or intimate partner Many of these women are exposed to gun-related threats of violence which represent a lethal form of violence Little data is available on how often older women are exposed to these type of threats. The aim of this analysis was to examine the rate of exposure to gun-related threats of violence in older White (NHW) and Mexican American (MA) women.

Methods: A cross-sectional survey of 656 women, aged 50-79, recruited for the Observation Study arm of the Women's Health Initiative (San Antonio center) between April 1997 and December 1998.

Results: Of the 656 women interviewed, 332 (51.7%) were NHW and 283 (44.1%) were MA. Overall 140 (22.0%) had been threatened with physical harm and 63 (9.9%) had been threatened with a gun. Of those who experienced a gun-related threat, 27 (42.8%) were NHWs and 36 (57.1%) were MAs. Controlling for age, education, and income, NHWs were 0.69 times less likely to have experienced a gun-related threat than MAs.

Conclusion: Gun-related threats, a lethal form of domestic violence, is occurring in older women. As health providers screen older women for domestic violence and elder mistreatment, gun-related threats of physical harm should also be investigated.

WIDESPREAD PAIN AS A CAUSE OF SEVERE DISABILITY IN OLDER WOMEN

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Little is known about the risks for disability due to widespread musculoskeletal pain in older women. We studied 1002 women in the Women's Health and Aging Study, a longitudinal study of disabled women aged ≥65y. In-home interviews were conducted every 6 months for 3 years. Disability outcomes included having a lot of difficulty or being unable to walk across a small room or to perform activities of daily living (ADL). Women included in this analysis did not have severe walking or ADL disability at baseline (n=470). Widespread pain was defined as pain in 3 musculoskeletal sites (hand, back or chest, and lower extremity) with moderate or severe pain (≥4 on 0-10 scale) in ≥ 1 site. Women with widespread pain at baseline (n=92) were compared to those with none or mild pain at 1 site (n=130). Two middle pain groups were: mild pain at 2 sites (n=43) and pain that did not meet the widespread pain criteria (n=205). Among those with widespread pain, 29% developed severe walking disability and 68% developed ADL disability, compared to 16% and 49%, respectively, in those with none or mild pain. In adjusted Cox models, those with widespread pain had higher risk for developing severe disability compared to women with none or mild pain (walking disability, RR=2.50, 95% CI, 1.34-4.68; ADL disability, RR=1.79, 95%CI, 1.21-2.67). Risks for disability were intermediate in the 2 middle pain groups. Widespread pain predicts the development of severe disability in older women and requires further attention by researchers and clinicians.

LEAN BODY MASS AND MUSCLE STRENGTH PREDICT BONE MINERAL DENSITY IN POSTMENOPAUSAL WOMEN

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The purpose of this study was to examine the relationships of body composition and muscular strength with bone mineral density (BMD) of the spine and hip in postmenopausal women (55-65 yrs old). Both estrogen users (n=20) and non-estrogen users (n=20) were recruited for the study. DXA (Lunar DPX-IQ) was used to assess total body, lumbar spine and proximal femur BMD and body composition (% body fat, lean body mass (LBM), fat mass (FM)). Upper and lower body strength were measured by 1-RM testing with Cybex isotonic weight machines. Stepwise multiple regression analyses determined that none of the body composition or strength variables, nor estrogen use were significant predictors of spine BMD. LBM was a significant predictor for all the hip BMD sites, while hip adduction strength was added to the models for the total hip and femoral neck BMD sites. Estrogen use was included in the prediction models for the femoral neck and Ward's area. Finally, FM was a significant predictor only for the trochanter BMD site. In summary, LBM was overall the strongest predictor of the hip BMD sites as it was entered first into the models. Hip adduction strength was the only strength variable significantly related to the hip BMD. Estrogen use influenced primarily the femoral neck sites which was not surprising as the estrogen users had significantly higher Ward's Area BMD. These findings suggest that estrogen replacement therapy had a greater effect on preventing bone loss in the hip rather than the spine.

Osteoporosis in Women over Age 65: The National Osteoporosis Risk Assessment (NORA) Experience.

E Siris[1,3], E Barrett-Connor[3], K Faulkner[3], P Miller[3], T Abbott[2], M Berger[2,3], A Santora[2,3] and L Sherwood[2,3] [1]Columbia University New York NY 10032 [2]Merck and Co inc West Point PA 19486 [3]NORA Steering Committee

Introduction The National Osteoporosis Foundation now recommends Bone Mineral Density (BMD) testing for all women age 65+ and the Bone Mass Measurement Act mandates Medicare coverage NORA, a health education initiative and longitudinal study will provide baseline densitometry and risk assessment to up to 225,000 community dwelling women age 50+ with no prior diagnosis of osteoporosis or low BMD **Objective** To describe the prevalence of undiagnosed low BMD among NORA participants age 65+ **Methods** Densitometry (distal forearm or heel) was performed on all participants The distribution of BMD (T-scores based on Caucasian reference population) was determined **Results** Through July 1998 37,344 women age 65+ were tested (mean age 72.9 [range 65 - 102], 90.1% Caucasian) Overall, 12.7% met the World Health Organization's definition of osteoporosis (T-Scores < -2.5 SD) and 52.7% had osteopenia (T-Scores between -1.0 and -2.5) Overall, 39% met NOF criteria for pharmaceutical treatment **Conclusions** Almost two-thirds of NORA women age 65+ have low bone mass and nearly 40% meet NOF criteria for recommending interventions This underscores the need for primary care physicians to identify and manage osteoporosis in their older women

Low Peripheral BMD Predicts Fracture Risk Among Women Aged 65+: Preliminary Data from the National Osteoporosis Risk Assessment Program (NORA)

E. Barrett-Connor[1,3], E. Siris[3], T. Abbott[2], M. Berger[2,3], P. Miller[3], K. Faulkner[3], A. Santora[2,3], S. Teutsch[2], and L. Sherwood[2,3] [1]University of California, San Diego, La Jolla, CA 92093 [2]Merck and Co., Inc., West Point, PA, 19486, [3]NORA Steering Committee.

Introduction NORA is a longitudinal observational study of up to 225,000 women designed to monitor the natural history and treatment of osteoporosis The study included postmenopausal women without prior BMD testing or diagnosis of osteoporosis seen in primary care practices

Objective To describe the risk of fractures among women aged 65+ based on peripheral bone mineral density (BMD) **Methods** Densitometry (distal forearm or heel) was performed on all participants. Fracture information at 3 to 12 months (mean≈8 months) was obtained though follow-up survey. Fracture rates were calculated as the number of women with new fractures per 100 person-years. **Results** Data were analyzed from the first 10,644 women age 65+ (response rate ~58%). Of 9,907 (93%) who completed all or part of the fracture experience question, 226 (2.3% overall) sustained at least one fracture during follow up for a rate of 3.52 per 100 patient-years. The table below shows the rate of women with fractures categorized by BMD T-score and ethnicity. Women with low BMD had a higher risk of fracture in all groups. **Conclusions** These data demonstrate that peripheral BMD may be used to identify women at high risk of fracture and who would benefit from therapy.

Incidence of Fractures per 100 person years by Age, Ethnicity and BMD T-Score (SD Below Peak Mean)

	N	<=-2.5	-1.0 to -2.49	>-1.0	Total
All Women 65+	9,907	6.78	3.64	2.26	3.52
Non-Caucasian	804	9.00	3.36	2.50	3.81
Caucasian	9,016	6.65	3.67	2.26	3.51

38

RISK OF LIFE-THREATENING COMPLICATIONS IN THE ELDERLY UNDERGOING HIP FRACTURE REPAIR. M. Aniff, D. Sullivan, M. Bopp, M. Frost, VA GRECC (182/LR), 4300 W. 7th St, Little Rock, AR 72205

Objective: To develop a risk assessment model for elderly patients admitted for surgical repair of an acute hip fracture. **Design**: Prospective, observational study **Setting**: University & affiliated VA hospitals **Participants:** 87 non-terminally ill patients with an acute hip fracture (age78±8(SD), 71% male, 90% Caucasian, average 3.5 active problems at admission). **Methods:** Patients completed a comprehensive admission assessment and were then monitored daily for complications. **Results:** The risk of developing a post-operative life-threatening complication was significantly correlated with age and 12 nutritional and functional variables but not with any other indicator of illness severity. The best predictor by multi-variable logistic regression analysis was mid-arm circumference (MAC), followed by pre-fracture walking endurance score. Compared to the remaining subjects, those with a MAC < 26mm were 4 times more likely to develop a post-operative life-threatening complication (adjusted RR 4.0 [95% CI 1.1-14.3]) **Conclusion:** Elderly patients who are undernourished or functionally debilitated prior to fracturing their hip are at significantly increased risk of post-operative life-threatening complications.

"I DON'T WANT NO MACHINES PROLONGING MY LIFE": ELDERS (MIS)UNDERSTANDING OF ADVANCE DIRECTIVES.
R. V. Shippee-Rice, Department of Nursing and M. A. Fraser, Department of Social Work, University of New Hampshire, Durham, NH 03824

After 8 years of the PSDA, less than 20% of elders have completed advance directives. Previous studies have found significant discrepancy between what family members predict the elder will done regarding end of life treatment and what the elder wants done; similar results are found between elders and physicians. This study examined elders' knowledge and understanding of advance directives and their communications regarding AD with family members and physicians. Using a qualitative methodology, personal interviews were conducted with 50 community dwelling, predominately working class elders living in semi rural New England. Results center on three major issues: 1) inadequate communication with health care providers about the purpose and content of the advance directive; 2) role of others in initiating and directing the advance directive process and 3) unease about discussing end of life decisions with others. The majority of study participants did not understand ADs, did not initiate ADs independently and did not freely discuss end of life decisions with family members, friends or physicians. Reasons for each of the major issues and the subsequent implications for practice will be discussed. CM-7

ADVANCE DIRECTIVES: A NATIONAL PERSPECTIVE. G. Gunter-Hunt, R. Habermann, J. Holt, B. Goodman, J. Mahoney. Madison VA/GRECC, Madison, WI 53705

Advance directives (ADs) have broad acceptance throughout the US. Every state as well as the District of Columbia has recognized them in some form, such as the Living Will (LW) or Durable Power of Attorney for Health Care (DPAHC). However, no national standard exists by which all AD documents are developed. Documents from all states and Washington D.C. (n=51) were compared individually and by region (Northeast, South, Midwest, West). Four states had LW only documents, 2 had DPAHC only, 34 had LW and DPAHC, and 11 had combination documents called Advance Health Care Directive (AHCD). The issues most often addressed by states were general life-sustaining measures (98%), terminal illness (94%), personal instructions for care (94%), and broad proxy (92%). Issues mentioned less often by states were artificial sustenance (73%), persistent vegetative state (71%), long term care (33%), and particularly advanced illness, such as dementia, (6%). Regional comparisons revealed that the South had the largest percentage of states with AHCDs at 41%, compared to 11% of the Northeast, 8% of the Midwest, and 15% of the West. AHCDs included a greater number of the 8 issues examined (AHCD= 6.27± 0.65 issues; DP=3.58 ± 1.59 issues; LW=4.47 ± 1.03 issues; p<.0001). AHCDs were significantly more likely to mention persistent vegetative state (p<.0001), terminal illness (p<.0001), personal instructions for care (p=.001), advanced illness/dementia (p=.015), and artificial sustenance (p=.02). These findings suggest that individuals could benefit from national public policy that includes basic standards for all AD documents. The AHCD may be a superior document because it increases a person's ability to specify provisions for care.

INFORMED CONSENT FOR DEMENTIA RESEARCH: PRELIMINARY RESULTS. GW Hougham, CB Stocking, MB Patterson, DD Danner, GA Sachs, for the DRIPAC* Collaboration. Univ. of Chicago, Dept. of Medicine (MC 6098), 5841 S. Maryland Ave., Chicago, IL 60637.

As part of an NIH-funded study of informed, proxy, and advance consent for Alzheimer disease (AD) research, we replicated an earlier study using hypothetical research vignettes that: a) documented the ability of people with dementia to participate in the consent process, and b) highlighted important differences between the choices of patients (pts) and their proxies. Methods: Pts with dementia and their proxies were separately presented with one of two differently ordered series of hypothetical research vignettes representing a range of benefits and risks: tube of blood drawn for test for AD (TB); blood draw for genetics test (GT); experimental oral medication (NM); lumbar puncture for AD marker (LP); intracranial implantation of cells (SC). Subjects were asked whether and why pts would participate in each type of trial. Preliminary Results: 40 pt-proxy pairs interviewed to date (mean pt. age 80; 65% female; 25% Afr-Am). When vignettes are ranked by willingness to enroll, rank order is the same for pts and proxies, although we found important pt/proxy disagreement in pairwise comparisons.

(N=40)	TB	GT	NM	LP	SC
Patient (*n* 'yes')	38	33	20	16	7
Proxy (*n* 'yes')	38	38	29	15	6
Pairs agree *(%)*	93	80	48	40	58

Conclusions: Rank-order correlation suggests pts with dementia retain some understanding and/or capacity to make or participate in difficult research enrollment decisions. Further, proxies' decisions for pts may differ in important ways from those pts would make for themselves. (*DRIPAC: Dementia Research: Informed, Proxy and Advance Consent)

CAPACITY TO CONSENT FOR DEMENTIA RESEARCH: THE DRIPAC* COLLABORATION.

GA Sachs, GW Hougham, D Brauner, J Gute, DE Layman, K Victory, DD Danner, for the DRIPAC Collaboration. Univ. of Chicago, Dept. of Medicine, 5841 S. Maryland Ave, Chicago, IL 60637.

The National Bioethics Advisory Commission proposes researchers routinely assess the decision making capacity (DMC) of research subjects with mental illness, yet little empirical information exists on DMC and dementia. As part of a larger study on consent for dementia research, we assessed the DMC of subjects with dementia to consent to a series of hypothetical research vignettes and to appoint a proxy. Methods: Subjects were presented a series of 5 hypothetical research vignettes: tube of blood drawn for test for AD (TB); blood draw for genetics test (GT); experimental PO medication (NM); lumbar puncture for AD marker (LP); intracranial implantation of cells (SC). Interviewers assessed the DMC of subjects to give consent and to appoint a proxy for each vignette globally, and by using the four (1988) standards from Appelbaum and Grisso (AG).

Preliminary Results: 40 pt/proxy pairs interviewed to date (mean pt age 80 years; 65% female; 25% African-American).

	TB	GT	NM	LP	SC
DMC to consent (%)	45	52	58	40	58
AG standard -choice (%)	90	88	88	88	85
-understands (%)	41	40	36	38	28
-appreciates (%)	44	40	38	35	48
-reasoning (%)	52	52	60	58	48
DMC to appt. pxy (%)	70	62	62	67	62

Conclusions: DMC of dementia subjects varies not only with complexity of decision, but also with standard used. Pts retain DMC for proxy appointment for complex decisions even after DMC to consent is lost. (*DRIPAC: Dementia Research: Informed, Proxy and Advance Consent; NIH R01-AG15317)

CLINICAL ETHICS ROUNDS: ASSISTING THE CARE TEAM WITH DIFFICULT DECISIONS.

M.Gordon, E. Bourett, Baycrest Centre for Geriatric Care, 3560 Bathurst St. Toronto, Ont.M6A2E1

Patients and residents of Baycrest Centre for Geriatric Care (BCGC) and their surrogates may need to make decisions which have major consequences for care Staff also involved in this decision-making process. Regardless of their magnitude, these decisions will have ethical implications for such issues as quality and duration of life.

Baycrest's clinical ethics committee is an interdisciplinary group that serves as a resource on ethical issues related to clinical care by providing consultation on specific cases, conducting case reviews where signficant ethical issues are involved, providing ethics-based education and developing policies for managing ethical dilemmas. One methods of committee influence is the program unit-based clinical ethics rounds. The process of clinical ethics rounds will be described and an example of conflict, involving tube-feeding will highlight the process and the issues involved.

Cliical staff identify a current or recurrent ethical dilemma. Two members of the ethics committee meet with the multidisciplinary team to discuss and identify ethical principles and issues involved and possible approaches and options and the basis and implications of each option. The staff meeting may be followed by one with the patient/resident's family. Follow-up, is done by one of the committee members who attended the rounds.

Staff's response to these educational ethics rounds has been very positive in making them more aware of the ethical issues inherent in clinical practice and has assisted staff, patients and families to make decisions around complex issues in a way that preserves the integrity of all parties.

PREDICTING IN-HOSPITAL DEATH IN MALNOURISHED PATIENTS BY BODY MASS INDEX AT ADMISSION

DR Thomas, HK Kamel, AS Ali, JE Morley. Division of Geriatric Medicine, St Louis University, St Louis, MO 63104.

1000 consecutive admissions to the internal medicine service in a University Hospital were evaluated for nutritional status. Gender-adjusted body mass index (BMI), women <19 and men <20, was used to define possible malnutrition. By this criteria, 12% of admissions were malnourished. Subjects with low BMI differed from subjects with normal BMI by serum albumin (34±.07 g/L v 37±.06, p<0.01), hemoglobin (11.6±2.3 g/L v. 12.7±4.4, p=<0.01), and serum cholesterol levels (153±57 mg/L v. 188±77, p<0.0001), indicating abnormal associated markers for malnutrition. 10.3% of subjects with low BMI died, compared to 2.2% of subjects with normal BMI, (OR 5.2, p<0.00001). Hospital length of stay was similar for both groups (7.4 v. 6.4 days, p=0.15). We conclude that identifying subjects at admission with low BMI can predict increased risk of in-hospital death. This simple measure functions as an early warning for adverse outcome.

FACTORS ASSOCIATED WITH DYING AT HOME AMONG HOUSE CALL PATIENTS. KP Kaffenbarger, B Leff. Johns Hopkins Geriatrics Center, Baltimore, MD. 21224. **Background**: Little is known about the determinants of the site of death among community-dwelling older persons. **Objective**: Determine the prevalence of and factors associated with dying at home among older persons followed in a house call program. **Methods**: Retrospective record review of all patients who died between July 1995 and November 1998 while being followed in a physician-led house call program. Records were abstracted for demographic data, medical comorbidities, plans for preferred place of death, advanced directives, and place of death. **Results**: 128 records were reviewed. Mean age was 81 yrs, 70% were dependent in > 3 ADLs, and 37 % were bedbound. 78 patients (60.9%) died at home. In bivariate analyses, dying at home was associated with having a plan to die in specific place ($p<0.0001$), being bedbound ($p=0.044$), age > 85 at the time of death ($p=0.007$), cognitive impairment ($p=0.008$), and having an advance directive of DNR / Do Not Hospitalize ($p<0.0001$). Dying at home was inversely associated with being hospitalized within the past year ($p=0.039$), with the following advance directives: DNR only ($p=0.039$) and full code ($p<0.0001$). **Conclusion**: A majority of these patients died at home. Dying at home was associated with making explicit plans to do so, advanced age, and functional and cognitive impairments.

URBAN ELDERS AND THE FORFEITURE OF A DRIVER'S LICENSE. J.E. Johnson, Orvis School of Nursing, University of Nevada, Reno, NV 89557

Elders are responsible for an increasing number of automobile accidents. The purpose of this study was to describe the factors that contribute to the forfeiture of a driver's license by urban elders and the impact that such a decision has on their lives. Single item measures and semi-structured interviews were used to collect data from 285 urban adults over the age of 70 who had forfeited a license within 12 months of the study. Data were collected at 2 points in time, 7-10 days apart. Interviews were audiotaped and lasted 90-120 minutes. Data were analyzed with descriptive statistics, correlational procedures, and Strauss' constant comparative method. There was a significant relationship between age and the number of accidents, but not between gender or ethnicity and number of accidents. Friends had a greater influence than family on the decision to stop driving. Three categories emerged related to forfeiture (no choice, bureaucracy, and fear) and the impact of the decision (regret, loneliness, and immobility). Driver's license bureaus often confiscate elder's licenses without warning. Rather than use unreliable, inconvenient, or unsafe public transportation, they choose to stay home.

THE IMPACT OF CATARACT SURGERY ON REPORTED DRIVING DIFFICULTY. C. Owsley, B.T. Stalvey, M.E. Sloane, J. Wells, and G. McGwin, Jr. Departments of Ophthalmology, Psychology, Epidemiology, and Surgery, Univ. of Alabama at Birmingham, Birmingham, AL 35294.

Despite the critical importance of older driver safety in our society, research to date has not clearly identified effective interventions for improving their driving mobility and safety. The Impact of Cataracts on Mobility (ICOM) Project is designed to determine whether cataract surgery and improved vision in older adults leads to improvements in driving mobility. 288 older drivers with cataract (20/40 or worse acuity in at least one eye) were enrolled. About 2/3 of these persons elected cataract surgery on the eye with worse acuity, while the other third declined surgery. Using the Driving Habits Questionnaire (DHQ), self-reported driving exposure and difficulty were assessed in those who elected surgery, before surgery and 1 and 2 years following surgery; the DHQ was also administered to the no-surgery group over the same time frame. Older drivers with cataract who had surgery were more likely to report a reduced driving difficulty (e.g., left-turns, night, rush hour, high traffic roads) over the follow-up period than were those with cataract who declined surgery. These findings were adjusted for age, race, mental status, depression, and baseline visual function. There were no changes in driving exposure in either group during the follow-up period and no differences between the groups. In the surgery group, a reduction in driving difficulty appeared to be mediated by improvements in acuity and contrast sensitivity. This study indicates that for older adults, cataract surgery and subsequent improvement in vision reduces driving difficulty, implying enhanced quality of driving, but does not increase on-road driving exposure.

Mortality In Nonagenarians During Hospitalization With Intensive Care

Arvind Bansal, MD, Miguel Castrejon, MD, Lidia Pousada, MD, Robert Brandstetter, MD, Sound Shore Medical Center of Westchester, NewYork Medical College, New Rochelle,NY

Background: Utilization of intensive care resources in nonagenarians remains controversial despite the rapidly increasing number of "old-old" patients receiving acute care. Methods: A 230 bed suburban teaching hospital with 17 intensive care (medical, surgical and cardiac) beds cares for a population with over 16% of people ≥65 years of age. No specific exclusion criteria are applied in admission to the intensive care units, with the sole admission criterion being physician evaluation. Over a six-month, 512 consecutive patients were prospectively followed upon admission to intensive care.

Table 1: In Hospital Mortality

Age	19-44	45-64	65-89	≥90
Number of patients	50	118	321	23
Deaths in ICU (%)	8 (16.0)	11(9.3)	31 (9.6)	1 (4.3)
Deaths post- ICU (%)	0 (0.0)	2 (1.7)	44 (13.7)	5 (21.7)
Total hospital deaths (%)	8 (16.0)	13 (11.0)	75 (23.3)	6 (26.0)

Conclusions: The above data indicates that nonagenarians had a significantly decreased mortality relative to the "young-old". ICU mortality was highest between ages 19-44. Elderly patients including those ≥90 years should continue to be admitted to intensive care units if critical care is deemed necessary. Future studies examining the subgroups of nonagenarians who would benefit from intensive care need to be done.

THE CHARLSON COMORBIDITY INDEX AND CHRONIC DISEASE SCORE COMPARED RESULTS FROM THE CANADIAN STUDY OF HEALTH AND AGING (CSHA)

MacKnight, C and Rockwood, K, Dalhousie University, 5955 Jubilee Rd, Room 2650, Halifax, NS, B3H 2E1, Canada

Introduction. Most current methods to estimate comorbidity are dependent on extensive diagnostic data. We compared the revised Chronic Disease Score (CDS), a medication-based comorbidity index, to the Charlson Comorbidity Index (CCI), one based on diagnoses.

Methods: 2914 participants from the CSHA Convergent (CCI and CDS) and divergent (ADLs, self-rated function, self-rated health and cognition) construct validity was assessed. Prevalent institutionalization and 18-month mortality were examined with logistic regression.

Results: The CDS and CCI were related (r=0.41), and as expected correlated less well with the other measures. The CDS predicted institutionalization better than the CCI (R^2 0.11 vs 0.04, c-statistic 0.70 vs 0.62). The CCI was marginally superior in the prediction of mortality (R^2 0.05 vs 0.03, c-statistic 0.67 vs 0.63).

Conclusions. The revised CDS is a valid measure of comorbidity. Medication-based comorbidity indices may have advantages over diagnosis-based indices.

PREDICTING MORTALITY AFTER GASTROSTOMY PLACEMENT

M.D. Grant,[*][†] M.A. Rudberg,[‡] J.A. Brody.[†] [*]Center for Primary Care WSH, River Forest, IL 60305; [†]UIC School of Public Health; [‡]University of Chicago Department of Medicine.

Gastrostomies often appear to provide little survival benefit to older individuals. Yet patients, families, and physicians have little assistance guiding decisions to place them. Using clinical diagnoses, this study's purpose was to construct a prediction tool defining mortality probability after gastrostomy placement.

Hospitalized Medicare beneficiaries aged 65 years and older discharged in 1991 after gastrostomy placement were included (n=80,108). One-year mortality was analyzed from sex-specific logistic models. Diagnoses and suspected interactions were included based on bivariate associations and clinical relevance. Predictions were validated by bootstrapping; likelihood ratios were calculated for deciles of predicted 1-year mortality. Models included age, hospital day of gastrostomy placement, CHF, decubitus ulcer, MI, respiratory failure, sepsis, pneumonia and influenza, aspiration pneumonia, diabetes, COPD, Parkinson's disease, swallowing disorder, neoplasm, rehabilitation, other surgery, and the interaction between neoplasm and age. Among men the validated area under the ROC curve was .70 and among women .67. However, predictive probabilities of 0.9 or greater were accompanied by likelihood ratios for death of 4.8 in men and 4.4 in women. An easily used nomogram enables predicting 1-year mortality for individual patients.

A diagnosis-based instrument accurately predicts mortality for hospitalized older individuals at high risk of dying undergoing gastrostomy placement. Moreover, given the high mortality rate following gastrostomy placement the tool should assist patients, providers, and families when the decision to place a gastrostomy is faced.

39

The Margret M. Baltes Legacy Symposium

Co-chairs: Laura L. Carstensen (Stanford University) & John R. Nessleroade (University of Virginia)
Presenters: Frieder Lang (Humboldt University), Ann Horgas (Wayne State University), Hans-Werner Wahl (University of Heidelberg),
Discussants: Albert Bandura (Stanford University), Marjorie Lachman (Brandies University), John R. Nesselroade (University of Virginia)

The field of gerontology lost one of its most influential contributors in 1999. The untimely death of Margret M. Baltes leaves us with great sorrow. This symposium will demonstrate that her influence in gerontology and the behavioral sciences will continue nonetheless in the future. The lessons that she taught are embodied in her students and colleagues and her ideas continue to shape the thinking of numerous researchers in the field. Three former students, Dr.'s Frieder Lang, Hand-Werner-Wahl and Ann Horgas, will present research directly influenced by Baltes. And three distinguished senior investigators will discuss her influence within the fields of psychology and gerontology. At the close of the symposium, the first recipient of the "Margret M. Baltes Early Career Research Award in Behavioral and Social Gerontology" will be annouced.

40

THE PARADOX OF "SUCCESSFUL AGING": A CRITICAL LOOK AT NEGLECTED DIMENSIONS

M. Minkler, School of Public Health, University of California, 316 Earl Warren Hall, Berkeley, CA 94720-7360.

Participants:

M. Minkler, (University of California, Berkeley) Images of Successful Aging.

M. Holstein (Park Ridge Center for the Study of Health, Faith, and Ethics, Chicago, IL 60611-3215) Aging Successfully; It's Unintended and Negative Consequences

P. Stanford, (Center on Aging, San Diego State University, San Diego, CA 92182-0273) "Successful" and "Productive" Aging in Minority Communities; Relevance and Reality.

P. Fadem (School of Public Health, University of California, Berkeley, CA 94720-7360) "Successful Aging" and People with Disabilities; What's the Message?

S. Kaufman (Institute for Health and Aging, University of California, San Francisco, CA 94143-0646) Life Extension as Successful Aging?; Emerging Meanings of Age and Success in the Era of Biomedical Life Enhancement.

Discussants:

J. Hendricks (Dean University Honors College, Oregon State University, Corvallis, OR 97331-2221)

The concept of successful aging provides a sharp and welcome contrast to earlier decline and loss paradigms in aging. Although the concept's creators argued for a broad interpretation of successful aging, however, conventional usage of this term, particularly in the mass media, has resulted in new images of what aging should look like and be about that have troubling implications. This symposium will examine contemporary images of "successful aging" and discuss the translation of the term from a gerontological construct into a cultural ideal. Critical perspectives on this ideal will be presented highlighting issues of race, class, gender and disability. The biology of life extension as a cultural site of meaning production finally will be examined as an example of an arena in which the notion of successful aging may be emerging in new and potentially troubling ways.

IMAGES OF SUCCESSFUL AGING

M. Minkler, Dr.P.H., School of Public Health, University of California, Berkeley, Berkeley, CA. 94720-7360

This presentation will present contemporary images of successful aging which, while helping to transform negative and stigmatizing notions of the later years, raise troubling new questions about the place and meaning of old age in our society. The redefinition of old age which has been described as the "most lasting legacy" of John Glenn's final space mission will be seen to be taking place in multiple venues with mixed consequences. Contrasting images of successful and "unsuccessful aging" will be used to illustrate the need for caution as the former is raised to the status of a cultural ideal. The impacts of poverty and other adverse social conditions on the individual's chances of experiencing successful aging will be explored through images which capture the diversity of the aging experience.

AGING SUCCESSFULLY: ITS UNINTENDED AND NEGATIVE CONSEQUENCES

M. Holstein, Park Ridge Center for the Study of Faith, Health and Ethics, Chicago, IL 60611-3215.

The concept, successful aging, elevates a cultural ideal that relies primarily on achieving certain physiological measures of well-being in old age. Although the measures recommended to reach this state are worthy of attention, the notion is troubling when examined as a normative concept through filters of gender, race, and class. This paper critiques the popularized notion of successful aging for tacitly implying a failure model of growing old in which responsibility is vested largely in the individual. The problematic moral judgment contained in the dichotomy between successful and failed aging is described as potentially punishing further those who do not measure up. The cultural ideal of successful aging also is critiqued for its overemphasis on the physical aspects of aging and its relative neglect of religious traditions and personal histories which can make for richness in the inner life, and an ability to give even with a broken body or mind. The paper concludes by arguing for expanded notions of successful aging that transcend physiology and hold us accountable for our relationship to the community, to our families, and to ourselves.

"SUCCESSFUL" AND "PRODUCTIVE" AGING IN MINORITY COMMUNITIES: RELEVANCE AND REALITY

P. Stanford, Center on Aging, San Diego State University, San Diego, CA 92182-0273.

A growing number of scholars from minority communities have raised critical questions about the relevance of concepts like "retirement" and "successful adjustment to old age" to minority communities. In a like manner, constructs like "successful" and "productive aging," must be critically examined in terms of their relevance for these groups. Although by some yardsticks, the prerequisites for successful aging may be similar across racial/ethnic groups, the likelihood of meeting these prerequisites may differ dramatically for diverse groups. Furthermore, concepts like "successful" and "productive aging" may hold different meanings in communities for whom survival into old age remains a major issue. This paper will raise and discuss such issues in an effort to broaden the dialogue about successful aging.

"SUCCESSFUL AGING" AND PEOPLE WITH DISABILITIES: WHAT'S THE MESSAGE?

P. Faden, MPH student and disability rights advocate, School of Public Health, University of California, Berkeley, Berkeley, CA. 94720-7360

For many people with disabilities, the message conveyed in the term "successful aging" is one of paradox. While Rowe and Kahn argue that people can be both disabled and successful agers, the emphasis on avoiding risk factors that may lead to disability may contribute to the further stigmatization of people who are already disabled. This presentation will examine some of the concerns of people with disabilities over the growing use and misuse of terms like successful aging and their possible implications for the increasingly large number of people who are aging with significant disabilities.

LIFE EXTENSION AS SUCCESSFUL AGING? EMERGING MEANINGS OF AGE AND SUCCESS IN THE ERA OF BIOMEDICAL LIFE ENHANCEMENT

S. Kaufman, Institute for Health & Aging, University of California, San Francisco, CA 94143-0646.

The cultural discourse of 'successful' or 'productive' aging continues to be a powerful framework, both within and outside academic gerontology, for 'knowing' advanced age and perhaps more importantly, for formulating solutions to problems that such a discourse suggests. Despite the realities of illness and decline that often characterize very late life, the idea of productive aging without disease circulates well beyond the confines of our field. This paper focuses on the biology of life extension not as science per se, but as a cultural site of meaning production in which the idea of successful aging emerges in new ways. The paper will distinguish between the limits to that science and how its ideas are taken up in popular culture. It will look at cultural narratives of hope invested in biotechnology and contrast those with other social facts about old age. The goal is to drawn attention to the power of the productive aging discourse in American society and to delimit strategies for understanding and resisting its appeal.

41

FEMINIST GERONTOLOGY AND THE LIFE COURSE: POLICY AND RESEARCH ISSUES

N. Hooyman, University of Washington, School of Social Work, 4101 15th Ave NE, Seattle, WA. 98105, R. Ray, Wayne State University, Dept. of English, 51 W. Warren, Detroit, MI. 48202, C. Browne, University of Hawaii School of Social Work, 2500 Campus Rd.,Honolulu, HI. 96822

Participants:

C. Browne (University of Hawaii, School of Social Work). Feminist Gerontology: Perspectives and Frameworks on the Life Course.

T. Calasanti (Virginia Polytechnic Institute and State University, Dept. of Sociology, 1004 Horseshoe Lane, Blacksburg, VA. 24061). Diversity and Interlocking Oppressions: Feminist Promises and Challenges in Gerontology.

N. Hooyman (University of Washington, School of Social Work) Caregiving and Women's Oppression Across the Life Course.

V. Richardson (Ohio State University, College of Social Work, 1947 College Rd., Columbus, Ohio 43210) Feminist Perspectives on Women and Retirement.

R. Ray (Wayne State University, English Department) Feminist Blindspots, Age Research, and Generational Differences Across the Life Course.

Women's economic and health status, caregiving responsibilities, and unmet social needs are outcomes of political, economic, and social forces that have essentially followed them throughout their lives. To understand aging and aging women and effectively address their needs, especially those older women who have been historically marginalized by society--women of color, working class women, and poor women--we must document the multiple forces of domination in their lives over time and the strengths and resistances they have developed in response to those forces. This focus on power relations and intersecting and interlocking oppressions across the life course goes far beyond an interest on women or gender alone and, in fact, has the capacity for broadening our understanding of aging. Symposium will review feminist perspectives and frameworks on the life course in the attempt to move toward more inclusive gerontology, present policy and research implications to key life issues of caregiving, work, and retirement, discuss the needed focus on diversity and the concepts of intersecting and interlocking oppressions as corrections to aging theories and research, and argue for expanded research methods to counter feminist blind spots on age and gerontology's blind spots on all older women.

42

CHANGES IN STATUS OVER LAST 12 MONTHS OF LIFE

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This paper chronicles the changes in status of nursing home residents over their last 12 months of life. The sample includes 503 residents (average age-90.7 years; 72.5% female) of the HRCA in Boston, a 720-bed long term care facility. Data are derived from the Federally mandated MDS assessment system, which is administered at 2-month intervals, including a requirement for an assessment at HRCA within the last 4 weeks of life. At one year prior to death, the members of this death cohort were indistinguishable from the average resident in the facility; this was also largely true at 9 and 6 months prior to death. Some slight increases in disease and functional loss began to occur at 4 months prior to death, but major shifts are common only in the last 4-6 weeks of life. We will discuss these trends with reference to: cognition, delirium, ADLs, stability/balance, pain, continence, catheter use, infections, ulcers, oral status, lung aspirations, mental status, weight loss and hospitalization.

Among measures becoming more problematic at 4 months prior to death are pressure ulcers and swallowing difficulty. By 2 months before death, we see accelerated decline in making self understood, balance, and continence. In the last month of life, increases in problem status become widespread--examples include delirium, comatose, bed mobility, catheter use, pneumonia, fever, parenteral feeding, shortness of breath and hospital use.

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PREFERENCE FOR PLACE OF DEATH IN A CONTINUING CARE RETIREMENT COMMUNITY.

J.C. Hays & A.N. Galanos, Box 3875 Duke University Medical Center, Durham, NC 27710.

Given the excess hazard of hospital deaths in Western cultures, this study probes an intriguing issue in end-of-life research: when and how elders develop options and preferences for place of death. We surveyed 219 independent-living residents of a large North Carolina continuing care retirement community (CCRC) previously characterized by low five-year rates of hospital deaths. The majority of respondents were in good health and expressed a single preference for place of death, conditional on specific circumstances of their dying: primarily to die on the CCRC campus. Their conditions were more likely related to clinical burden or symptoms than to family availability or cost burden. Preferences differed somewhat by age, marital status, religion, health status, and decision-making factors. Nearly half considered death planning as a part of retirement planning. Over 85% considered patient preferences for place of death an important topic for the medical community to address. Additional qualitative data expand our understanding of the reasons elders give for resisting death in a hospital, strategies they use to assure compliance with their preferences, and barriers they encounter in the development of their preferences. This rare glimpse of death planning in a non-clinical sample (and the first in a CCRC) has broad implications for policy and continuity of clinical care.

ADVANCE CARE PLANNING AND END-OF-LIFE CARE FOR NURSING HOME RESIDENTS.

M.B. Happ, E. Capezuti, N. Strumpf, L. Wagner, S. Cunningham, L. Evans & G. Maislin. University of Pennsylvania School of Nursing, Philadelphia, Pa 19104-6096.

Although nearly 20% of American deaths occur in nursing homes each year, dying in a nursing home is likely to mean unwanted interventions, uncoordinated care, and unnecessary suffering. The purpose of this study was to describe advance care planning (ACP) and end-of-life care for 15 nursing home (NH) residents who experienced hospitalization in the last 6 weeks of life. Data were analyzed using the constant comparative method; open/axial coding produced phases of the care planning process. Selective coding of logs, clinical characteristic data, and interview transcripts were used to refine the categories and complete dimensional analysis.

Subjects were severely functionally ($\underline{M}$ PGDRS = 29.55) and cognitively impaired ($\underline{M}$ MMSE = 9.33), and in advanced stages of cancer or severe cardio-pulmonary or vascular disease. The analysis found a three phase process of ACP and end-of-life decision-making in terminally ill NH residents. ACP was addressed by the social worker on admission to the NH and only revisited after the crisis of hospitalization. The average hospital LOS was 7.13 days with most receiving several invasive treatments. Most displayed physical complications of immobility as well as behavioral symptoms. Although the events leading to hospitalization could have been anticipated in most cases, initial ACP within the NH was limited to a CPR directive. Surrogates initiated half of the ACP reviews, specifically requesting that life-sustaining treatment be withheld. Only 3 received hospice services; however, referrals were delayed until the week prior to death. Most died alone in the NH with inadequate pain or symptom management.

THE RELATIONSHIP BETWEEN SOCIAL ENGAGEMENT AND MORTALITY IN THE NURSING HOME.

D.K. Kiely, S.E. Simon, J.N. Morris. Hebrew Rehabilitation Center for Aged, Boston, MA 02131.

Social engagement (SE) is an essential component of the quality of life in nursing home care. We tested the hypothesis that socially engaged residents are not as likely to die during the 1721 day follow-up period compared to less socially engaged residents using unadjusted and adjusted models. Subjects (n=946) were residents of a long-term care facility for at least one year. Residents who were unable to communicate were excluded. Baseline information was obtained from residents' first annual Minimum Data Set (MDS) assessment. SE was assessed using a valid and reliable MDS based scale that includes six items designed to assess residents' ability to engage in social interactions. Bivariate Cox proportional hazards analysis revealed that socially engaged residents were not as likely to die during the follow-up period compared to less socially engaged residents ($RR=0.89$, $CI_{95}=0.85-0.93$). After adjusting for the number of known mortality risk factors (a risk count), including ADL impairment, SE retained its protective association with mortality ($RR=0.94$, $CI_{95}=0.90-0.99$). A separate multivariate analysis that adjusted for factors related to death (age, gender, weight loss, CHF, BMI, shortness of breath) showed a protective association between SE and mortality ($RR=0.91$, $CI_{95}=0.87-0.95$). However, after additionally including ADL impairment in the multivariate model, SE remained protective but was only marginally statistically significant ($RR=0.96$, $CI_{95}=0.91-1.00$). More research is needed to understand the relationship between SE, ADL impairment, and other factors related to mortality.

THE SOCIAL CONSTRUCTION OF THE MEANING OF DEATH AT VISITATIONS.

S. Wallace, Guilford County Department of Social Services, & R. G. Adams, Dept. of Sociology, Univ. of NC at Greensboro.

Although researchers have conducted studies on how social support after a death improves ability to perform daily tasks and decreases loneliness, they have not studied how people assist the bereaved as they begin to understand the meaning of the death. The purpose of this study is to describe processes which are common to visitations and to illustrate how the bereaved socially construct a meaning of death during them. The data consist of observations at ten visitations for young, white deceased in a funeral home that caters primarily to Baptists and Methodists.

Several factors affect the way in which the bereaved assign meaning to a death in this quasi-public forum. Women verbalized their feelings more than men did. Men expressed anger if they expressed any emotion at all. Younger bereaved were more likely to seek meaning in the death than older bereaved were. Sudden deaths evoked more discussion than predictable ones, and painful deaths required more discussion than easy ones. People who were closer to the deceased were more likely to assign meaning to the death, so funerals attended by many loved ones involved more discussion. The authors discuss the significance of these findings for the work of counselors, pastors, hospice staff, and mental health workers.

43

WELL-BEING OF OLDER PERSONS IN EAST AND SOUTHEAST ASIA: A MULTI-DIMENSIONAL AND COMPARATIVE PERSPECTIVE

M.B. Ofstedal, Population Studies Center, University of Michigan, 426 Thompson, Ann Arbor, MI 48106.

Session Chair:

K. Kinsella (International Programs Center, U.S. Census Bureau, Washington, D.C. 20233-3700)

Participants:

A.I. Hermalin, A. Perez & A. Chan (Population Studies Center, U. Michigan) Programs and Policies Relating to Old-Age Support.

Z. Zimmer, J. Natividad & H. Lin (University of Nevada- Las Vegas, Dept. of Sociology, Las Vegas, NV 89154-5033) A Comparative Look at Levels, Measures and Correlates of Health of Older Adults.

C. Roan, A.I. Hermalin & M.C. Chang (Population Studies Center, U. Michigan) Economic Well-Being: Insights from Multiple Measures of Income and Assets.

M.B. Ofstedal, N. Chayovan & A. Biddlecom (Population Studies Center, U. Michigan) Patterns of Informal Support Among Older Asians: A Comparative Analysis.

E. Frankenberg & V. Beard (RAND, 1700 Main St., Santa Monica, CA 90407) Resource Flows Between Indonesian Parents and Their Children.

Discussant:

M.O. Rahman (Dept. of Population, Harvard School of Public Health, 665 Huntington Ave., Boston, MA 02115)

Rapid population aging combined with dramatic social and economic changes have led to growing concern over the welfare of the elderly in many Asian countries. This symposium focuses on the physical, financial and social well-being of older persons in five countries in East and Southeast Asia: Singapore, Taiwan, Thailand, Philippines, and Indonesia. These countries provide an interesting comparison because they are at varying levels of socioeconomic development and have distinctive family and cultural systems. To set the context for the studies, the first paper presents an overview of social security and health policies and programs relating to the elderly in each of the countries. The next three papers present cross-country comparisons of levels and correlates of health status; economic well-being; and informal support networks and exchanges of support. Analyses are based on a recent round of national surveys conducted in each country. The final paper focuses on change over time, drawing on unique panel data from Indonesia to examine the dynamics of intergenerational living arrangements and support transfers. Evidence from these studies points to varied transitions in the welfare of the elderly as countries develop and formal institutions outside the family expand.

PROGRAMS AND POLICIES RELATING TO OLD-AGE SUPPORT

A.I. Hermalin, A. Perez, A. Chan, Population Studies Center, University of Michigan, Ann Arbor, MI 48106-1248.

In the face of rapidly growing older populations many developing countries are reviewing their policies and programs regarding retirement and death benefits, coverage for health services, and long-term care, and the provision of a range of services focused on the elderly--including daycare centers, nursing homes, and various in-home services. This paper examines the programs in place and under development in several Asian countries that are at varying levels of social and economic development. Attention is given to those programs that are focused on social security and health coverage, reflecting on both the general provisions as well as the actual execution of the programs. The relation of these programs to the intergenerational support system and to the emerging needs of the elderly is explored.

A COMPARATIVE EXAMINATION OF LEVELS, MEASURES AND CORRELATES OF HEALTH OF OLDER ADULTS

Z. Zimmer, J. Natividad, H.S. Lin (Univ. of Nevada-Las Vegas, Dept. of Sociology, Las Vegas, NV 89154-5033)

Although most of the world is currently experiencing some level of 'population aging', an unprecedented growth in the number and proportion of older adults is occurring in parts of East and Southeast Asia. Since an aging population creates emerging challenges regarding future costs of health care and the burden of caretaking, a concurrent concern is the health of older adults in these societies. Yet, very little past research on the health of older adults has taken place in Asia, suggesting the need for a variety of studies - ones that are both descriptive and explanatory in nature. Using nationally representative, rich survey data collected in 1995 and 1996, this paper adopts a comparative approach to examine the health of older adults in Taiwan, Thailand, the Philippines and Singapore. Four questions are considered which, in order to begin a dialogue and act as a baseline for future studies, are necessarily broad: 1. Are measured levels of health status comparable across the countries? 2. Are the correlates of health status comparable? 3. Which measures of health allow for the most efficacious comparisons across diverse settings? and 4. Do subjective measures, such as self-assessed health, operate similarly across culturally diverse settings? Preliminary results indicate similarities and differences in health across the four settings. The paper discusses the reasons for these differences. They may be interpreted as actual differences in health or as differences in the ways in which the cultural context acts upon health perceptions.

ECONOMIC WELL-BEING: INSIGHTS FROM MULTIPLE MEASURES OF INCOME AND ASSETS

C. Roan, A.I. Hermalin, M.C. Chang, Population Studies Center, University of Michigan, Ann Arbor, MI 48106-1248.

Economic well-being is a multi-faceted concept and its measurement presents challenges in both developed and developing countries. This paper examines several measures of economic well-being, ranging from the income of the older person or couple, to the sources of income, and the adequacy of and satisfaction with the amounts received. Each represents part of an interconnected process associated with overall well-being. Also receiving attention is the degree to which the economic support received is direct or indirect, and the types and levels of assets controlled by the elderly. The paper examines differences across countries in the economic well-being of the elderly as well as socio-demographic differences within countries. Results show strong differences across countries in the proportion of overall per capita income received by the elderly; and, within countries, sharp differences in income by source, and a high degree of indirect support.

PATTERNS OF INFORMAL SUPPORT AMONG OLDER ASIANS: A COMPARATIVE ANALYSIS

M.B. Ofstedal, N. Chayovan, A. Biddlecom, Population Studies Center, University of Michigan, 426 Thompson St., Ann Arbor, MI 48106-1248.

Throughout Asia the family has had a long-standing role as the primary provider of support for elderly persons. In recent decades, however, rapid population aging and dramatic social and economic changes have led to growing concern that the traditional system of familial support for the elderly will erode and, thereby, engender greater difficulty or uncertainty for the elderly in securing physical and material support in old age. Despite strong economic gains, many countries are not yet at a stage to develop broad social security and health care programs, and there's often a strong desire on the part of government planners and individuals to preserve the long-standing cultural and family arrangements.

This paper presents recent empirical evidence of informal support in four Asian countries to evaluate whether there is indeed cause for concern. Analyses are based on representative samples of persons age 60 years and over from a recent round of national surveys in the Philippines, Singapore, Taiwan and Thailand. The types of support examined include living arrangements, social support in the form of visits, and monetary and material transfers. Results confirm the continued centrality of the family as a support provider in all countries under study, yet reveal key differences in the levels and providers of support across the countries.

RESOURCE FLOWS BETWEEN INDONESIAN PARENTS AND THEIR CHILDREN

E. Frankenberg, V. Beard, RAND, 1700 Main Street, Santa Monica, CA 90407.

This paper analyzes factors that influence transfers of resources between Indonesian prime age adults and their elderly parents. We consider transfers in the form of shared living arrangements and, for those who do not co-reside, in the form of time and money. We use data from the first and second rounds of the Indonesian Family Life Surveys, which allow us to examine resource flows from both a cross-sectional and a longitudinal perspective. The longitudinal perspective is especially helpful in understanding how living arrangements and levels of financial transfers evolve over the life course and respond to changes in circumstance of either prime age children or the elderly. We consider how a number of characteristics of both the parents and the children affect co-residence and transfer behavior. Age, level of economic status, marital status, and the existence of other close kin (a spouse, brothers and sisters) are all hypothesized to affect living arrangements and transfers, as well as changes in these behaviors over time. A special focus of our analysis will be whether there exists in Indonesia a sub-group of particularly vulnerable elderly, for whom the traditional safety net of the family appears not to function.

44

THE EFFECTS OF MARITAL STATUS ON HEALTH OUTCOMES AMONG OLDER PERSONS

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Marital status has been documented as a factor affecting health outcomes. The emotional and instrumental support provided by marriage should result in better health outcomes for the married relative to the unmarried. Using longitudinal data from the two waves of the Asset and Health Dynamics Among the Oldest Old (AHEAD), this study examined the effect of marital status on health outcomes and how it differs by gender among those age 70 and over. Functioning difficulties, disease onset and death were used as health outcomes. Among 6,680 people, about 39.1% were men and 67.3% of men and 32.7% of women were married. Bivariate regression models showed that being married was associated with fewer ADL and IADL difficulties and less probability of death in bivariate relationships. But once the proposed mechanisms such as health behaviors, health care usage, economic resources and social support were added in models, the effect disappeared. This suggests that marriage affect health through these mechanisms. The mechanisms differed somewhat by gender. For men, retirement income and health care utilization played an important role in the effect of marriage on health. For women, health insurance was a notable mechanism by which marriage affected health outcomes. Results of this study suggest that gender-specific factors confound the relationship between marital status and health outcomes.

Living Arrangements, Social Integration, and Functional Health Status: Prospective Data from the Nurses' Health Study.

Y.L. Michael, L.F. Berkman, R. Gelber, G.A. Colditz, I. Kawachi. Harvard School of Public Health, 677 Huntington Ave, Boston, MA 02115

Limited prospective data examine the association between living arrangement and change in emotional well-being. This study assessed whether older women who live with a spouse were less likely to experience decline in three measures of functional health status, emotional well-being, vitality, or physical function when compared with women who lived alone or with someone other than a spouse. The relations of living arrangement to 4-year change in functional health status were examined prospectively among 28,522 women aged 60-72 years. After adjustment for age, baseline function , and health behaviors, in comparison to living with a spouse, living alone was protective against declines in emotional well-being (RR = 0.73, 95% CI 0.65 to 0.81) and vitality (RR =0.90, 95% CI 0.84 to 0.97). While neither size of social networks nor level of social engagement accounted for the observed difference in emotional well-being, in analyses stratified by living arrangement, these social integration characteristics were significantly protective against a decline in emotional well-being among women living alone, though not protective among women living with a spouse. These results suggest that women living independently are not at increased risk for decline in emotional well-being, in fact these women actually fare better than women living with a spouse. Social integration is associated with 4-year maintenance of well-being among older women living alone.

INFLUENCE OF SES AND PARENTAL SES ON HEALTH BEHAVIORS IN LATER LIFE

C. L. Himes and H. Tillipman, Center for Policy Research, Syracuse University, Syracuse NY 13244.

The inverse relationship between SES and health has been observed repeatedly. Are patterns of behavior learned in childhood preserved into adulthood, or does an individual's education change the influence of parental education on later life behaviors? In this research we examine the ties between educational attainment and parents' education, and a variety of health behaviors. We use data from the Health and Retirement Survey to observe individuals roughly in the age range of 50 to 62, a range associated with the onset of a variety of health problems. We find that parental education has the greatest effect on increasing the odds of participating in physical exercise (odds ratio 1.[illegible]6). Parental education has little or no effect on smoking behavior (odds ratio 1.002), and higher levels of parental education are related to increased odds of heavy drinking (3 or more drinks a day) in later life (odds ratio 1.148). Individual education greatly reduces the odds of having ever smoked (odds ratio 0.835) and increases the odds of engaging in physical exercise (odds ratio 1.511). Increased education is associated with a decreased likelihood of heavy drinking (odds ratio 0.798). Among those with low parental education, later individual educational attainment has a slightly greater effect on health behaviors than those with higher levels of parental education. We conclude that parental education does influence health behaviors, above the influence of later educational attainment of children.

GENDER DIFFERENCES IN THE SES-HEALTH RELATIONSHIP AT MIDLIFE

D.S. Carr, M.C. Noonan, E.B. Reidy, Department of Sociology, University of Michigan, Ann Arbor, MI 48109-1382.

The relationship between socioeconomic status (SES) and physical health has been widely documented. Despite the vast amount of research focusing on linkages between SES and health, few studies have examined systematically whether the relationship between SES and health differs for men and women in the United States. We assess whether four dimensions of SES (education, occupation, personal income, and household income) impact health differently for men and women (net of health behaviors); and emphasize marital status differences within the sexes. Two indicators of physical health are used: self-rated health, and functional impairment. Data are from the Health and Retirement Study (HRS), a sample of men and women born between 1931-41. Our results confirm the widely documented finding that SES is inversely related to health, yet we find that the strength of the relationship varies based on the SES indicator used. When analysis is limited to SES indicators that are impacted by woman's work-family tradeoffs (i.e., personal income and occupation), we see that less variance in health is explained for married women than unmarried women. Personal income is the strongest predictor of health for all men and unmarried women, while education and household income are the strongest predictors for married women. These findings suggest that it is important unpack why and how SES impacts health differently by gender and by marital status. We call for the incorporation of "work-family tradeoff" indicators (i.e., family and life-time labor supply characteristics) in future studies of gender, SES and health.

STAYING HEALTHY: KNOWLEDGE AND MEANING OF HEALTH PROMOTING BEHAVIORS AMONG RURAL OLDER ADULTS.

T.A. Arcury, Center for Urban & Regional Studies, University of North Carolina, Chapel Hill, NC 27599, S.A. Quandt, R.A. Bell, J. McDonald, M.Z. Vitolins, Dept of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, NC 27157.

What individuals understand to be health promoting behaviors varies by culture and class, and knowing how an older adult interprets a specific health behavior affects health education and medical compliance. In this presentation we analyze the general behaviors older adults state are needed to stay healthy, and their meanings for these behaviors. We conducted in-depth interviews with 145 male and female rural North Carolina residents aged 70 and older, including African-Americans, European-Americans and Native-Americans. Interviews were tape recorded, transcribed and analyzed using a systematic, computer-assisted text analysis procedure. The health behaviors most frequently cited by these older adults included eating a proper diet, getting sufficient exercise and rest, taking medications and prayer. However, the meanings of these behaviors varied. For example, components of "eating a proper diet" include eating meat, or eating large amounts of vegetables, or avoiding pork. This analysis indicates that providers cannot assume that older patients will share their interpretation of general health promotion advice. Supported by NIH grant AG13469.

45

BEYOND ANOVAS AND OPEN-ENDED QUESTIONS: METHODOLOGICAL APPROACHES IN TECHNOLOGY AND AGING.

S. Kwon, Berlin Center of Public Health, Technical University Berlin, TEL 11-2, Ernst-Reuter-Platz 7, 10587 Berlin, Germany.

Participants:

D.F. Mahoney (HRCA Research and Training Institute, Hebrew Rehabilitation Center for Aged, 1200 Centre Street, Boston, MA 02131) Issues Related to the Use of a Website for Qualitative Research.

K.A. Smyth (Alzheimer Center, Case Western Reserve University/University Hospitals of Cleveland, 12200 Fairhill Rd., Cleveland, OH 44120) Computer-Assisted Qualitative Analysis of Computer-Mediated Communication.

J. Hammel (University of Illinois at Chicago, Depts. of Occupational Therapy & Disability and Human Development) Using Mixed Qualitative and Quantitative Methods to Study Assistive Technology Processes and Outcomes

D.M. Kutzig & A.P. Glascock (Center for Applied Neurogerontology, Drexel University, 3141 Chestnut Street, Philadelphia, PA 19104) Microprocessor-Based Continuous Baseline Assessment and Monitoring of Activities of Daily Living.

K.V. Echt, R.W. Kressig, L.W. Boyette, A. Lloyd (Atlanta VA Rehabilitation Research & Development Center) Evaluating a Computerized Exercise Expert System for Use by Older Adults.

Discussant:

S.J. Czaja (Miami Center on Human Factors and Aging Research, Dept. of Psychiatry and Behavioral Sciences, University of Miami School of Medicine, Miami, Florida)

Diverse research, development, and quality assurance or evaluation matters in the field of gerontechnology may – due to unique subject matters and special investigative demands – require creativity, ingenuity and/or a deeper understanding of the repository of qualitative and quantitative methods available in and applicable to practice and science settings. It is the aim of this symposium to introduce and describe select approaches in data collection and analysis as utilized and developed in different projects. These descriptions are accompanied by examples and concrete findings from the field, the lab and/or real life. The methodological strategies and techniques covered can also be taken advantage of in a vast variety of other, non-technology-related contexts. Some are more general, others applicable only under specific circumstances. Technology coupled with the multidisciplinary field of gerontology has come a long way and the arsenal of instruments utilized in technology and aging can provide new methodological impetus to many subfields of gerontology.

ISSUES RELATED TO THE USE OF A WEBSITE FOR QUALITATIVE RESEARCH.

D.F. Mahoney, HRCA Research and Training Institute, Hebrew Rehabilitation Center for Aged, Boston, MA

The burgeoning development of Internet-based consumer support groups, targeted at specific disease-related syndromes, presents an opportunity to move focus groups, a traditional qualitative method, onto the health care information superhighway. Prior research in this area is limited. Accordingly, the following research questions guided this exploratory study: What types of questions and issues are raised by the users (Alzheimer's family caregivers)? From a qualitative perspective, is the critical phenomenon of "saturation" perceptible in Internet communication? What are advantages and limitations of website research? Content analysis of 4600 messages that were posted during one year on an Alzheimer's Disease discussion group was performed. For methodological rigor, three focus groups, serving as the traditional "gold standard", were conducted to assess data validity. The results indicated that key themes could be identified and a model of caregiver transitions emerged from the data. Saturation could be detected by month five. Advantages to website discussion group research include precise recordings, 24-hour availability, geographical diversity, lack of logistical issues such as scheduling meeting times, rooms, transportation, refreshments, and weather cancellation plans. Disadvantages include the inability to observe the characteristics of the participants and their non-verbal responses and the lack of dynamic synergy from real-time group interaction. For the first time, the phenomenon of saturation was explored and found to be detectable in an Internet-based support group. Findings suggest that the key issues and themes in a web-based group were similar to those found in traditional Alzheimer's support groups. Internet users, however, highly valued the in-home Internet access to their group. (Supported by NIH Research Grant No. U01 AG13255-01 from the NIA)

COMPUTER-ASSISTED QUALITATIVE ANALYSIS OF COMPUTER-MEDIATED COMMUNICATION.

K.A. Smyth, Alzheimer Center, Case Western Reserve University/University Hospitals of Cleveland, 12200 Fairhill Rd., Cleveland, OH 44120

Describing and explaining the structure and function of computer-mediated communication (CMC) systems require the analysis of large amounts of qualitative data. This presentation describes and illustrates how qualitative data analysis software can be used to characterize the content of user messages by an a priori coding scheme, emerging themes, or a combination of the two; to trace communication patterns among users; to document the impact of individual and contextual factors on the content and process of CMC; and to evaluate the inter-rater reliability of message coding.

Illustrations are drawn from an analysis in which the Q.S.R. NUD*IST4 software package was used to study CMC among users of the Alzheimer's Disease Support Center (ADSC). The ADSC is a CMC system designed to provide information and support to family caregivers of persons with Alzheimer's disease and other dementias.

While computer-assisted qualitative analysis of CMC can significantly enhance investigators' ability to understand CMC, challenges remain concerning identification of appropriate units of analysis and preparing "raw" data for processing. (Funded in part by National Institute on Aging grant AG08012.)

USING MIXED QUALITATIVE AND QUANTITATIVE METHODS TO STUDY ASSISTIVE TECHNOLOGY PROCESSES AND OUTCOMES.

J. Hammel, University of Illinois at Chicago, Depts. of Occupational Therapy & Disability and Human Development

This presentation examines how mixed method research (qualitative and quantitative) can be designed and used to study a) processes involved in obtaining and learning how to use and troubleshoot assistive technology (AT), and, b) outcomes related to AT's impact upon older adults and their formal and informal caregivers who are experiencing disability, as defined by functional activity limitations in the home and community. Qualitatively, an iterative, comparative process for collecting and analyzing multi-source data will be discussed to synthesize data from qualitative interviews, life history narratives, focus groups, and fieldnotes from participant observations and follow-up phone interviews. Qualitative data are used to provide detailed narrative accounts of critical events and factors that can be compared within and across individuals and groups of AT users. These process data are then used to identify and evaluate existing quantiative instruments, or the need for adapted or new measurements, to further quantify barriers and supports to AT use, and to examine short and long-term outcomes related to functional status, community living and participation, and cost-effectiveness of services. Thus, a cyclical process involving qualitative and quantitative research design, methods, analysis, and triangulation of results within and across studies will be featured using case study examples from 3 previous and ongoing studies of AT use.

MICROPROCESSOR-BASED CONTINUOUS BASELINE ASSESSMENT AND MONITORING OF ACTIVITIES OF DAILY LIVING

D M Kutzik & A P Glascock, Center for Applied Neurogerontology, Drexel University, 3141 Chestnut Street, Philadelphia, PA 19104

This presentation describes an innovative methodology for carrying out continuous, non-obtrusive monitoring of selected ADL/IADLs and the production of a behavioral data record which can be subjected to trend analysis. Using off the shelf technology (standard heat, motion, vibration and electric current sensors) and a computer with specialized software to log the time, date, duration and frequency of occurrence of sensor signals, the system records real time performance of selected personal care and household maintenance activities.

Unlike other telemedicine and personal response system applications, the individual is not required to wear any special apparatus nor press buttons. It is objects in the environment, e.g., the toilet, the refrigerator door, a kitchen cabinet, which are electronically monitored, not the individual her/himself. Since the system is software driven, the monitoring of specific tasks can easily be added or subtracted with no real limit in the overall number of tasks to be monitored. While such a system may be programmed and configured to initiate a variety of in-the-home interventions (e.g. medication reminders, appliance control, synthesized voice telephony, etc.), it is the ability to maintain an electronic record of all monitored behaviors and the production of trend analytical reports which affords, in our opinion, the greatest potential for helping older adults retain their independence. These reports provide a continuous baseline of monitored individual revealing difficulties with specified ADL/IADLs before a crisis develops and the individual experiences a loss of independence.

EVALUATING A COMPUTERIZED EXERCISE EXPERT SYSTEM FOR USE BY OLDER ADULTS

K V Echt, R W Kressig, L W Boyette, A Lloyd, Atlanta VA Rehabilitation Research & Development Center

The computerized Exercise Expert System (EES), developed by Boyette et al (1998), proposes individualized exercise prescriptions for healthy, older individuals. Medical history, mood, functional and mental status, as well as personal preferences are taken into account by the software to maximize exercise adherence. This study examined the practicality of the EES interface for use by older adults. Following a period of mouse training with a manual (similar to that used by Echt, et al., 1998) 25 healthy community-dwelling volunteers ranging in age from 61 to 82 (M=69.72, SD=5.39) completed a questionnaire using the computer. Demographics, requests for assistance, the amount of time for task completion, experience with technology, and subjective ease of use ratings were measured. The average time needed to complete the items was 33.36 minutes (SD=17.75). Requests for assistance were categorized as due to either mouse, presentation, or comprehension difficulties. The majority of difficulties (46%) was encountered in relation to item presentation and these were significantly correlated with levels of technology experience (r=-.68, p<.001). Those participants with higher levels of technology experience were found to take significantly [t(21)=2.58, p<.05] less time (M=24.09 minutes, SD=9.12) to complete the items than those participants with lower technology experience (M=40.58 minutes, SD=19.98). Likewise, participants with higher technology experience had substantially [t(21)=3.11, p<.01] fewer difficulties with presentation (M=.36, SD=.67) than those with lower technology experience (M=2.83, SD=2.66). A majority (74%) of the participants found the EES interface easy and practical to use. The difficulties that were encountered by the participants, lend insight into the manner in which expert system interfaces of this sort may be improved for use by older adults.

46

A National Longitudinal Study of Informal Cost and Quality of Life among Caregivers of Elderly Individuals with Dementia.

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The National Caregiver Study (NCS), funded by VA HSR&D is a 4-year, longitudinal study of informal caregivers of non-institutionalized elderly veterans with dementia living in the 48 contiguous states and Puerto Rico. We are determining prospectively the impact of informal costs and quality of life on caregivers' decisions to institutionalize their care recipients. The purpose of this paper is to compare this national caregiver sample with previous studies that have relied mainly on smaller and/or self-selected samples. All community-dwelling veterans, age 60+, who encountered the outpatient VA Healthcare system nationwide in 1997 with diagnoses of Alzheimer's disease or vascular dementia were eligible (12,000+). Caregiver Identification Letters targeted 9,124 households with usable addresses & next-of-kin (68% response). Finally, 3,665 surveys were sent to eligible primary caregivers; 62% responded, providing a baseline N of 2,279. Most caregivers in the NCS sample are white, female, elderly spouses, co-residing with their elderly care recipients. The majority provides care 7 days a week and has been doing so for an average of 4.5 years. Most of their care recipients (86%) require assistance with 6 or more IADLs and 51% has 2 or more ADL impairments. In addition to dementia, these caregivers are coping with an average of 6 co-morbid illnesses in their care recipients including depression (65% of sample), circulation problems (53%), arthritis (53%), heart disease (42%), genito-urinary, including prostate disease (38%), and incontinence (30%). In contrast to most previous caregiving research, this national sample of primary caregivers is dealing with substantially higher levels of dependency and care demand.

COPING ABILITIES AND ROLE OVERLOAD IN FAMILY CAREGIVERS TO COGNITIVELY IMPAIRED SENIORS

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This study investigated the relationship between two conceptual paradigms: Antonovsky's Sense of Coherence (SOC) and Pearlin et al.'s situational coping responses, the nature of patient and caregiver sociodemographic, economic and health status characteristics, and role overload in family caregivers to cognitively impaired individuals. The analyses draw on data from telephone interviews with a random sample of 376 noninstitutionalized adults aged 70 and over who screened positive for cognitive impairment and their family caregivers, all of whom who lived in Arkansas. SOC may have a protective effect for family caregivers, in that a stronger SOC was negatively associated eating, watching TV, taking medication to cope with stress and withdrawing from the responsibilities of caregiving situation (Let things slide). Multivariate analyses revealed that family caregivers who had a stronger SOC experienced decreased role overload (β= -.23, p< .0001), while those who Let things slide reported increased role overload (β= .34, p< .0001). Other significant associations were: For family caregivers, 1) being older (β= .14, p= .023), 2) being White (β= .10, p= .028), 3) not having enough money to make ends meet (β= .09, p= .053), 4) caring for a relative with higher levels of both cognitive impairment (β= .12, p= .019), and 5) IADL impairment (β= .15, p= .027) were related to elevated levels of role overload. This model explained 39% of the variance in role overload. The presentation ends with a discussion of the policy and theoretical implications of family caregivers' coping abilities and responses.

INDEPENDENT LIVING: DO OLDER PARENTS AND ADULT CHILDREN SEE IT THE SAME WAY?

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We know middle-age and older Americans prefer keeping older family members at home even when they need help with everyday activities (Straw, 1991). We do not know whether middle-age adult children and older parents share a common understanding of what independent living means, whether they have talked to each other about the ability of the older parents to live independently, or how adult children could support parents' ability to live independently. In 1997 we surveyed 1,689 adult children about these issues (Barrett, 1997). In 1998 we conducted a companion survey to examine the same issues from the view of older parents (N = 896). We found adult children and older parents **agree** about how older parents define independent living. They also **agree** about the extent to which the generations have communicated with each other about independent living. They **disagree** about the types of assistance adult children provided the older parent when he/she had a problem in the past five years. Suggestions are made to improve planning and communication between generations.

CAREGIVING CAREERS AND CHANGES IN WOMEN'S PHYSICAL AND EMOTIONAL HEALTH.

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This paper examines how different stages of the caregiving career relate to changes in women's physical and emotional health. Data from the 1987 and 1989 surveys of the National Longitudinal Surveys of Mature Women are used to analyze relationships between health change and caregiving in a nationally representative sample of women in late midlife. Compared to non-caregivers, women who start caregiving report a decrease in well-being and these declines continue to accumulate for long-term caregivers. Higher levels of distress are also observed among long-term caregivers. The effects of caregiving on physical health are strongest for women who have stopped caregiving, suggesting that declines in physical health influence decisions to stop caregiving. Physical health effects of caregiving also vary depending on employment status. Over the two year period, non-employed caregivers had a greater increase in physical limitations than did caregivers who remained employed. However, continuous workers appear to be a select group. Women who stopped employment had increases in limitations that were comparable to non-employed women. Our findings point to the value of caregiving dynamics for understanding the complex relationships between multiple roles and health.

Factors Predicting Compliance to Home Environment Interventions among Dementia Family Caregivers.

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Despite proliferation of caregiver research, why and how interventions achieve benefit or not, and which caregivers participate and accept treatment, is limited. This study examined factors related to compliance among 100 dementia caregivers to a home environmental modification intervention. The intervention involved 5 home visits by occupational therapists who recommended strategies to remove hazards, simplify tasks, and increase functionality. Caregiver characteristics and patient behavior and function were examined as predictors of participation (# of visits completed), and adherence (# of strategies used). Separate hierarchical regression analyses revealed that being older and female were significant predictors of participation (R^2=.22); and being older, caring for a patient with high IADL function, and having low depressive scores predicted adherence (R^2=.26). Findings suggest that depressive symptoms may prevent caregivers from adhering to home interventions involving change to the environment. If so, depression should be treated as a moderator of treatment effect rather than as an outcome measure in such caregiver intervention research. (Funded by the National Institute on Aging, RO1-AG10947).

Mastery, self-efficacy, and mood in Dementia Caregivers.

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Mastery and self-efficacy (SE) have emerged as important predictors of psychological well-being in dementia caregivers. Using a sample of 125 family caregivers from the Philadelphia REACH Study, we explored how Mastery and SE relate to each other; the extent to which each predicts caregiver mood; and correlates of each. SE was defined as confidence in dealing with care-recipients' ADL deficits and problem behaviors. Mastery was operationalized with Lawton et al.'s 6-item Mastery Scale, and mood was measured by the CES-D. Results show both Mastery and SE to be related to upset with ADL deficits and with all problem behaviors but unrelated to years spent caregiving. CR's cognitive status

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(MMSE score) or caregivers' demographic characteristics (age, gender, years of education income, occupational status, marital status, and race). Mastery and SE managing antisocial behaviors were strongly predictive of CES-D score. Although Mastery and SE were intercorrelated, regression analysis showed that each made independent contributions to mood. This indicates that they are distinct constructs. (Funded by NIA Grant AG13265)

MANAGING CAREGIVER BURDEN WITH LIFE REVIEW.

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The most pressing need for people with Alzheimer's disease is the development and testing of interventions that manage disruptive behavior and as a result reduce caregiver burden. This study tested the intervention of life review in families who have Alzheimer's disease. The Folkman-Lazarus model of coping guided this study. A 3-group pretest/posttest design structured delivery of the interventions. All participants were caregivers and care recipients living at home. Group 1 received the Life Review/Life Story Book as a dyadic family unit. In group 2, the caregiver only received the intervention of life review. Group 3 was tested only. Data were analyzed using Ancova to control for differences in pretest scores. There were significant improvements from pretest to posttest for caregivers in Group 2 on measures of depression. Group 3 deteriorated significantly over time on measures of burden, problem behavior, and being troubled by the problem behavior while groups 1 & 2 either improved or maintained their scores. The care receivers in group 2 improved on measures of function, specifically continence, communication, and mobility. We conclude that the life review is an effective intervention for managing caregiver burden and is not more effective when delivered to a dyadic family unit than when delivered solely to the caregiver.

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FAMILY CAREGIVER EVALUATION OF TELEHEALTH INTERVENTIONS

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Family caregivers of elders with dementia experience high levels of stress; they often become homebound and cannot utilize intervention programs offered by community agencies. Interventions delivered via telehealth enable clinicians to reach out to caregivers. This study evaluated caregiver satisfaction with an 8 week long pilot intervention program specifically designed to be delivered via telehealth (regular telephone (n=10); video phone (n = 5). The program included a baseline and termination home visit. It was implemented by Advanced Practice Registered Nurses (APRNs). Separate caregiver satisfaction interviews were conducted about three months after the last APRN home visit. Qualitative data (answers in response to open-ended questions) revealed that caregivers preferred in-person contacts over telephone calls. They felt disconnected with telephone calls; they wanted to see the nurse and be able to "judge inner feelings." With video phones, they "liked being on TV."

A structured questionnaire, evaluating program components, revealed that the majority of caregivers found the calls very or extremely helpful. Some caregivers did not attribute their change in caregiving skills to the nurse's teaching. This lead to adding a measure of caregiver self-efficacy in subsequent research.

Conclusion: Telehealth is a viable method of reaching out to isolated caregivers. In-person contacts remain important, and visual contacts are preferred over voice only contacts.

THE INFLUENCE OF OSTEOPOROSIS ON THE LIVES OF OLDER MARRIED COUPLES.

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The purpose of this study was to examine the challenges of living with a chronic illness within the context of the marital relationship. We examined 34 older wives'(M age = 71) and husbands'(M age = 72) efforts to manage the demands placed upon the family unit when the female member has osteoporosis. Using the Family Adjustment and Adaptation Response (FAAR) model as a guiding framework to examine individual-to-family adaptation, we compared the couples' perceived meaning or appraisal of the illness experience, the personal and family resources available to the older couples, the coping strategies used by the wives and husbands to manage the disease, and the influence of these variables on the couples' marital relationship. For both wives and husbands, the less discrepant their pain perceptions, the better their marital adjustment ($r = .47$, $p < .001$). When there was less discrepancy in pain perceptions between spouses, wives reported better marital adjustment scores ($F = 3.65$, $p < .05$). The findings provided initial support for the use of the FAAR model for the study of chronic illness in later life families and point to the need to focus on the dynamics of the marital relationship to further our understanding chronic illness in late-life families.

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MIDLIFE CAREGIVING: POTENTIAL COSTS AT RETIREMENT

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The growing literature on caregiving suggests that about thirty percent of the adult population will provide "informal care" to an ill or disabled family member or a friend. The majority of this care, about 40 percent, will be to a parent, followed by care to nonkin, other relatives, and spouses. While both men and women are caregivers, up to age 70 the majority of caregivers are women. Women in their forties and early fifties are twice as likely to provide care as persons in their twenties and seventies. Caregiving research has examined the interrole conflict of caregiver, mother, wife and employee. Additional research has focused on the cost-savings to government and society by informal caregivers. However, the relationship between the cost of caregiving to women on retirement benefits remains enigmatic. As middle-aged women are faced with decisions about caregiving, they seldom factor in the cost to future benefits. The National Longitudinal Survey of Mature Women (NLS-MW) has collected information on women since 1967 to 1995. The NLS-MW provides information on the caregiving experiences, employer pension, and expected pension benefit at retirement. In addition the NLS-MW provides background characteristics and employment behavior patterns that support event history analysis. This research discusses future benefits for caregiving women compared to non-caregiving women and the timing, which the caregiving experience has on potential pension benefits.

A CONTENT ANALYSIS OF RECENT SELF-HELP BOOKS ON CAREGIVING AND AGING PARENTS

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Self-help books on caregiving for aging parents are very popular. With the growth of the baby boomer cohort and increasing lifespans of their parents, there is a growing need for accessible and practical information on caregiving. This poster reports on a study of popular American self-help books on caregiving and aging parents published between 1993 and 1998. The authors of this study selected 40 books from an internet search. Each author rated the texts according to ten criteria relating to: (a) the clarity of the book's purpose; (b) the author(s) profession; (c) the author's personal experience with caregiving; (d) title/content congruence; (e) problem solving strategies; (f) inclusion of a resource guide; (g) psychological/relationship issues; (h) health matters; (i) financial/legal information; and (j) housing issues. The raters were in agreement 96% of the time. The authors found the overall quality of this genre of popular books to be high. Participants in this poster session will receive a handout, detailing the study's findings and including a synopsis of each self-help book under examination.

IMPORTANT INFORMATION AND SUPPORT NEEDS OF CAREGIVERS FOR ALZHEIMER'S PATIENTS

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The purpose of this study was to (1) identify the most important decision information and support needs of caregivers of AD patients and (2) identify caregiver characteristics that predict specific needs. 128 caregivers, representing a 49.4% response rate returned 7 page surveys detailing their decisions, information needs, support needs, and personal information. Approximately 75% of caregivers and care-receivers were female; caregivers age averaged 58.7 years and care-receivers age averaged 78.5 years and needed assistance with 2.1 ADLs on average. The most important information need concerned legal and financial information, in comparison with diagnosis and treatment and general information about the disease and it progression. Need for legal and financial information was associated with years of caregiving. The most important support need was in learning to care for the care-receiver in comparison to supporting others or finding support for themselves. Caregivers who were women, for more years, and living in towns of less than 2500 were more likely to recognize the importance of needs for supporting others and finding support for themselves. Of interest to health care professionals, two-thirds of the respondents rated the following information as most essential: information on where and how to find the best care and information on Medicare and other health insurance coverage. Over half the respondents were more concerned about support for the care receivers than for themselves or others.

COUPLES COPING WITH CHRONIC ILLNESS: EVIDENCE FOR EMOTIONAL CONTAGION

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The emotional contagion hypothesis posits that due to the nature of the marital dyad individuals are likely to be significantly affected by their partner's emotional state. Research has shown that chronic illness not only increases negative affect in the patient but also in the patient's spouse. This study examined the emotional contagion hypothesis in 115 older women with osteoarthritis (OA) whose husbands were their primary caregivers. It was predicted that husband's negative emotions (anger & depression) would be associated with wives negative emotions (anger & depression) and that this relationship would be buffered (reduced) by wives satisfaction with the marriage. Some evidence for the emotional contagion hypothesis was found. Controlling for wives OA severity regression analyses revealed that wives whose husbands reported higher levels of anger also reported more anger themselves, but not more depression. The effects of husband's anger on wives anger and depression were reduced for women who were more satisfied with their marriage. No main effects or buffering effects were found in the relationship between husband's depression and wives depression or anger. These findings suggest that in order to better understand the patient's emotional adjustment the affective state of the spouse providing care should be considered.

A LONGITUDINAL DATA ANALYSIS OF THE PERCEIVED HASSLES ASSOCIATED WITH CARE-GIVING TO A SPOUSE WITH DEMENTIA

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It is well documented that caring for a relative with dementia can result in decreased psychological, social and physical well being for caregivers. The Caregiving Hassles Scale (Kinney and Stephens, 1989) was used to assess the daily hassles of caring for a spouse with dementia. A 6-month study of the hassles experienced by

97 caregivers provided the data to evaluate the following questions: Do hassle measurements vary over time and the gender of the care-provider? Are these hassle measurements a function of the functional status of the care recipient?

Linear mixed effects models with gender, care-recipient impairment and calendar time were fit to these data. Different mean structures and different variance structures were considered in this analysis. A mean structure with a common linear trend for hassles experienced by both male and female caregivers was found to be an adequate description of time-related changes in hassle scores. Among the different variance structures considered, an unstructured structure was preferred.

The hassles increased over time with male caregivers experiencing significantly fewer hassles than female caregivers. Finally, hassles were observed to vary systematically with care-recipient impairment.

COMPARISON OF DEMENTIA CAREGIVERS' ADL ASSISTANCE RATINGS WITH OBSERVATIONS OF PATIENTS' IN-HOME ADL PERFORMANCE

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This project investigates the criterion validity of the Self-Care subscale of the Functional Independence Measure (FIM) in a sample of 21 dementia patients. Caregivers completed a modified version of the FIM Self-Care subscale which included their estimates of ADL assistance time. Dementia patients were then videotaped in their homes with a micro-video camera during 7 ADLs: eating, grooming, bathing, toileting, dressing above the waist, dressing below the waist, and transferring into/out of a bed, chair, or wheelchair. Three observations of each ADL were conducted for each dyad, for a total of 41.56 hr of observation time. A real-time computer-assisted data collection system recorded the amount and type of caregiver assistance (e.g., supervision, hands-on assistance, setup) provided during these interactions. Data analysis indicated that caregivers' responses on the FIM were significantly correlated with the degree of assistance actually provided during ADL interactions (r_s ranged from .619 to .909, with all ADLs significant at $p=.005$ or better). When caregivers who reported providing no assistance were assigned an estimated assistance duration of zero, caregivers' estimates of assistance time were, in general, significantly correlated with the observed assistance time (r_s ranged from .227 to .747, with 5 of 7 ADLs significant at $p=.05$ or better). However, when these caregivers were excluded from analysis, the strengths of these relationships decreased (r_s ranged from -.116 to .580, with only 2 of 7 ADLs significant at $p=.05$ or better). These results suggest that caregivers can accurately describe the nature of their ADL assistance-related activities, but that estimating the duration of ADL assistance becomes more problematic with increasing assistance from the caregiver.

GENDER DIFFERENCES IN COPING WITH CAREGIVING: A COMPARISON OF ALZHEIMER'S AND PARKINSON'S DISEASE SPOUSE CAREGIVERS

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Gender differences in mental health outcomes are widely reported among spouse caregivers, with wives generally faring worse than husbands. Dementia, the most common disorder in caregiving studies, entails loss of reciprocity which may be more damaging to the well-being of wives than husbands. Caring for a cognitively intact spouse may involve less severe reciprocity losses, and we hypothesized that gender differences would not be as strong in a cognitively intact group. This study utilized samples of spouse caregivers for patients with Alzheimer's disease (AD) and Parkinson's disease (PD). As predicted, there was a significant interaction such that wives in the AD group reported significantly more depressive symptomatology (CES-D) than husbands, but this was not the case for the PD caregivers. We examined gender differences in coping strategies (WCCL-R) within each group since coping is a mediator between stress and mental health. There were no significant differences between men and women for emotion-focused and social support seeking strategies, but men in the AD group were significantly more likely than women to use problem-focused coping strategies.

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BURDEN AMONG JAPANESE AMERICAN SPOUSES AND ADULT CHILDREN CARING FOR FAMILY MEMBERS WITH DEMENTIA

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Older Japanese Americans use nursing homes less than the general US population. This may be due to differences in perceptions about family caregiving, including burden. Participants were recruited from an epidemiological study of dementia in older Japanese Americans. The sample (39 spouses and 34 adult children) were providing care for older adults with dementia.

In general, adult children providing care reported higher objective burden (OB) than spousal caregivers, but equivalent subjective burden (SB). Mean OB was 4.97 and 6.17 for caregiving spouses and adult children, while SB was 11.19 and 11.76, respectively. Communication challenges, control over behavior, and physical demands were the most distressing caregiving issues.

For spousal caregivers, OB and SB were associated with lowered life satisfaction, while OB was associated with more personal care provided and SB was related to the length of caregiving. For adult children providing care, OB and SB were not associated with life satisfaction nor length of caregiving. OB was related to the number of other family members needing help, and SB was related to the type of care provided.

Although the older adults with dementia had comparable needs, adult children caregivers were more likely to be providing care for other family members and almost half were also currently employed, creating additional life demands beyond the caregiving situation. Family and cultural expectations may also play a role in perceptions of burden.

ELDERLY MEN WHO CARE FOR SPOUSES WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

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Among caregivers to chronically ill elderly spouses, it is estimated that 40-50% are men. Little is known, however, about the world of men who are caregivers to the elderly, their strengths, vulnerabilities, or coping strategies. This study, both qualitative and quantitative in nature, explored the caregiving experiences of 14 elderly men who care for spouses with Alzheimer's Disease or other dementias, as well as the meanings ascribed to such experiences. Participants included in-home and post-placement caregivers, at various points along the caregiving continuum. Emerging qualitative themes were extracted from over 20 hours of transcribed interviews, and include commitment, preservation of dignity, invisibility and isolation, lack of familial assistance, as well as gratification and personal growth. Quantitatively, the Caregiving Hassles Scale (Stephens, et al., 1989) was used to examine daily hassles associated with caregiving. The men identified forgetfulness, repetition, behavioral problems, coping with incontinence, and lack of family involvement to be the greatest and most frequent sources of caregiver burden.

THE EFFECTS OF ROLE STRESS ON OPTIMISM AMONG CAREGIVERS WITH MULTIPLE ROLES.

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Prior research has suggested that optimism is a helpful personal resource for dealing with many life stressors, including caregiving. However, little is known about whether optimism is temporally stable in caregivers or influenced by situational factors. To examine this issue, the present study examined the longitudinal effects (i.e., one year) of role stress on optimism among 182 women who simultaneously occupied the roles of caregiver, wife, mother, and employee. It was hypothesized that increased stress in each role would be related to decreased optimism, even after controlling for changes in stress in the other three respective roles. Changes in optimism were examined by adjusting levels of optimism at one year for initial levels of optimism. Regression analyses found that increased wife stress was predictive of lower optimism ($b = -1.60$, $p < .001$). Unexpectedly, increased mother stress was predictive of greater optimism ($b = 1.37$, $p < .001$). Increased stress in the caregiving and employee roles were unrelated to optimism. Results suggest that situational factors (e.g., increased stress in particular roles) can influence the optimism levels of caregivers who occupy multiple roles. Results further suggest that the effects of role stress on optimism may depend on the particular role being examined.

INTRINSIC REWARDS OF FAMILY CAREGIVERS FOR DEMENTIA-AFFECTED ELDERS IN CONTEMPORARY SOUTH KOREA

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A growing number of research is exploring positive aspects of caregiving as well as negative consequences. However, little attention has been given to intrinsic caregiver rewards among different ethnic family caregivers of older persons with chronic illness. Given that the prevailing notion of filial responsibility imposes absolute obligations to families to provide care for frail elders, the purpose of the present study was to broaden the understanding of informal caregiving, specifically focusing on positive aspects of caregiving behavior in Korea. To be eligible for this study, the caregiver needed to be the primary caregiver for a family member aged 55 years or older who had been diagnosed with dementia. The participants consist of 2 daughters and 8 daughter-in-laws. Semi-structured interviews, including demographic information, were conducted in Korean, then transcribed, translated into English, and coded for intrinsic rewards from caregiving experiences. Using thematic approach to data analysis, we identified 4 major themes in rewards of caregiving: (1) inner growth resulting from the act of giving; (2) repaying and reciprocity; (3) mutual love and affection; and (4) family cohesion. The findings suggest that the pre-morbid context of caregiving may influence psychological consequences of caregiving. Implications for intervention to bring about positive outcomes among family caregivers in Korea are discussed.

REASONS FOR CAREGIVING: LOVE OR DUTY?

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There have been studies of elderly couples caring for one another in recent literature: the stress of caring (Barusch & Spaid, 1989) or the positive, as well as the negative, aspects of providing assistance (Schulz, et [illegible] 1997). However, "why" husbands and wives help their spouses is not well known. In this longitudinal study, 28 caregivers were interviewed at 2 (T1) and 4 months (T2) post-hospital discharge of their frail elderly spouses. We divided the caregivers into two groups, by age, 14 in each age group (mean ages 72 & 84), and by gender, 18 men and 10 women. A 15 item questionnaire on "reasons for caregiving" was given and factor analyses yielded two scales: (1) love, e.g., "I prefer being the only caregiver ...", and (2) duty, e.g. " I alone am responsible...". Results indicated no differences between the two age groups and "reasons for caregiving". However, at T1, men, more than women, reported giving care out of love ($p = .02$), and this continued as a trend at T2. Of further interest, repeated measures MANOVA indicated that care as a duty decreased over time for both the age and gender groups. This longitudinal study suggests differences in reasons for caregiving by gender and a decrease, over time, in perceiving caring as a duty.

WOMEN'S MULTIPLE ROLES: HOW CONSTRAINING IS EMPLOYMENT ON THE PROVISION OF PARENT CARE?

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While concern has been expressed for some time about the impact of rising female employment on informal care for older adults, little research has directly compared employed and nonemployed women, and very little such research has utilized national, population-based samples. This paper uses data from the 1996 General Social Survey of Canada (N=12,756) to examine, in greater depth and breadth than has previous research, the relationship between employment and help to older parents who require help because of temporary difficult times and/or a long term physical or health limitation. Employed and nonemployed women are compared on type of help provided, duration and amount of help, primary versus secondary caregiver, and availability of back-up helpers. Types of help examined go beyond ADLs and IADLs to include monitoring, arranging for help, and providing emotional support. Importantly, the large sample and detailed data permit a fine-grained analysis of the impact of employment on personal care provision. Preliminary analyses suggest that the nature and degree of constraint vary across dimensions depending upon the type of help being measured

IMPACT ON LAY HELPERS OF PARTICIPATION IN THE CAROLINA COMPANIONS PROJECT.

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This paper examines benefits and burdens for retired community members serving as paid companions for older mental health consumers in an 18-month project. The project took place in a rural, multiracial, poor county in North Carolina. The companions provided consumers with roughly twenty hours per month of one-on-one contact. The project utilized strengths-based training and supervision, with companions meeting twice monthly to discuss their experiences. Companions were predominantly female and African-American, and ranged in age from 61-80. Half had completed high school and the remainder had some post-high school education. The evaluation measured companions' well being, health and age self-concept at baseline and at six month intervals. The quantitative measures show small but significant fluctuations, both upward and downward, in two dimensions of well being (positive relations with others and autonomy) and significant changes toward a younger age self-concept. Qualitative interviews, tape recordings and observations of supervisory sessions, and case studies permit a more detailed examination of companions' reactions to the program. Analysis of qualitative data reveals both rewards and strains companions felt from their work, the context of other life events, and the crucial role of the supervisor's support. Case by case analysis combining qualitative and quantitative data illuminates the dynamics of companions' experiences in the program. The findings underscore the role of supervisory and group support for companions' functioning and commitment to the program.

THE BUFFERING EFFECTS OF SOCIAL SUPPORT ON BURDEN AND DAILY MOOD STATES AMONG OLDER CAREGIVERS

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Social support has previously been shown to be beneficial for caregiver's well-being. Yet, little attention has focused on whether social support buffers the effects of caregiver burden on daily mood states in naturalistic settings (home, work, etc.). The present study examined whether social support buffers (moderates) the effects of caregiver burden on daily mood among 73 older women caring for a family member with dementia. Caregiver burden and social support were measured via the Screen for Caregiver Burden and Interpersonal Support Evaluation List, respectively. Mood was assessed hourly using a computerized diary, then averaged across a day. Multiple regression analyses were performed to test the moderating effects of social support on burden in predicting five mood states. Results illustrate that total social support, in addition to the various forms of support (tangible, appraisal, etc.), lessened the effects of burden on daily anger ($r^2 = .08, p < .01$). Furthermore, different forms of social support differentially lessened the effects of burden on other mood states (e.g., tension, upset, etc.). These results suggest that: 1) social support does buffer the effects of caregiver burden on daily anger; and 2) for other mood states, specific forms of support are needed to achieve these buffering effects.

CAREGIVING AS A DYADIC PROCESS: PERSPECTIVES FROM CARE GIVER AND RECEIVER.

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Most family caregiving research has relied on the perspective of the caregiver but has not systematically examined the views and opinions of the elder who is receiving care. The present study explored 63 caregiving dyads who constituted a sub-sample of a larger study. Information from each member of the dyad was examined for its impact on the well-being of the other. Ratings of quality of the care relationship by each person predicted his/her well-being, and, to a lesser extent, the other member of the dyad. Hierarchical Linear Modeling was used to assess the level of dyadic similarity about the elder's needs and barriers to caregiving. Results indicate that there is little disagreement over the elder's needs, but a significant amount of variation in how the elder and caregiver agree on the barriers of caregiving. Relationship quality, as perceived by the caregiver, was a significant predictor of this disagreement.

CAREGIVING APPRAISALS AND THE WELL-BEING OF THE CAREGIVERS OF DEMENTIA PATIENTS

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While considerable attention has been given to the negative aspects of caregiving, little attention has been paid to the positive aspects. This study was designed to examine the effect of appraisals of strain and appraisals of gain on well-being and whether they mediate the effect of strain. Sixty-three caregivers were included in the analysis. Well-being was assessed with Positive and Negative Affectivity Scale. Caregiving appraisals were assessed with Caregiving Benefit scale and Caregiver Burden Inventory. The Revised Memory and Behavior Problem Checklist was used to assess the objective stressors. Hierarchical regression analyses were used to examine the association between stressors and well-being, controlling for covariates and to test the mediating effects of appraisals on well-being. Results show that strain and gain account for unique variance and are not merely opposites on a single dimension ($r=-.37$, $p=.003$). The full model predicting negative affect explains 44% of the variance ($F(4,58)=11.28$, $p<.0001$), and strain and gain were each significant predictors. The models predicting positive affect were not significant. Our data suggest that when examining caregiving outcomes, both positive and negative appraisals and both positive and negative well-being need to be assessed. Implications for intervention will be discussed.

The relationship between perceived burden, treatment satisfaction, and knowledge of dementia: A caregiver study.

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The over-65 segment of the population is projected to dramatically increase over the next twenty years. Along with this increase and the rise in long-term care costs, families providing home care for relatives with dementia will inevitably grow. Accommodating caregiving activities requires extensive life adjustment and can often result in tremendous burden for caregivers. Previous studies have found that caregivers often lack information regarding the nature of dementia, including typical symptoms, causes, and expected course. The present study examines the relationship between caregivers knowledge of dementia, treatment satisfaction, and perceived burden. Data on demographics, perceived burden, treatment satisfaction, and knowledge of the etiology, course, and symptoms of dementia were collected through several self-report measures ($N = 40$). The results suggest that caregiver knowledge and treatment satisfaction mediate the perceived burden caregivers experience. Comparisons between caregivers with relatives in long-term and outpatient care will be presented. Implications for the development of psychoeducational programs will be discussed.

THE IMPACT OF ELDER CARE RESPONSIBILIIES ON CAREGIVER WORK DISRUPTIONS

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Many studies indicate that elder care responsibilities can be disruptive to caregivers in the workplace. Disruption has been conceptualized in these studies in various ways. However, few have examined the difference between behavioral (e.g., days missed from work, being late for work, having to leave work early, or being interrupted at work) and psychological (e.g., trouble concentrating, experiencing undue stress, perceiving one's career progress hindered, considering part-time work or quitting) disruptions experienced by caregivers in the workplace as a result of their elder care responsibilities. The purpose of this study was to address this issue. Specific objectives include examining the impact of caregiver demands, family resources and work resources due to elder care responsibilities on (1) behavioral disruptions and (2) psychological disruptions among employed caregivers. An elder care needs assessment was conducted at seven automobile manufacturing companies located in the Midwestern and Eastern United States. Data were analyzed from 1,130 employees. The majority of participants were male ($n=761$) with a mean age of 43 and a median income of between $50,000 and $69,999. Hierarchical regressions revealed that caregiver demands, family resources and work resources were significantly related to both behavioral ($p <.0001$) and psychological ($p <.0001$) work disruptions among caregivers. Gender differences were not observed for behavioral disruptions, but were observed for psychological disruptions.

PROCESSES LEADING TO ABUSIVE BEHAVIOR TOWARD ELDERLY CARE RECIPIENTS BY FAMILY CAREGIVERS

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Processes leading to the provision of inadequate care to elderly care recipients were the focus of the current research. Our synthesis of the elder abuse and caregiving literatures suggests a model implying that increasing amounts of care provided would be associated with greater caregiver activity loss which, in turn, would predict caregiver resentment—a direct predictor of less than adequate care. Furthermore, the theory of communal relationships implies that the processes influencing quality of care provided will vary depending on the character of the pre-illness relationship between the caregiver and care recipient. We predicted that high mutual communal behavior (MCB) caregivers, who have previously enjoyed highly communal relationships with their care recipients, would experience similar levels of activity loss but less resentment, and would be less inclined to provide inadequate care, than would low MCB caregivers in less communal relationships. Care recipients and their caregivers completed structured interviews in which the measures used in the current analyses were administered by trained interviewers. The main hypothesis of the study was supported. Also, as anticipated, amount of care provided predicted loss of idiosyncratic activities for low MCB caregivers and loss of relationship rewards for high MCB caregivers. Although activity loss predicted caregiver resentment and resentment forecast quality of care provided for both sets of caregivers, the major focus of resentment for high MCB caregivers centered on the recipient's illness, whereas low MCB caregivers were more inclined to view the care recipient as an object of resentment. Implications for the identification of high risk caregivers and the prevention of inadequate care were discussed.

ARE THERE GENDER DIFFERENCES IN THE IMPACT OF PERSONALITY ON MENTAL AND PHYSICAL HEALTH OF SPOUSE CAREGIVERS IN ALZHEIMER'S DISEASE?

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Recent research has indicated that personality factors, in particular neuroticism, may account for varying mental and physical outcomes among caregivers. In addition, women appear to be more susceptible to the negative consequences of caregiving than men. This study examined the relationship of personality to self-reported mental and physical health of spouse caregivers for persons diagnosed with Alzheimer's disease. The relations were examined separately for males and females. Caregivers were 55 men and 78 women. One-year follow-up data was available on 32 men and 44 women.

Upon study entry, female caregivers displayed significantly higher neuroticism ($t=5.08$, $p<.001$) than males. Neuroticism was significantly correlated with all mental and physical health measures at study entry and follow-up. A gender difference was found only for the relationship between positive affect and neuroticism at study entry; neuroticism was more negatively related to positive affect in females than males. Repeated measures ANOVA revealed a main effect for gender and depression ($F=11.13$, $p<.001$), negative affect ($F=23.60$, $p<.001$) and functional health ($F=13.985$, $p<.001$); female caregivers reported more depression and negative affect and poorer functional health than males. Changes in mental and physical health at follow-up did not differ by gender.

This study replicates previous reports of an association of high neuroticism to poorer mental and physical health among caregivers. The relationships appear not to differ between men and women.

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THE IMPORTANCE OF CAREGIVER-RELATED VARIABLES TO OUTCOMES IN PERSONS WITH IRREVERSIBLE DEMENTIA

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One relatively unexplored area of caregiving research concerns the importance of caregiver-related variables to quality of life (QOL) outcomes in care recipients with progressive memory loss, such as Alzheimer's dementia. To explore the relationships among caregiver variables (demographic variables, social support, quality of relationship, role stress, perceived control) and QOL outcomes (well being, self care ability, productive behaviors, depression) in person with dementia throughout the early disease stages, a prospective, longitudinal design is being utilized, with data being reported from the baseline, 6 month, and 12 month assessments. A total of 83 community-dwelling primary caregivers and 84 care recipients are included in the study (N=167), with 76 caregivers remaining after 1½ study years for a 9% attrition rate. Caregivers represent a typical caregiving population with a mean age of 65.2, with 13.1 mean years of education, and the majority being female (73%) spouses (54%). Consistent relationships were found among caregiver and care recipient variables at both the 6 and 12 month assessments, with caregiver role stress and quality of the relationship most strongly and consistently predicting to care recipient well being and productive behaviors. Care recipient depression was also predicted by caregiver role stress. These findings provide a beginning understanding of the importance of caregiver variables in predicting QOL outcomes for the care recipient.

CHOICES IN CARE: DOES GEN[illegible] IDEOLOGY INFLUECE INFORMAL [illegible]IVING?

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Increasing concerns about the growing aging population, as well as cutbacks in formal healthcare have highlighted the need to understand the informal caregiving role. Most research assumes that caregiving is a burden and consequently, few people would willingly decide to provide care. Thus, research has focused on the influence of structural factors such as employment, socioeconomic status, sex, etc. At the same time, such research has also cited concerns about changing gender role attitudes, and has predicted that this may decrease the chances that a person will provide care. The aim of this paper is to examine the relationship between caregiving and gender ideology, those beliefs that sanction masculine and feminine behavior and attitudes towards home and work. Data is used from waves I and II from the National Survey of Families and Households. Using Hochschild's gender ideology classification as a guide, respondents are classified into four ideology groups: Traditional, Transitional/Traditional, Transitional/Egalitarian, Egalitarian. To capture both male and female caregiving activities, a broad definition of care is used, consisting of non-coresidential activities ranging from help to the sick/disabled to financial support. Using logistic regression, I find that gender ideology is not significant in predicting the provision of care to the sick/disabled, yet it is significant in predicting the provision of emotional or financial support. These results suggest that changing beliefs about gender roles may only affect peripheral caregiving. Thus, future research is needed on how the discordance between roles and beliefs may affect mental health of the caregiver as well as quality of care provided.

CONSEQUENCES OF INFORMAL CAREGIVING ON WOMEN'S AND MEN'S RETIREMENT TIMING: AN EVENT HISTORY MODEL

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Retirement timing is increasingly understood as a process influenced by family relations, but few studies have incorporated informal caregiving in models of retirement. Building on role-conflict theory as well as on economic models of labor force participation and using data from the 1994-95 Cornell Retirement and Well-

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Being Study, this study examines the effects of caregiving on retirement timing. Discrete-time event history models were estimated separately for women and men, controlling for other family roles, and economic and social contingencies. Evidence suggests that caregiving does affect retirement, but the association is complex and varies by gender. For women, caring for a spouse increased the odds of retirement, although longer durations of care delayed retirement in general. For men, care for relatives in the same household delayed retirement.

LIVING WITH PARENTS WHICH WAY DOES THE TRANSFER OF CARE GO? Z. Anne, and J. Kolodinsky, Department of Community Development and Applied Economics, University of Vermont, Burlington VT 05401

Women are more likely than ever to participate in the labor market. As, longevity continues to increase, these women become also become increasingly responsible for eldercare in addition to childcare. This presentation discusses results of a study of the labor supply behavior of women "sandwiched in the middle." We test both, whether or not labor supply decisions are hindered or helped by co-residence of adult daughters with elder parents, and whether household compositions matters. We identify co-residence experience from the Panel Study of Income Dynamics (PSID) 1968-1993 Individual Data File and identify 6216 women who are not in school and aged between 18 and 55. The sample includes 204 women who co-reside with elder parents in 1992 and 156 women who have ever co-resided before 1992. Likelihood ratio tests of the effect of co-residence on the participation decision reveal that there are significant differences in the participation decisions among three types of households and that co-residence does effect labor supply patterns. We conclude that co-residence with elder parents without health problems facilitates daughters' labor force participation and contributes to building their labor market human capital instead of homework human capital.

THE ROLE OF FRIENDS AND NEIGHBOURS IN THE CAREGIVING PROCESS

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Due to the far-reaching and well-known developments in most of the European societies it is argued, that other informal support groups like neighbours and friends will become of more importance in the support network of the elderly. However, at the moment little is known about this group of potential helpers. Therefore, the purpose of this study was to examine: (1) The kind and the amount of support which is provided by informal non-kin caregivers, (2) the perceived burden of caregiving, (3) factors which influence positively and negatively the willingness of providing help, (4) differences between family and non-kin support, potential regional influences, (5) different perceptions of the caregiving situation by carer and care-receiver. Finally a package of measures are to be develop to enhance and to ease the support for older people by non-kin caregivers. Data were gathered in Britain and Germany through detailed face-to-face interviews. A total number of 41 helpers - 28 non-kin / 13 family carers - as well as 22 care-receivers - were asked about their caregiving situation. The findings confirm, that neighbours and friends are less involved in helping with activities of daily living than family members. In addition it also become clear, that non-kin carers are mainly involved in providing instrumental care and that they play quite an important role in maintenance of private domiciliary care of the older people. In contrast to the literature, the interviewed non-kin helpers are providing a lot of care, most of them daily (60%) - mainly up to two hours or between two and four hours per day. 14 per cent are helping even more than six hours per day - especially in Germany. But over 70 per cent the helpers also pronounce limitations of their help and more than a half have thought about other caregiving possibilities.

EFFECT ON CAREGIVERS' HEALTH OF SUPPORT FROM THEIR CARE RECIPIENTS' PHYSICIAN

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The issue addressed in this study is whether the support an elder's physician provides for the elder's caregiver, the "hidden patient", alleviates that caregivers'stress in providing care. Over six years ago The Council on Scientific Affairs of The American Medical Association urged that such support be provided. Following a group of 152 caregivers over a two year period was undertaken to assess the extent of physician support and its effect on caregiver health. Unlike other studies where self-assessed health was considered a sufficient measure, this project provided professional physical health assessments, by qualified nurse practitioners, at Time 1 and two years later, at Time 3 of the study. During the intervening two years telephone contacts but not professional assessments were maintained. Loss of cases due to deaths of care recipients or caregivers, and institutionalization of care recipients, reduced the study sample to less than 100 current caregivers at Time 3. The findings, which compared physical assessments of the caregivers at Times 1 and 3, showed that there was a tendency of health decline among caregivers. However, whether this was due to aging or the caregiving experience could not be determined in the absence of a non-caregiver control group. Also the findings showed that the older adults' physician support was limited, or in some circumstances unavailable, suggesting that the AMA recommendation had a minimum impact as well.

A longitudinal study on the evolution of caregiving role in Alzheimer's disease (AD)

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In this study we examined the impact of transitions of patients affected by AD on caregiver psychological distress. A dynamic relation among stressors, personal resources and wellbeing outcomes may explain the evolution of caregiving role in the course of progressive dementia. The study is based on longitudinal data collected from 60 AD patients' caregivers divided into three groups of 20 subjects: caregivers continuing to provide care from baseline up to 4-years follow up (mean length of follow up in months= 47.40±6.13), caregivers who placed their relative in a nursing home (mean time from baseline to institutionalization= 22.10±15.28 months) and caregivers who experienced the death of their relative (mean time from baseline to death= 29.55±11.03 months). According to the concepts and measures of AD caregivers' stress by Pearlin e coll. (1990), primary stressors related to patient, secondary stressors including either role strains and intrapsychic strains, and mediating conditions were assessed at baseline and follow up.

Data were submitted to a 3 x 2 ANOVA with Group as the between subjects variable and Time of Observation (Baseline/Follow up) as within subjects variable. Significant group differences were found in selfgain (P=.006), in the hours of assistance (P=.000) and of vigilance (P=.000), in the strategies of coping (P=.029), and a trend was observed for sense of competence (P=.071). Main effects were found also for the interaction Time of observation X Group on selfgain (P=.003), hours of vigilance (P=.000) or assistance (P=.000), satisfaction (P=.043), role captivity (P=.002). Psychological distress increases as primary stressors for caregivers continuing to provide care for their relative. This group had increased levels of strains experienced in roles and activities outside of caregiving and had reduced strategies to cope with this role. As expected, following nursing home placement caregivers experienced relief from primary effects of caregiving. Caregivers who experienced the death of their relative increased significantly the level of personal gain. Post hoc analysis revealed a significant reduction of the ability to cope with the situation for caregivers who placed their relative in a nursing home compared to caregivers who experienced the death of their relative (P=.009). For caregivers who placed their relative in a nursing home was also reduced the perceived level of competence and adequacy. Only caregivers who experienced the death of their demented relative seem to find some inner growth in transitions of caregiving. Caregivers who continued to provide care and caregiver who institutionalized their relative experienced higher levels of burden elicited by stressors in different areas.

Pearlin LI, Mullan JT, Semple SJ, and Skaff MM (1990). Caregiving and the stress process: an overview of concepts and their measures. *The Gerontologist*, 30:583-594

47

THE INTERGENERATIONAL DIFFERENCES IN THE ATTITUDES TOWARD ELDER MALTREATMENT AND REPORTING: A COMPARATIVE STUDY. T. Tatara Shukutoku University Sociology Department, 200 Daiganji, Chuo-ku, Chiba 260-8701 Japan

At previous scientific meetings of the Gerontological Society of America (GSA), Tatara (who was then the director of the National Center on Elder Abuse in the U.S.) and his colleagues presented findings of their studies on the differences and similarities in the attitudes of elders among different racial/ethnic groups toward elder maltreatment and reporting. It was determined that peoples' perceptions of what is elder abuse differ from one population to another. These past studies used 20 vignettes describing what may or may not be abusive situations to measure elders' perceptions of elder mal-treatment. Specifically, blacks, Hispanics (Puerto Ricans and Mexican Americans), American Indians, Japanese Americans, Korean Americans, and Caucasian Americans were included in these previous studies. Subsequently, Tatara decided to conduct an intergenerational study of attitudes toward elder abuse by involving two other groups, teenagers and people from the "elder caregiving generation" (those who are between 40 and 60 years of age). He is currently collecting interview data from these samples of additional groups in Japan, and these data preliminarily show that what is seen as abusive by one group is not necessarily viewed as abusive by another group. This paper session will thus examine the results of an intergenerational comparative study, in which the attitudes and perceptions of elder maltreatment and reporting among three generational Japanese groups have been compared and analyzed.

ELDER ABUSE AND DOMESTIC VIOLENCE: A SYSTEMIC APPRAISAL
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There has been very little research on the relationship between elder abuse and the broader context of family violence. This paper, based on research in Miami-Dade County, is intended to address problems in understanding the dimensions of this issue, the correlation of elder abuse and other household violence, and the need for alternative service delivery models that specifically address both the issue of violence and promote prevention. It is based on analysis of a State of Florida data set and interviews with a cross section of officials responsible for identification, investigation, intervention and delivery of services. The results underscore very low levels of adult abuse reporting and numbers of substantiated cases as well as the absence of critical elements in the state's data that are essential for understanding the profiles of victims and perpetrators and the dynamics of these types of cases. Services are primarily based on a limited treatment model that responds to the issue of frailty but not domestic violence. There is a need to capture more essential data, establish a priority for community education and understanding about issues of elder abuse, implement a prevention strategy, and incorporate services based on a domestic violence model of treatment.

A COMPARISON OF DRUG ABUSE, ALCOHOL ABUSE, AND MENTAL ILLNESS AMONG PERPETRATORS OF ELDER ABUSE. J. Berman, Ph.D., and A. Salamone, M.P.S. New York City Department for the Aging, 2 Lafayette Street, NYC, NY 10007.

A study conducted by the New York City Department for the Aging (DFTA) highlights the connection between mental health issues and perpetrators of elder abuse. Although studies have emphasized mental health problems and service needs of elderly victims of abuse and neglect, few studies have focused primarily on the mental health problems of the abusers. For this reason, research and crime victims program staff at DFTA asked case workers to administer a specially designed instrument assessing mental health issues among perpetrators of elder abuse and neglect. This study compares perpetrators who are alcoholic, drug abusers, and mentally ill. Results indicate significant differences among these different types of abusers. While all abusers suffering from mental health problems were more likely to be violent offenders, drug abusers were also more likely to financially abuse, most probably to support their drug habit. Moreover, mentally ill abusers were also more likely to psychologically abuse. The criminal justice system plays a primary role in the lives of these perpetrators. Virtually all previously or currently incarcerated perpetrators were either mentally ill or substance abusers. Although victims are clearly reaching out to help their mentally ill relative these victims are less likely to accept services for themselves. The victims' goal of stopping the abuser rests on their ability to offer the abuser assistance. Demographic profiles and study implications will be addressed.

AN ECOLOGICAL AND INTERGENERATIONAL MODEL OF RISK FACTORS ASSOCIATED WITH ELDER ABUSE BY ADULT CHILDREN. L.B. Schiamberg and D. Gans, Department of Family and Child Ecology, Michigan State University, East Lansing, Michigan 48824.

While elder abuse by adult children in the family context is acknowledged as a serious problem, there remains a need for a comprehensive framework for better

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understanding the dimensions of such abuse and for contextually sensitive intervention strategies. Increased longevity, related increases in the incidence of chronic disabling conditions, and pressures for caregiving by adult children, taken together, may have negative ramifications for the incidence of elder abuse by adult children in families. Using an applied ecological framework which treats human development and aging as the outcome of the reciprocal relationship between the person (at whatever age) and the significant contexts of life (e.g. family, work, school and peer relationships), the focus of this paper is on the configuration of risk factors of elder abuse by adult children. More specifically, an applied ecological perspective provides the theoretical frame for moving beyond a categorical description of risk factors in elder abuse to a contextually-based frame for intergenerational relationships as the organizing and determining factor in shaping abusive outcomes. While spousal abuse in later adulthood, and abuse by other relatives, remain problems, this paper addresses the less explored dynamics of elder abuse by adult offspring in the context of an intergenerational relationship. In sum, an ecological framework for the issues of family caregiving of older adults by adult children, including the increasing potential for abusive interactions, provides a fruitful basis for both the analysis of such abuse as a set of contextually-based risk factors, as well as for the development of effective interventions.

The Abuse and Neglect of Older Canadians: Health Canada's Response

Janice Ireland, Health Issues Division, Department of Health, Ottawa, Ontario, Canada K1A 1B4.

This presentation will discuss the following issues: 1) Canadian research on the issue of the abuse of older adults from 1989 to the present and 2) the federal response to this issue through a number of initiatives. These Initiatives include: New Horizons: Partners in Aging, in place from 1995 - 1997, the Family Violence Prevention Initiative, which ran from 1991 - 1996 and was renewed in 1997. The Population Health fund has supported projects following a population health approach from 1997 to the present.

Under these Initiatives, Health Canada funded projects that were undertaken by national, provincial and community organizations. The presentation will highlight some key outcomes of the Initiatives relating to research, public education resources, the development of training materials and intervention models.

The presentation will outline current federal action and future directions.

48

STRENGTHENING THE MASSACHUSETTS HOME CARE PROGRAM THROUGH SERVICE DELIVERY RESEARCH

Francis Caro, Gerontology Institute, University of Massachusetts Boston, 100 Morrissey Blvd., Boston, MA 02125-3393.

Participants:

Lillian Glickman (MA Executive Office of Elder Affairs, One Ashburton Place, Boston, MA 02108) Advancing the Massachusetts Home Care Program.

Alison Gottlieb (Gerontology Institute, UMass Boston) Extending Home Care Effectiveness Through Increased Use of Low-Cost Adaptive Equipment.

Kirsten Corazzini (Gerontology Institute, UMass Boston) Case Management Variability in the Massachusetts Home Care Program.

Scott Geron (Boston University School of Social Work, 264 Bay State Rd., Boston, MA 02215) Establishing Benchmarks of Home Care Satisfaction to Improve Home Care Quality.

Francis Caro (UMass Boston) Toward Performance-Based Home Care

Discussant:

Penny Feldman (Center for Home Care Policy & Research, Visiting Nurse Service of New York, 107 E. 70th Street, New York, NY 10021)

The contributions of a series of research projects to the refinement of a state-funded home care program for the elderly will be examined. Massachusetts has one of the nation's best established state-funded home care programs. Established in 1973, the program now serves 35,000 clients with an annual budget of $140 million. Challenged to serve more severely disabled elders, the program has sponsored a series of research projects to support its quality improvement efforts. The session will begin with an overview of the program's quality improvement priorities that reflects both the program's history, demographic trends, and the current policy environment. Four quality improvement initiatives will be discussed:

- A demonstration to extend the effectiveness of traditional home care services through the increased use by clients of low-cost adaptive equipment.
- A survey of regional home care coordinating agencies examining their case management practices.
- Surveys of clients to determine their satisfaction with various service strategies.
- Development of a performance-based approach to case management based upon the quality of circumstance measure.

The panelists will emphasize the implications of their research findings for refinements in the program. Both opportunities for program improvement and constraints on reform efforts will receive attention. Implications of the research for home care programs in other jurisdictions will be considered.

ADVANCING THE MASSACHUSETTS HOME CARE PROGRAM

Lillian Glickman, (MA Executive Office of Elder Affairs, One Ashburton Place, Boston, MA 02108)

Although it is well established and enjoys stable state support, the Massachusetts home care program faces a variety of significant challenges. A series of applied research and demonstration projects have been introduced to enable the program to address these issues effectively. The presentation will begin with an overview of the program's origins, its structure, its funding sources, its budget, the major services provided, the size and characteristics of the population served.

The major challenges will be outlined:

- Pressure to serve larger numbers of older people who have greater needs with stable state funding.

- A need for greater integration of personal assistance and home health services both because of increases in chronic health problems of the clients served and changes in the Medicare and Medicaid programs.
- A need to maintain statewide consistency in program administration and at the same time provide opportunities for regional innovation and creativity.
- A need to increase the effectiveness of case management in spite of fiscal constraints that lead to large case loads and high rates of turn over among case mangers.
- A need for better documentation of program activities and outcomes to permit both improved management and public accountability.

The role of the quality improvement initiatives in addressing these challenges will be discussed. The presentation will also include attention to the manner in which the state unit on aging works with regional "Aging Services Access Points" in developing its quality assurance agenda and in disseminating the results of the applied research projects.

EXTENDING HOME CARE EFFECTIVENESS THROUGH INCREASED USE OF LOW-COST ADAPTIVE EQUIPMENT

Alison S. Gottlieb, Gerontology Institute, UMass Boston, 100 Morrissey Blvd., Boston, MA 02125-3393.

A demonstration project aimed at systematically increasing elders' use of low-cost adaptive equipment using existing case management services will be described. Low-cost adaptive equipment (such as jar openers, reachers, sock aides, and long-handled bath brushes) can be beneficial in mitigating ADL and IADL deficits of disabled elders. Such equipment, however, is typically underutilized by elders lack information about available equipment or are skeptical about its usefulness. The premise underlying this demonstration was that case managers could, with minimal training, incorporate assessment and selection of equipment as part of their routine reassessment activities. The cost of equipment, targeted at $150 per client could be absorbed within home care operating budgets.

Demonstration services were provided by two regional home care programs. An impact evaluation of the project was conducted employing a pretest/post-test experimental design whereby the service was delayed for clients at one of the two home care agencies for six months to allow comparisons between clients who had received equipment and those who had not.

The extent to which the project in increased elderly home care clients' use of adaptive equipment and mitigated their perceived difficulties with associated activities of daily living will be reported. Key implementation issues that limited the project's effectiveness will be identified, and modifications in service delivery systems will be recommended to inform future efforts to continue and expand the service.

CASE MANAGEMENT VARIABILITY IN THE MASSACHUSETTS' HOME CARE PROGRAM

K.N. Corazzini, Gerontology Center, University of Massachusetts Boston, 100 Morrissey Blvd., Boston, MA 02125.

This study explores how 27 quasi-independent agencies charged with administering the Massachusetts' home care program for the elderly utilize diverse case management arrangements to meet standardized, state-level program goals. The ability to measure variability among agencies identical in funding, regulatory structure, and program goals, facilitates exploration of the impact of system discontinuity on home care service delivery. Data were collected using a statewide survey of all agency directors (N=27). Survey data were supplemented with quantitative data drawn from a state administrative database on home care clients and with qualitative data from six focus groups of case managers. Study results show case management arrangements differ on measures of core task division and perceive scope of responsibility, training and supervision, incentives, organizational participatory structure, and case manager autonomy. Importantly, between-agency variability is explored by agency-level characteristics of urbanicity and client mix (including measures of ethnicity, socio-economic level, disability, and age). Findings are discussed in the context of improving the integration of local service delivery with state level program objectives for home care for the elderly. Consideration is given to measures collected of staff turnover and average caseload size, which previously have been linked to issues of the quality of case management (Gruman 1997).

ESTABLISHING BENCHMARKS OF HOME CARE SATISFACTION TO IMPROVE HOME CARE QUALITY

Scott Miyake Geron, Boston University School of Social Work, 264 Bay State Rd., Boston, MA 02215.

Last year, the Massachusetts Executive Office of Elder Affairs (EOEA) conducted statewide assessments of home care service recipients using the Home Care Satisfaction Measure (HCSM), a multiple item measure of home care satisfaction for frail elders who receive home care services developed by Dr. Geron. Over 7,000 elders were contacted, and over 3,000 HCSM assessments were completed. Benchmarks of home care satisfaction were established, allowing comparisons between each of the 27 home care organizations (Aging Services Access Points (ASAPS)). Dr. Geron will discuss EOEA's on-going efforts to incorporate the results into its quality assurance and improvement efforts.

TOWARD PERFORMANCE-BASED HOME CARE

Francis G. Caro, Gerontology Institute, University of Massachusetts Boston, Boston, MA 02125-3393.

An effort to upgrade the case management methodology employed by the Massachusetts home care program from a needs-based approach to an out-come based approach will be described. The conventional ADL and IADL measures used by the Massachusetts program in establishing service eligibility are useful in targeting services to those with the substantial self-care deficits. However, the approach does not provide a basis for documenting what is accomplished on behalf of clients through services. The Gerontology Institute is working with the home care program to adapt Quality of Circumstance, a research measure of immediate home care outcomes, for use in case management. The Quality of Circumstance (QoC) approach supplements ADL and IADL needs assessment by specifying potential outcomes of personal assistance services. The QoC approach presumes that the aim of personal assistance services is to assure that clients experience adequate solutions to problems of daily living. Drawing upon goal attainment scaling, QoC specifies a range of observable immediate outcomes that functionally-disabled elders may experience in various ADL and IADL domains. By measuring how well specific daily living needs are being addressed, QoC provides a strong basis for targeting domains that particularly need attention and establishing observable service objectives. At follow-up, change in QoC scores provides case managers with an objective measure of progress.

The ongoing effort to adapt and refine QoC for use in the Massachusetts home program will be described. The presentation will cover the basis for the home care system's interest in the QoC approach, the process through which the measure was adapted for use in case management, and the results of a reliability study.

49

RURAL AGING: MENTAL HEALTH NEEDS, PERCEPTIONS AND SERVICE USE.

Participants:

L. Redford, S. Rigler, M. Webb, (Univ. of Kansas Medical Center, Kansas City, KS 66160) The Recognition and Treatment of Depressive Disorders Among Urban and Rural Nursing Facility Residents.

E.J. Bolda, A.F. Coburn, R.G. Keith, W.D. Thompson, N. Korsen, (Maine Rural Health Research Center, Muskie School, Univ. of Southern Maine, Portland, ME 04104) Treatment and Outcomes Among Rural and Urban Nursing Home Residents with Depression.

R.J. Maiden, S.A. Peterson (Alfred University, Alfred NY 14802; Penn State Harrisburg, Middletown, PA 17057) The Utilization of Mental Health Services by Rural Elderly: A Longitudinal Study.

D. Lambert, M. Agger, E. Bolda, (Maine Rural Health Research Center, Muskie School, Univ. of Southern Maine, Portland, ME 04104) Community-Residing Older Rural Medicaid Beneficiaries With Depression: Mental Health and General Health Services Use.

Discussants:

R.J. Scheidt (School of Family Studies and Human Services, Kansas State Univ., Manhattan, KS 66506)

J. Mitchell (Center on Aging, School of Medicine East Carolina Univ., Greenville, NC 27858)

Barriers to mental health service access in rural communities are widely recognized. The implications of these barriers for older adults in rural communities, however, are not well understood. This symposium will explore recent findings on urban/rural differences in older adults' need for and use of mental health services. Reported findings will address urban/rural differentials relative to: the diagnosis, treatment and outcomes of older adults with depression who live in nursing facilities; changes in older adults' willingness to use mental health services; and mental health and general health service use among community-residing older adults with depression. Particular attention will be devoted to policy recommendations and further research needed to develop effective and affordable strategies to meet the mental health needs of older persons who live in rural communities.

THE RECOGNITION AND TREATMENT OF DEPRESSIVE DISORDERS AMONG URBAN AND RURAL NURSING FACILITY RESIDENTS.

L. Redford, S. Rigler, M. Webb, University of Kansas Medical Center, Kansas City, KS 66160

Depressive disorders are a major issue among nursing facility residents, with estimates of prevalence ranging from 18% to over 30%. The prevalence of depression diagnosis among new admits and long-term nursing facility residents in Kansas almost doubled between 1994 and 1998. MDS+ data on more than 122,000 residents in Kansas nursing facilities over this five-year period were analyzed to examine differences in the prevalence and treatment of depressive disorders across urban and rural nursing facility residents. Rural facilities were defined as facilities in counties with no urban area of 20,000 population or greater.

Data on diagnosis, mood/behavioral status, and prescription medications were analyzed. Significantly fewer rural than urban residents ($p<.001$) were diagnosed as depressed, but significantly more manifested mood and behavioral symptoms consistent with depressive disorders ($p<.001$). Differences in the treatment and selection of therapeutic interventions were also identified. The implications of these finding in relation to the diffusion of clinical practices, research and provider education will be discussed.

TREATMENT AND OUTCOMES AMONG RURAL AND URBAN NURSING HOME RESIDENTS WITH DEPRESSION,

E.J. Bolda, A.F. Coburn, R.G. Keith, W.D. Thompson, N. Korsen, Maine Rural Health Research Center, Muskie School of Public Service, Univ. of Southern Maine, Portland, ME 04104

The mental health needs of nursing home residents are widely reported to be unmet, and the types of services available to residents are known to vary by urban/rural location. This study examines differences in the diagnosis, treatment and health outcomes of both rural and urban nursing home residents with depression. Compared with urban residents, depressed rural residents were at significantly greater risk than urban residents for loss of physical function and were less likely to have improved cognitive function. Urban residents and residents of facilities with mental health specialist support were more likely to have improved cognitive function than were rural residents and those in facilities without mental health specialist support. Rural residents of facilities with staff trained in care of older adults with depression were more likely to receive effective treatment compared with urban residents or rural residents in facilities without trained staff. This research suggests that rural facilities with staff formally trained in the care of older adults with depression and facilities with formal mental health specialist support have greater success in their treatment of residents with depression. Policy initiatives targeting staff training in rural areas and the need for policy incentives and professional development programs are discussed.

THE UTILIZATION OF MENTAL HEALTH SERVICES BY THE RURAL ELDERLY: A LONGITUDINAL STUDY. R.J. Maiden, S.A. Peterson Alfred University, Alfred NY 14802; Penn State Harrisburg, Middletown, PA 17057

Recent longitudinal research investigating historic shifts in attitudes toward mental health services (Currin et al., in press) revealed a positive cohort shift in attitudes toward mental health. Most likely, this positive shift in attitudes equates to greater usage of mental health services. The purpose of this study is to examine historical shifts in the utilization of mental health services in a rural population. In 1987, we administered a survey to 358 randomly selected rural individuals investigating their willingness to use mental health services. In 1993/94, six to seven years later, we resurveyed 111 individuals from our original sample. As predicted by the Currin et al., we found that there was a shift in our participants' willingness to use mental health services, increasing from 5% to 11%. This increased usage, while improved, still falls far below the actual need for mental health services which had remained constant (about 25%). Interestingly, there was not a greater reliance on psychotropic medication in lieu of psychotherapy (about 10%) and alcohol abuse was minimal (only 3 individuals identified it as a problem). In 1987, we found that those rural elderly who had the greatest need for mental health services were the least likely to use them. This trend may be shifting as well although it requires further investigation and confirmation. Because of these historical shifts in elderly cohorts, the salient implications for the design and implementation of rural mental health services for the baby boomers are highlighted.

COMMUNITY-RESIDING OLDER RURAL MEDICAID BENEFICIARIES WITH DEPRESSION: MENTAL HEALTH AND GENERAL HEALTH SERVICE USE. D. Lambert, M. Agger, E. Bolda, Maine Rural Health Research Center, Muskie School of Public Service, University of Southern Maine, Portland, Maine 04104-9300

Relatively little is known about access to and use of mental health and general health care by rural community-residing older persons with depression (Depressed). Even less is known about how rural persons with a co-occurring serious and persistent mental illness (SPMI) access and use this care. Based on one year (1996) of inpatient and outpatient mental health, general health, and prescription drug claims for Maine Medicaid beneficiaries age 65 and older, older rural Depressed beneficiaries' use of mental health and general health services was similar to that of their urban counterparts. In contrast, older rural SPMI-Depressed beneficiaries had lower access to mental health care and received fewer mental health visits than their urban counterparts. Rural and urban Depressed beneficiaries received care for their depression in similar settings - both relied more on primary care than mental health providers. These findings suggest several important policy implications and areas for further study relative to the potential burden SPMI-Depressed beneficiaries pose to rural primary care providers and whether rural primary providers may be treating more complex cases than they are trained to manage.

50

LONG-TERM CARE AT THE TURN OF THE CENTURY

Larry J. Polivka, Florida Policy Exchange Center on Aging, 4202 E. Fowler Ave., #30437, Tampa, FL 33620.

Participants:

R. A. Kane, R.L. Kane & R.C. Ladd, Institute for Health Services Research, Minneapolis, MN 55455.

Discussants:

P. Doty, Office of Assistant Secretary for Planning and Evaluation, Washington, DC

L. J. Polivka, Florida Policy Exchange Center on Aging, Tampa, FL 33620

The Heart of Long-Term Care, by Rosalie A. Kane, Robert L. Kane and Richard C. Ladd, is as comprehensive and cogently written book about the present and possible future of long-term care as we are likely to see for the next several years.

The central fact emerging from the Kane et al. comparative analysis of long-term care programs across the American states is that expenditures for nursing home care in all but two states far exceed those for home- and community-based (HCB) long-term care programs (from two to twenty-one times as much). In fact, the percentage of all public long-term care expenditures going to nursing homes is essentially the same now as in 1985.

The authors offer a convincing critique of the major assumptions that have kept state level policy makers from taking the steps necessary to transform their long-term care systems.

The authors also address several other long-term care issues including assisted living, integration of acute long-term care, managed care approaches to long-term care, the potential of consumer-directed care, international comparisons of long-term care policy, alternative approaches to regulatory long-term care programs and, finally, a set of guiding principles that should be adopted by policy makers in any effort to transform the current long-term care system.

51

TRANSGENDER AGING: INTRODUCTION TO AN EMERGING FIELD.

T.M. Witten, University of Texas Health Science Center San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78284-7917

T.M. Witten (UTHSCSA, San Antonio) Introduction and Overview of Current Data.

L. Cook-Daniels (National Center on Elder Abuse and Transgender Aging Network. Vallejo, CA 94591) Public Policy and Social Issues for an Emerging Elder Minority Group

A.E. Eyler (University of Michigan Medical Center. Department of Family Medicine. Ann Arbor. MI 48104) The Healthcare Experience of the Elder Transgender Community

T.M. Witten (UTHSCSA, San Antonio) The Oral Health Experience of the Elder Transgender Community

J.M. Boonin (University of Michigan Medical Center. MEDREHAB. Ann Arbor. MI 48104) Changing Voices: Effects of Aging on Speech Communication

A.E. Eyler (University of Michigan Medical Center. Ann Arbor) Violence and Abuse in the Elder Transgender Community

T.M. Witten (UTHSCSA, San Antonio) Concluding Remarks: Further Directions for Research and Public Policy

The International Longitudinal Transsexual and Transgender Aging Research Project (ILTTAR) estimates that the prevalence of transgenderism in the United States may be as high as 10% with prevalence estimates of transsexuality lying in the 1%-3% range (an estimate that is consistent with estimates from other countries world-wide). The transgender population includes, but is not limited to, cross-dressers, transgenders (individuals who chose to live as their non-birth gender but do not necessarily choose to have genital surgery), transsexuals (pre-operative and post-operative), androgynes, agendered, and non-traditional gender identities such as the Native American "dual spirits." It follows that the transgender community represents a substantial minority community that has remained epidemiologically invisible due to the great degree of stigmatism associated with being labeled "transgendered." This community is slowly emerging into the mainstream of minority groups and, due to its special nature, has extremely specialized social and medical needs across the lifespan. This symposium will present and examine the emerging field of transgender aging from the perspectives of a gerontologist, a physician, a speech pathologist, and a public policy advocate. Results from the first five years of the ILTTAR longitudinal survey on the demography, health experience (medical, dental, and mental), and the experience of violence and abuse in the community will be presented. Future directions for research in support of the needs of this community will be discussed and public policy issues will be addressed. This symposium is geared for individuals with all degrees of background in the area of transsexuality, transgenderism, and aging.

52

A MODEL FOR CREATING PROFESSIONAL COMPETENCY IN GERIATRICS: THE JOHN A. HARTFORD FOUNDATION'S STRENGTHENING GERIATRICS SOCIAL WORK INITIATIVE

J. Howe, Mt. Sinai-NYU Medical Center, Dept. of Geriatrics, 1 Gustave Levy Pl., NY, NY 10029

Participants:

B. Berkman (Columbia U. School of Social Work, 622 W. 113th St., NY, NY 10025) & J. Howe Geriatric Social Work Faculty Development Program

P. Volland (NY Academy of Medicine, 1216 Fifth Ave., NY, NY 10029) Geriatric Social Work Practicum Program

J. Zlotnik (Council on Social Work Education, 1600 Duke St., Alexandria, VA 22314) Aging and Gerontology Education in Social Work Program

Discussants:

L. Robbins (John A. Hartford Foundation, 55 E. 59th St., NY, NY 10022)

A. Scharlach (School of Soc. Welfare, Univ. of CA, 120 Haviland, Berkelely, CA 94720)

Currently there is a lack of leadership among social work practitioners, educators, and researchers to meet the social and health care needs of the growing older population. Geriatrics, despite compelling demographic trends and the prevalence of older adults and caregivers as social work clients, has not been fully integrated into training programs. The John A. Hartford Foundation, in collaboration with the Gerontological Society of America, is funding new educational models to create geriatric competency within social work. The Foundation's overall goal is the creation of infrastructures in professional and academic social work to build and sustain a focus on older people and their families. This initiative with its multi-faceted approach, developing faculty leadership, aging-rich practicum sites, and curricular materials and best practice models, serves as an educational paradigm for advancing geriatric professional development in a discipline.

GERIATRIC SOCIAL WORK FACULTY DEVELOPMENT PROGRAM

B. Berkman (Columbia U. School of Social Work, 622 W. 113th St., New York, NY 10025) & J. Howe (Mt. Sinai-NYU Medical Ctr., Dept. of Geriatrics, Box 1070,1 Gustave Levy Pl., NY, NY 10029)

The Faculty Development Program will identify and develop outstanding social work faculty committed to teaching, research, and leadership in geriatrics. The program will provide up to ten scholars with the resources necessary to develop as academic leaders in geriatric social work. Eligible applicants will be doctorally prepared at the rank of Assistant or Associate Professor in a school of social work. Under the guidance of institutional and national mentors, each Scholar will carry out a practice-based research project within the framework of an individualized professional development program. Scholars will participate in a series of five Faculty Development Institutes to enhance research, teaching, and leadership skills, and receive grants of up to $50,000 a year for two years. The effectiveness of this faculty development model will be assessed through process and outcome evaluations.

GERIATRIC SOCIAL WORK PRACTICUM PROGRAM

P. Volland (NY Academy of Medicine, 1216 Fifth Ave., New York, NY 10029)

The goal of the program is to develop more aging-rich practicum sties that will be a permanent component of graduate social work education programs. Through a national competition, the Coordinating Center (CC), based at the NY Academy of Medicine, has identified 11 schools of social work with the highest potential to develop field practicum sites. These schools will be sup-ported for one year to plan for an implementation phase, with an expectation that five schools will demonstrate the capacity to receive two-year grants. Key to the program's success will be the creation of team cohesion among the grantees leading to open information exchange and the development of a sustainable focus in geriatrics. By the end of the funding period it is expected that the five schools will have established a successful and endurable consortium that increases the number and quality of field practicum sites and attracts more students to these sites. The final product will be a national blueprint that includes criteria for success, a compendium of models, and guidelines for institutionalization of geriatric social work field practicums.

AGING AND GERONTOLOGY EDUCATION IN SOCIAL WORK PROGRAM

J. Zlotnik (Council on Social Work Education, 1600 Duke St., Alexandria, VA 22314)

Strengthening Aging and Gerontology Education for Social Work (SAGE-SW), a two year project sponsored by the Council on Social Work Education, aims to ensure that social workers are prepared for a range of positions in geriatrics. SAGE-SW will expand the focus on aging within social work education and create a better understanding for employers about the value and benefit of hiring well-prepared social workers. The project will refine a set of competencies in aging for BSW and MSW social work graduates, assess the current state of geriatric social work education, identify and disseminate best practice models, and develop a long-range plan to build capacity in geriatrics social work education. Data collection methods include focus groups, literature reviews, technical workgroups, and guidance from a National Advisory Panel. Dissemination plans include broad distribution of *News from SAGE-SW* to social work education programs and field education sites to ensure ongoing information exchange.

SUPPLEMENTING INFORMAL CARE OF FRAIL ELDERS WITH FORMAL SERVICES: A COMPARISON OF WHITE, HISPANIC AND ASIAN CAREGIVERS

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Currently, the vast majority of frail elders reside in the community and are taken care of by their informal caregivers. Formal services can play significant role in supplementing caregiving responsibilities for informal caregivers. The goal of this study was to explain variation among Asian, Hispanic and white caregivers in the extent to which they seek supplementary help from formal services.

The study utilized a national survey data set consisting of a cross-sectional survey of a stratified sample of informal caregivers for frail older people. Multivariate analysis strategies were used to test the factors that affect formal service use in Asian, Hispanic, and white groups. Furthermore, path analysis was used to test the direct and indirect relationships between caregiver characteristics, caregiving efforts, role strain, coping strategies and service utilization. The results showed that Asian and Hispanic caregivers were much less likely than white caregivers to use formal home care services. Some factors, such as caregiver's age, caregiver living with frail elders, and number of unpaid helpers, had significantly different impact on formal service use among these three groups. In general, the predictive models on formal service use appeared to be significantly varied for Asian, Hispanic, and white caregivers. Implications for program planning and service delivery, such as the finding that Asian caregivers with more unpaid helpers may be less likely than other groups to utilize formal services, are also provided in the study.

FACTORS ASSOCIATED WITH GRANDCHILDREN LIVING WITH OLDER PERSONS

J. H. Skinner, Department of Gerontology, 4202 East Fowler Avenue, SOC 107, University of South Florida, Tampa, Florida 33620-8100

Intergenerational exchanges have been the concern of gerontologists for some time. Most of the research examines caregiving by older persons of their grandchildren. Some literature has identified differences in intergenerational exchanges between ethnic minority older persons and their majority counterparts. This study examines factors associated with older persons who have their grandchildren living with them. It is based on secondary analysis of 3,485 respondents aged 65 and over who were surveyed in the National Survey of Self-Care and Aging, Baseline, 1990-1991. Initial bivariate analyses found that all demographic variables of age, ethnicity, gender, marital status, household income, and social class were significantly related to grandchildren living with older persons. However, when variables about the living arrangements were introduced in logistic regression, many of the demographic variables lost significance. The best predictors were the number of persons living in the household and whether there was someone new in the household in the past year. However, household income, a demographic variable, also played a role in whether grandchildren lived with older persons. Therefore, it appears that grandchildren living with older persons is more related to living arrangements and household income than to other demographic background variables. Public policy and program implications will be discussed.

ETHNICITY AND ENVIRONMENTAL CONTEXT AMONG HISPANIC AND NON-HISPANIC ELDERS IN A DECLINING KANSAS COMMUNITY

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The complexity of ethnic identity, involvement in ethnic culture, and ethnic status may be reflected in shifting meanings of ethnicity and place for older residents of small rural communities with multiple ethnic groups who face rapid changes in their social and physical environments. Case study data are drawn from experiential field research conducted in a small Kansas community with both Hispanic and non-Hispanic elders. Methods used included in-depth interviews of older residents, participant observation, photo-documentation, and archival research. Ways in which ethnicity serves as a resource for coping with environmental stressors that accompany rapid rural change and economic decline and influences both positive and negative outcomes of those stressors are identified for Hispanic and non-Hispanic elders. Conclusions address the importance of recognizing complex ethnic meanings and risks of deculturation for maintaining self-identity, intergenerational relations, communication between ethnic groups, and creating, sustaining, and preserving settings that serve older residents and support aging in place in rural communities.

Predictors Affecting Participation of Supplemental Security Income by Older Taiwanese Immigrants

T. Kuo. UCLA Department of Social Welfare

This paper examines the relationship between structural and cultural variables and participation of Supplemental Security Income (SSI) by older Taiwanese immigrants. Recent Welfare Reform policy raised debates about the appropriateness of elderly immigrants receiving SSI. However, such participation might be related to factors including acculturation, knowledge about and attitudes toward the social welfare system, and cultural values. Based on data from the 1994 Taiwanese American Elderly Survey, older Taiwanese displayed rich family support and strong cultural value, but they were also financially poor and had limited English speaking ability. The logistic regression analysis revealed that having resided more than 8 years in the United States, having a good English speaking ability, receiving good informal social support and positive life satisfaction were significant predictors which influenced participation of SSI by older Taiwanese immigrants. This paper generates important research and policy implications to better assist and understand older immigrants in need of formal support.

THE FORMATION OF AN EUROPEAN UNION SOCIAL POLICY AND THE IMPLICATIONS FOR OLDER PEOPLE

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Objective To demonstrate the rising pressure from older people in the European Union for the international transfer of welfare state entitlements, and that the ambitions of the Union to achieve 'harmonisation' make such policy changes very likely in the next decade.

Context The recent Maastricht and Amsterdam treaties of the European Union have initiated the formulation of EU social policies, particularly with respect to social security benefits entitlements and access to subsidised health services. Meanwhile, mobility among the EU nations progressively increases, not least for retirement. Both advocacy organisations and entrepreneurs in northern Europe, notably The Netherlands, have begun to lobby their governments to permit the transfer of entitlements to residential and nursing home fees to the southern European countries, where an increasing number of frail older people would prefer to live, and the costs of providing care are lower.

Method This paper summarises the objectives of the EU social agenda with reference to older people, contrasts these with the needs and expressed demands of northern European retiree residents in southern Europe, and reviews implementation to date. The presented material will be drawn from 'Exploratory Workshops' financed by the European Science Foundation at which specialists from six member nations pooled their research results and insights.

54

EARLY STAGE ALZHEIMER'S DISEASE(AD) GLOBAL RESEARCH AND PRACTICE

R Yale, Licensed Clinical Social Worker, 1067 Filbert Street, Suite 100, San Francisco, CA 94133

Participants

R. Yale (Clinical Social Worker, San Francisco, CA) Research & Practice in Early Stage AD

L Snyder (University of California, San Diego, Alzheimer's Disease Research Center) An Evaluation of Participant Satisfaction With Support Groups For Persons With AD

A Nankivell (Alzheimer's Association, South Australia) Living With Alzheimer's

M Livni (Alzheimer's & Related Disorders Association, Johannesburg, South Africa) The Illness Experience Of AD In The Early Stage: A Collaborative Inquiry

P Harris (John Carroll University, Cleveland, OH) Resilience, Coping & Adaptation With AD

D Beach (San Diego State University, San Diego, CA) Giving Up & Giving In: Adolescents' Dilemmas In Caring For A Grandparent With AD

Discussant

Rebecca Logsdon (University of Washington, Seattle, WA)

There is a global movement in the Alzheimer's field toward recognizing and responding to the unique needs of individuals in the early stages of the disease and their caregivers. This symposium

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examines 1) Research on various aspects of the subjective experience of the disease, including the process and content of interviews with diagnosed persons in South Africa 2) Strategies for coping and adapting used by people with AD and their adolescent family members, including individual interviews, participant-observations of support groups, & focus groups, & 3) The effectiveness of education/support groups for people with early stage AD and their family members in the US and Australia, including participant satisfaction surveys The symposium identifies and advocates for new approaches which emphasize the strengths of individuals with AD and their caregiving families SPONSORED BY THE ALZHEIMER'S DISEASE RESEARCH INTEREST GROUP

RESEARCH AND PRACTICE IN EARLY STAGE ALZHEIMER'S DISEASE

R Yale, Licensed Clinical Social Worker and Consultant to the Alzheimer's Association, 1067 Filbert Street, Suite 100, San Francisco, CA 94133
The author's research explored how patients with early dementia respond to a support group focused on understanding and coping with Alzheimer's disease (AD) Interviews with treatment and control participants, along with the content and observations of support group sessions were the sources of study data Results describe the uniqueness of the early stages of AD and the perceived benefits of the intervention These findings will be briefly summarized as part of introducing the context and speakers for the attached symposium The goal is to highlight the early stages of AD as an area needing expanded research, policy and services around the world, and an area in which the merging of research and practice is critical

AN EVALUATION OF PARTICIPANT SATISFACTION WITH SUPPORT GROUPS FOR PERSONS WITH ALZHEIMER'S DISEASE

Lisa Snyder, MSW, LCSW
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In the past five years, there has been a greater focus placed on the patient's subjective experience of Alzheimer's disease and the provision of services to meet the psychosocial needs of persons with early-stage dementia. Patient support groups are emerging as a method to provide outreach to those in the early-to-moderate stages of the disease. Through an 11-item questionaire, we surveyed participants from 15 support groups nationwide to determine satisfaction with and effectiveness of the group experience. Caregivers were also surveyed to determine their impressions of the impact of the group experience on their loved ones. Findings illuminate the positive educational and emotional effects of these groups, as well as the variability between caregiver and participant agreement regarding such benefits. These findings suggest the usefulness of evaluative surveys to determine support group effectiveness and the need for greater communication of these perceived benefits between participant and caregiver.

LIVING WITH ALZHEIMER'S

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This paper will present the findings on social research into the affects of education and peer support for people with early stage Alzheimer's and their caregivers.

Findings indicate that timely instruction of group work

- improves knowledge of dementia and related issues for people with early stage dementia and their carers
- that people with early stage dementia and their caregivers will have increased feelings of support from others in a like situation
- that people with early stage dementia and their carers will have improved communication with family members and friends around the issue of dementia
- that people with early stage dementia and their caregivers will develop knowledge and strategies for coping with dementia now and into the future.

As individuals are diagnosed earlier due to the advancement of medical technologies in an 'post genome' society, there will be an increasing moral imperative to provide effective proven mental health strategies such as those outlined.

TITLE: The Illness Experience of Alzheimer's Disease in Early Stage: a collaborative inquiry

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ABSTRACT:

Alzheimer's disease is a progressive disease with the early stage loosely defined as ESAD. The latter is at the cutting edge of research and requires urgent attention because of advances in diagnosis, and in the pharmaceutical and psychological fields. Current language about AD holds the view that people with diagnosis are unable to communicate appropriately, even unable to grasp the implications of the diagnosis. This is the predominant view held in the ecology of AD, from professionals to the man in the street.

METHODS:

A disclosure analytic style of inquiry was used applying a social constructionist epistemology. Research of this nature is more than data-gathering and theory building. It offers it back to the people as a means of enhancing their lives and developing their capacities for self-direction. Unstructured interviews based on agreed upon themes were carried out and analyzed using the theory of disclosure and meaning.

RESULTS:

An in-depth content analysis reflects the ability of diagnosed persons in the early stage of AD to participate in a collaborative inquiry and highlights important areas of interest and of concern to these people.

CONCLUSION:

Scientific practitioners have traditionally ignored the role they play in shaping the outcomes of their research and they presume the rigors of scientific method will more or less guarantee an objective account of the world (Gergen & Gergen 1991). This study supports this view in that the researcher was included in the research rather than being outside. The findings could be benefit to those currently experiencing ESAD and those who will in the future, and those professionals who need to better understand diagnosed people, particularly in the early stages of the disease.

RESILIENCE, COPING, AND ADAPTATION WITH ALZHEIMER'S DISEASE

P.B. Harris, Dept. of Soc., John Carroll University, Cleveland, OH 44118 and C. Durkin, Cleveland Area Alzheimer's Assoc., Cleveland, OH 44120

So often when discussing a disease such as Alzheimer's, the research has focused on its deleterious effects on the self, daily functioning, and social relationships of people with the Alzheimer's disease (PAD). Yet, faced with the awesome challenge of living with Alzheimer's, people often rise to the occasion and find ways of coping and adapting to the multitude of changes in their lives. This qualitative research, based on in-depth interviews with 17 people in early stage memory loss and their family members, and participant-observations of 5 early stage support groups and 2 national focus groups on early stage issues, will focus on the strengths of these individuals. Specifically, the study will examine the strategies PAD develop for coping and adapting, and consequently still living meaningful lives, with their diagnosis.

A content analysis that examines common themes and differences in modes of coping and adapting, will provide the analytic frame work for this study. Some of the common themes are: seizing the day, search for purpose, and demand for respect for the disease. A typology of five different types of coping patterns also emerged from the data. Types such as "I'll live until I die", "I accept what I have", "There is nothing wrong with me", "I'm struggling just to get through the day", and "I'm giving up". Creative memory aids that PAD have found to be particularly useful will also be addressed. This information will be discussed in the context of how it can assist health care providers and/or family members to provide more person-centered dementia care.

GIVING UP AND GIVING IN: ADOLESCENTS' DILEMMAS WHEN CARING FOR A GRANDPARENT WITH ALZHEIMER'S DISEASE

D.L. Beach, The Graduate School of Public Health, San Diego State University, San Diego, CA 92182

Thirty-one percent of family caregivers have children at home under the age of 12 and 23% live with a child aged 12-17. As such, children and adolescents will be increasingly involved in the care of Alzheimer's victims.This study sought to examine the experiences of these individuals. Specifically, what is it like for an adolescent to provide care for a grandparent afflicted with Alzheimer's disease? A qualitative, grounded theory study design was utilized. Ten adolescents aged 11-18 were interviewed and asked a series of semi-structured questions regarding caregiving. To be included, respondents must have been the grandchild of an Alzheimer's victim cared for by the adolescent's immediate family. Employing features of content analysis methodology, all interviews were audio-recorded and transcribed verbatim. First, open coding of the data was conducted. Second, selective coding of the data was generated.The Continuum of Change emerged as the primary category of the study and represented the dilemmas adolescents confront within the caregiving environment. This process consisted of 4 interrelated sub-categories: 1) A Missing Voice, 2) The Changing Family, 3) Coping, and 4) Reaching Out. Results from this study indicate that young adolescents employ a number of coping strategies while adapting to the caregiving context.

55

PERSONAL CARE SERVICES FOR THE POOR

A. J. LeBlanc, C. Harrington, Department of Social and Behavioral Sciences, University of California, San Francisco, CA 94143-0612.

Medicaid eligibles with long term care (LTC) needs are offered institutional placement as a mandatory entitlement. Yet many are better, and more economically, served with two optional Medicaid programs that carry personal care services (PCS): (1) The Title XIX Personal Care State Option Plan (26 states); and (2) The 1915(c) HCBS Waiver Programs (50 states). The former offers only PCS and must be offered statewide, to all groups. The latter offers an array of HCBS, including PCS, through "waivers" targeted toward specific populations at risk for institutionalization. As part of a HCFA-funded study of LTC we conducted telephone interviews with Medicaid officials administering these programs in all 50 states and D.C. Quantitative and qualitative are analyzed to examine: (1) trends in their implementation; (2) barriers to their expansion; and (3) critical issues for the future. PCS take a variety of forms, ranging from medical models where they resemble skilled nursing care to social models where the client essentially acts as the employer of his or her attendants, who may have little or no formal training. Attempts to incorporate social models are growing because of their grassroots popularity and, more directly, because they are cost effective. However, this trend heightens concerns about quality of care. States lagging behind in the expansion of PCS, in any form, continually battle budget constraints dictated by wary legislatures and powerful lobbies representing institutional care. Virtually all states face difficulties in recruiting and retaining a pool of PC providers. Medicaid officials are generally either leery or pessimistic about the idea of making these programs mandatory entitlements, which means that dramatic variation in PCS for the poor across states will remain.

USING FACILITY CHARACTERISTICS TO PREDICT QUALITY GROUP MEMBERSHIP IN OHIO NURSING HOMES

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Enhancing quality of care in nursing homes is a continuous challenge as the population ages and public funders seek to restrain long-term care expenditures. In a study of 919 Ohio nursing homes, quality was measured with several of the Wisconsin quality indicators, grouped in functional, psychosocial and clinical complexity domains, using MDS data from the state government. Facilities were categorized as better quality (15%; in the first or second quartile in all three domains), poorer quality (15%; only below the median), or mixed. Ordinal logistic regression was used to predict quality group membership from facility characteristics, derived primarily from 1997 Medicaid cost report data. Number of beds and average case-mix scores were found to be the only significant predictors of quality group membership; nurse staffing costs, type of ownership, and Medicaid and Medicare days as a per cent of inpatient days were not significant predictors.

ELIGIBILITY FOR IN-HOME RESPITE CARE FOR AFRICAN AMERICAN RURAL ELDERS

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Few studies have focused exclusively on factors influencing in-home respite care use of African American versus White elders who live in rural locations. This void in the literature keeps planners, providers, and policy makers from discerning the distinctive needs and life situations of physically impaired and poor, rural African Americans. Thus, this research examined whether older adults' ethnicity (African American versus White) and type of rural residence were associated with nurse case managers' determination of eligibility for in-home respite care service use, after adjusting for sociodemographic and physical and cognitive status characteristics. The study sample consisted of 775 older adults residing in the rural counties (63) of Arkansas and enrolled in a Medicaid waiver program for support services. Logistic regression analyses revealed that the combination of being African American and residing in rural counties of smaller population sizes combined with non-adjacency to metropolitan statistical areas were associated with a lower likelihood of being eligible for in-home respite care (Adjusted Odds Ratio [AOR] = .27; $p < .01$). Being married (AOR = 2.03; $p < .01$) and having greater difficulties performing activities of daily living (AOR = 1.41; $p < .0001$) and higher levels of cognitive impairment (AOR = 1.20; $p < .0001$) were associated with a greater likelihood of being determined eligible for in-home respite care. The presentation ends with a discussion on program planning, policy, and practice initiatives in light of the findings.

STATE PREADMISSION SCREENING PROGRAMS FOR LONG TERM CARE SERVICES

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The pre-admission screening model (PAS) was designed to help states more readily divert Medicaid eligibles away from nursing homes and toward cost-effective home and community-based services. Over the years, states have been increasingly challenged to use and expand the PAS in ways that accommodate the rapidly growing array of policies and programs that have evolved to offer long term care in the home and community. With data collected via in-depth telephone interviews with all 50 states and the District of Columbia, as part of a HCFA-funded study of long term care, we examined state variation in PAS processes and procedures. We found the majority of states have expanded their PAS to include a wide array of home and community-based services. Only seven states, however, appear to be developing a single PAS system that simplifies coordination of screening across programs. Others have developed separate screening systems by eligibility group. But a sizable minority of the other states has done virtually nothing to alter their PAS program in the face of these dramatic changes. In terms of administrative structuring of PAS, some states have adopted a state-level approach, while others have decentralized their PAS to the county levels. Implications of these trends for optimal structuring of PAS and consumer choice in the future are discussed.

A COMPARISON OF SPECIAL CARE UNITS (SCUs) WITH TRADITIONAL UNITS: SERVICE INPUTS AND BEHAVIORAL OUTCOMES.

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Using data collected in two NIA-funded studies of 360 residents of 10 nursing homes, a random effects model using SAS Proc Mixed was applied to examine behavioral outcomes.

Comparing SCUs with non-SCUs, it was found that SCU residents were more ADL-impaired at baseline, and that level of nursing (but not social service or activities) service input was directly related to impairment level in both SCUs and non-SCUs. Results suggested that, overall, nurses and nursing aides tailored the level of services they provided to the level of disability. However, in non-SCUs this relationship did not maintain for higher levels of disability.

Incremental service inputs by nursing aides had a significant impact on residents in terms of the reduction of behavior disturbance. Additionally, there was significantly greater reduction in SCUs than in non-SCUs in response to the same levels of service increase.

CAREGIVER PARTICIPATION IN AN INNOVATIVE TRAINING PROGRAM AND INSTITUTIONAL PLACEMENT OF ALZHEIMER'S DISEASE PATIENTS.

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Care for patients with AD, or Dementia of the Alzheimer's type, is particularly demanding as AD patients display significant behavior problems and need assistance with all basic functions. Research demonstrates that increased behavior difficulties are linked to decisions to institutionalize AD patients. 120 families with AD patients, with a formal AD diagnosis, were tracked over a two-year period (patients linked to the ADRDA Center in Palo Alto). All patients were in a progressed state of dementia at the beginning of the study in 1997. 60 families were randomly selected and offered an innovative training program for caregivers, developed earlier by the researcher. The program includes an awareness segment, a training and a problem-solving segment. The training program lasted 25 hours and the group met every 3 months for 4-5 hours, spread over a period of 12 - 15 months. At the end, it was noted that 86% of the group, which had not been, offered the training program, was in the process of institutionalizing their relatives or had already placed their relatives. In comparison, only 38% of the group, which had undergone the training program, had institutionalized their relatives. Factors like progression of disease, caregiver health and stress, home care services, resources, etc. could influence the placement of the AD relative. The scope of this study was restricted to the effective implementation of the training program, extensive caregiver interviews, testing caregiver self-efficacy and mood at the end of the study, along with institutional placement behavior of caregivers. It was hoped that a deeper understanding of an illness like AD, and learning better intervention and coping skills can further induce better acceptance of the disease, better caregiver health and better patient care.

Specialized Services Provided in U.S. Nursing Homes, 1996

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The aging baby boomers, the increase in life expectancy, and the desire to minimize the burden of nursing home care has drawn the attention of policy makers and researchers alike. Researchers estimate that the probability of needing nursing homes services is 60 percent for those ages 85 to 94. Thus, observations of the specialized services provided in nursing homes may furnish information needed for policy makers to adequately address challenges of long term care in the coming century. This poster presents the availability of specialized services in nursing homes. Data are from the 1996 Medical Expenditure Panel Survey (MEPS) Nursing Home Component (NHC), a survey of nursing homes and persons residing in or admitted to nursing homes at any time during 1996. This descriptive analysis shows the number of professional providers available on site, such as, psychiatrist, speech and physical Therapist, 76%, 89%, and 24% of facilities respectively. In addition there is a summary of the specialized services accessible such as tube feeding (84%), ventilator care (9%) and dialysis (8 %).

Health Status and Insurance Coverage Among Nursing Home Residents: Preliminary Data from the 1996 Medical Expenditure Panel Survey, Nursing Home Component.

A. N. Dey. Agency for Health Care Policy and Research, 2101 E. Jefferson Street, Suite 500, Rockville, MD 20852.

As the number of older Americans over age 75 increases, issues related to health status, access to long term care, it's cost and insurance coverage are of mounting importance to policy makers and health care researchers. The purpose of this poster is to present health status and insurance coverage among nursing home current residents.

Data are from the 1996 Nursing Home Component (NHC) of the Medical Expenditure Panel Survey (MEPS). The MEPS NHC is a national, year-long, panel survey of nursing homes and their residents. The NHC has a multistage stratified probability design, with facilities selected in the first stage and residents in the last stage.

Preliminary data show that most nursing home residents (93 percent) were enrolled in Medicare and over two-thirds of residents (68 percent) were enrolled in Medicaid. A small percentage of residents had long term care insurance. Data also indicate that regardless of age and gender, almost all nursing home residents (97 percent) had difficulties in one or more ADLs and over half (54 percent) had incontinence.

EXPENDITURES AND SOURCES OF PAYMENT, PRELIMINARY DATA FROM THE 1996 MEDICAL EXPENDITURE PANEL SURVEY, NURSING HOME COMPONENT.

J. Rhoades, Agency for Health Care Policy and Research, 2101 East Jefferson St., Suite 500, Rockville, MD 20852.

Nursing home care continues to be paid for largely by private funds and Medicaid. However Medicare's share has increased markedly from 1987. Thirty-two (32.2) percent of total expenditures were privately financed from the incomes and assets of nursing home users and their families, very little was provided through private insurance (3.3 percent). The Medicaid program financed most of the remainder (48.2 percent), leaving 14.6 percent of expenditures paid by Medicare and 1.7 percent by other sources.

Separate estimates are presented for expenditures per person, per day, and by sources of payment according to, demographic characteristics, and health status of nursing home residents. Differences in expenditures, by selected personal characteristics, between current residents, those residing in a nursing home on January 1, 1996, and those admitted to a nursing home during 1996 (first admissions) are discussed. Daily expenditures for different types of nursing home facilities and payers are also presented.

HOSPICE CARE FOR NURSING HOME RESIDENTS WITH DEMENTIA.

H. M. Braunschweig, M. S. Moss, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141. R. L. Rubinstein, University of Maryland, Baltimore, MD 21250.

Senior administrators from a nationwide random sample of nursing homes (NH) were surveyed (N=400) in order to determine how hospice is utilized in the terminal care for residents with dementia. In the NH where hospice is available (81%), half reported that none of the residents who received hospice care in the last year had end-stage dementia. More than half (55%) NH agreed that the reason hospice was not used for the most recently deceased resident with dementia was because the resident had end-stage dementia. A large amount (81%) of NH reported that their staff 'can handle the terminal care for residents with dementia, without referral to hospice'. Almost half (48%) of NH agreed 'there are barriers to referring a resident with dementia to hospice'. Three-quarters (75%) of NH agreed that a significant barrier in hospice use is difficulty in diagnosing a 6 month life expectancy for dementia residents. Ninety hospices providing services to the NH in our sample responded to a similar mail survey. Data from hospices are analyzed in the light of above findings from the NH. Implications for practice are explored. Funded by Alzheimer's Association Grant # RG3-96-033.

SELF-REPORTING OF PAIN AMONG NURSING HOME RESIDENTS: FREQUENCY AND DETERMINING FACTORS

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Pain assessment in the nursing home is a challenging problem. In most nursing homes, the staff depends on the resident's self-report of pain.

Objective: To study the prevalence and determinant factors of self-reported pain (SRP) in nursing home residents.

Method: A cross-sectional study of a randomly selected sample (n=107) of residents, aged 65-98 years (m=83±9), from an 899 bed long-term care facility. The study involved chart review and patient interviews. Residents were asked if they have pain at that point of time. If the answer was yes, they were asked to rate their pain on a scale from 1-3.

Results: The prevalence of SRP at the study time was 21%. The old-old (≥85 years) residents were less likely to report pain (5%) than the young-old (<85 years) residents (32%), p<0.05. SRP didn't relate significantly to either sex or race. Residents with cognitive impairment were less likely to report pain (13%) compared to those without cognitive impairment (35%), p<0.05. Depressed patients, on the other hand, were more likely to report pain (36%) compared to those without depression (16%), p<0.04. Of those who reported pain, only 66% were receiving some form of pain medications including acetaminophen.

Conclusion: Additional pain assessment tools and more effective strategies for pain management are needed in the nursing home.

CARE OF DYING NURSING HOME RESIDENTS WITH DEMENTIA.

M. S. Moss, H. M. Braunschweig, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141. R. L. Rubinstein, University of Maryland, Baltimore, MD.

Nursing homes (NH) were surveyed to examine how staff perceives the needs of dying residents with dementia. Focus was on dying residents, their families, their professional caregivers, and surviving residents. Senior administrators from a nationwide random sample of NH responded (N=400) to a mail survey. The average NH had 105 beds, and reported that 29 residents had died in the last year, half of whom had dementia. For the most recently deceased resident with dementia one in every five reported some disagreement amongst staff, family, and resident wishes for terminal care. About one-third of the NH (32%) provide in-service training around the issue of pain management for end-stage dementia residents. Very few (7%) of the NH with policies for terminal care indicated that the policies dealt specifically with dementia. In selecting best practices from a checklist: 82% reported 'keep resident comfortable', 48% 'staff treats resident like family', and 46% 'keep in close contact with family'. Three things checked that NH does least well: 63% reported 'training of staff around care of dying residents with dementia', 37% 'emotional support for staff', and 37% 'emotional support for other residents'. Data is examined for differences in NH ownership, size of NH, and presence or absence of Alzheimer's SCU. Implications for practice are explored. Funded by Alzheimer's Association Grant # RG3-96-033.

DISTRIBUTION OF HOME AND COMMUNITY-BASED LONG-TERM CARE SERVICES FOR THE ELDERLY IN NORTH CAROLINA (NC)

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With the expected increase in the older population coupled with the move towards providing long-term health care in the home and community rather than in an institution, states are beginning to grapple with the need to provide these services while simultaneously develop a state-wide long-term care policy. NC has outlined for the development of such a policy. In order to guide these efforts, we utilized data from the state's Department of Medical Administration to assess the distribution of home and community-based long-term care services for the elderly across all NC's 100 counties. The three home and community-based long-term care service programs in NC that we examined include: In-Home and Community Block Grant, Medicaid Waiver Program, and Personal Care Services. We calculated and mapped the relationship of these

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programs' supply capabilities to the percent of Medicaid aged eligibles and/or percent of the 60+ population by county. Our analysis reveals that there is notable variation across NC's counties in respect to the proportions of services and service mix across all three home and community-based long-term care services.

EMPLOYEE SURVEY AND JOB SATISFACTION IN LONG-TERM CARE

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Secondary data was used to determine similarities between Certified Nursing Assistants (CNAs) and Managers in five, varied nursing facilities, with regard to job satisfaction and the issues that are important to each group. Three analyses were completed on data collected from an employee survey. The Gap Analysis utilized percentages to compare responses; it indicated both groups had a large percentage of similar responses to 41 of 49 items. The Likelihood Ratio Chi-Square showed similarity between both groups on 5 items that were significant. The Pearson Correlation showed 6 items that correlated with job satisfaction for both groups. Although answers were similar, each group responded according to their own management paradigm of the facility, i.e., from the bottom up or the top down. It would appear that both groups were satisfied with their jobs (CNAs 67.73% and Managers 86.35%); desired to have their contributions recognized, felt that supervisors supported them, and tried to do a little extra on the job.

CAN WE TALK? A STUDY OF CAREGIVER COMMUNICATION STYLE AND JOB SATISFACTION

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This quasi-experimental study was designed to collect data from Certified Nursing Assistants (N=39), home health aides (N=27), and 6 other paraprofessional caregivers at four different long-term care facilities in the San Francisco Bay Area. Using Duran's (1988) Communication Adaptability Scale, this non-equivalent comparison group study examined relationships between communication skills and job satisfaction; it featured a communication in-service within the pre, post-test design. The findings identified the relationships between job satisfaction and communication skills. It would appear that the hypothesis that communication in-service training would affect job satisfaction for the Certified Nursing Assistants involved in this study has been supported by analysis of the data.

KEY PREDICTORS OF FUNCTIONAL STATUS OUTCOMES FOR PATIENTS RECEIVING HOME HEALTH CARE

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During 1998, the Center for Home Care Policy and Research at the Visiting Nurse Service of New York expanded a pilot Outcomes Initiative program to the entire agency. Standard, nationally validated clinician- and patient-based assessments, the Outcomes Assessment Information Set (OASIS) and the SF-12, were incorporated into routine clinical practice. The information obtained from these assessments is analyzed by the Center and disseminated to key decision makers within the agency to facilitate understanding of the patient population, development of new programs, improvement of service delivery patterns, and quality assurance efforts. During 1998, initial assessment data were collected for 37,795 patients. Case-mix adjusted models were used to understand how patient characteristics and/or services provided (i.e., Physical Therapy, Home Health Aide) impacted functional outcomes. Key factors examined included demographics, history of home care, inpatient usage, ADL/IADLs, informal supports, diagnosis and type of insurance. Patient's age at admission, dependence in medications and presence of key disease indicators (i.e., CHF and COPD) are highly predictive of improvement in functional status.

MDS ASSESSMENT OF DEMENTIA COMPARED TO AN EXPERT PANEL

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Studies of the prevalence of dementia in nursing homes (NHs) vary in the method of ascertainment; consequently prevalence rates vary as well, ranging from 25% to 67% in new admissions cohorts. Because the Minimum Data Set (MDS) is being increasingly used for research, policy, and treatment, it is important to compare the MDS-based rates of dementia with rates obtained by an expert clinical panel. In a sample of 1839 new admissions to 59 Maryland NHs with MDS information, an expert panel of neurologists, psychiatrists, and a geriatrician using information gathered from residents, family, staff, and medical records (but not the MDS) determined that 51% had dementia. The prevalence of dementia was 35% from MDS diagnosis. Both measures agreed that 45% (820) of residents had no dementia and that 30% (557) had dementia at admission. The MDS "missed" 21% (377) found by the panel, while the panel missed only 5% (85) of the dementia cases reported by the MDS. An examination of the MDS "missed" dementia cases (n=377) found them to be significantly older, less educated, more functionally (ADL) impaired on admission and had longer NH stays than the panel non-dementia cases. The mean MMSE of the "missed" dementia group was 13.8 compared to 10.7 for the MDS dementia group. The "missed" dementia cases had higher levels of comorbidity and RUG-III casemix index at admission than either the panel non-dementia or the MDS dementia cases. Results suggest that a considerable number of dementia cases, particularly those with high medical resource, may be missed when relying on MDS diagnoses alone.

THE RELATIONSHIP OF CHOICE TO QUALITY IN PERSONAL CARE SERVICES FOR THE ELDERLY

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As policymakers propose reforms to the health care system, home and community based services are experiencing rapid growth, consumers are demanding more choice in the delivery of services, and gaps in quality remain. Data are from the 1991 survey conducted for the Commonwealth Fund Commission on Elderly People Living Alone. In-home interviews of 879 Medicaid recipients of personal care services in Maryland, Michigan and Texas were conducted. Multivariate regression models controlled for recipient characteristics, which may influence perceptions of quality. Analyses were also performed to determine differences in perceptions by age and severity of functional impairment. Results show that aspects of choice most important to the elderly's perception of quality relate to interpersonal dimensions of the care environment. More objective indicators of choice, such as scheduling the aide, are not consistently related to quality. Stratification by ADL limitations and age show important differences. Additional findings include: 1) nonwhites were less likely to be satisfied and 2) elderly with informal assistance were less likely to be satisfied. The study provides clear evidence that the very disabled, low income population have views about choice and can make assessments about quality in personal care services. The study provides scientific evidence for policymakers attempting to develop consumer driven models of long term care. The study also defines elements of quality and choice which federal and state policymakers could implement through contracts with care providers.

ASSESSING OUTCOMES IN COMMUNITY SERVICES

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In addition to requiring diagnosis and treatment, a growing number of frail older adults require community services. The Goldman Institute on Aging is a major provider of community services for older adults in San Francisco. In an ongoing study, we evaluate clinical, social and service utilization outcomes for Alzheimer Day Care Center (ADC), Adult Day Health Care (ADHC) and Senior Health On Lok. With standardized questionnaires, we measure Quality of Life (SF 36), Cognitive Status (MMSE and SPMSQ), Functional Status (ADL/IADL), Depression (GDS), Caregiver's Burden and Service Utilization upon enrollment, 6 months after enrollment and 1 year after enrollment. Results show an improvement in Role Physical for ADHC enrollees 6months after enrollment ($p<.008$, $N=41$). MMSE scores remained stable for ADHC enrollees ($N=45$) and declined 2.16 points for ADC visitors ($N=30$). This result shows deterioration about 1.59 points less than the average expected deterioration for dementia patients without special support (3.75 points). At Senior Health Cognitive Status, measured with the SPMSQ, remained stable. At ADC and ADHC, no significant changes could be measured for Service Utilization. These results show the program's positive impact on Quality of Life and Cognitive Status. The paper will discuss these findings and the implications of our findings for service outcomes research. Finally we will discus difficulties in measuring outcomes in community settings.

BURNOUT IN NURSING ASSISTANTS WORKING ON SPECIAL CARE UNITS: DOES LEVEL OF CARE MATTER?

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Burnout related to negative work experiences has been correlated with the quality of resident care and staff retention in nursing homes. Nursing assistants (NAs) who work with dementia residents are particularly susceptible to burnout. Past research has typically compared burnout in staffs on dementia special care units (SCUs) to staffs on traditional units. This study explored the relationship between job satisfaction and burnout among 45 NAs working on advanced (n=20) and moderate (n=25) SCUs. There were no differences in demographic characteristics of NAs. In bivariate analyses, differences by level of care were found on one of three measures of job satisfaction and one of three measures of burnout. NAs on the advanced unit reported less involvement in decision-making and higher levels of emotional exhaustion compared to NAs on moderate units. In multivariate analyses, level of care remained strongly related to emotional exhaustion but unrelated to other burnout measures. Other correlates of burnout included communication and appreciation. Overall, NAs on moderate and advanced SCUs appeared similar, but future research using larger samples should continue to investigate issues around levels of care on SCUs.

A STUDY OF HOME CARE AND NURSING HOME USE PATTERNS IN OHIO.

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State and federal expenditures for in-home services under Medicaid have increased dramatically. For example, the Medicaid Home and Community-Based waiver program has increased from $451 million in 1987, to over $6 billion in 1997. Because of the substantial financial commitment that states have made to community-based care, this increase is accompanied by expectations from legislators about how such expenditures will effect nursing home use. This study tracks home care and nursing home utilization in Ohio for a six year time period, 1992-1997. The study reports occupancy rates in nursing facilities, population utilization rates of long-term care services, and the characteristics of those using home care and nursing home. Findings show that occupancy rates in long-term care facilities have dropped, and the number of older people using in-home services has increased. Older people using long-term care in both settings are becoming increasingly more disabled.

A Wholistic Group Therapy Model For Pain and Stress Management in the Nursing Home

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Traditional treatment models in the nursing home have been medically oriented, often relying entirely on pharmacological approaches. The nursing home resident as an active participant in the healing process is often overlooked, and yet recent research has indicated that elderly patients with chronic pain can benefit from the use of alternative, non-pharmacological techniques.

An ongoing group therapy program for chronic pain, anxiety and distress, modeled on the Mindfulness Based Stress Reduction Program at the UMass Medical Center, was introduced into a 514-bed academic nursing home. Group members practiced breathing exercises, meditation, visualization and guided imagery. Music and aromatherapy were also utilized to provide a calming milieu. In addition, group tasks focused on reframing responses to difficult situations and empowering the residents. Members are taught to practice techniques in response to pain and stressful episodes.

Pre and post tests, using the Coop scales measuring emotional well being and level of pain, indicate a decrease in pain as well as an improved sense of well-being and increased relaxation following the group. A control group of residents with similar needs who receive a weekly therapeutic recreation activity is being utilized for comparison. A mindfulness based approach appears beneficial for nursing home residents with chronic pain.

THE QUALITY OF LIFE OF DISABLED VETERANS IN ASSISTED LIVING: A LIFE COURSE PERSPECTIVE

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The VA operates a program, known as the Community Residential Care Program (CRCP), which places disabled veterans in VA-approved assisted living facilities (ALFs) as an alternative to nursing homes. However, little is known about the experience of veterans living in these facilities. In this pilot study, a life course perspective was used to determine how disabled veterans viewed their quality of life after making the transition into assisted living. In-depth interviews were conducted with 11 male veterans living in 8 low-to-moderate-income ALFs certified for the CRCP. Grounded theory methodology was used to analyze the data. Findings showed that significant domains of quality of life included independence and autonomy and meaningful activities and relationships. Factors identified as barriers to veterans' quality of life included lack of income and social support, mental and physical impairments, and alcohol and drug addiction. For some veterans, the support provided by the CRCP had significant positive impact on their quality of life.

A CRITICAL ANALYSIS OF THE PRIVATE, PERSONAL ASSISTANCE MODEL OF ELDER HOMECARE: LESSONS FROM ONE CITY'S POLITICAL ECONOMY.

S. Keigher, University of Wisconsin-Milwaukee.

Consumer-direction in home and community care is associated with public and private direct-payment of independent, self-employed personal care workers, user choice of worker and control in the scheduling and assignment of worker tasks. Seeking the strengths and limitations of this model in practice, this qualitative study analyzed interview data collected separately from 40 disabled older clients, their family caregivers, and their self-employed (non-agency) personal care workers. In 20 cases higher-income consumers were paying workers privately; in 20 others a public subsidy program paid low-income clients' workers. In all 40 cases, elders and families choose and/or hire, supervise, schedule and manage their "own" homecare workers.

Analysis--comparison of narratives and between-group and within-group differences--reveals how structural and interpersonal power between the client and worker relates to their financial, social and geographic proximity, shaping how independent care arrangements are established and maintained. Power embedded in these extant arrangements suggests the need for caution against wholesale adoption of market principles in the financing of social provisions for disabled elders.

Los Angeles City Needs Assessment: Implications for City-wide Planning of Long term Care Services

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This paper exams the results of a city wide needs assessment survey of the population age 40 to 59 residing in the city of Los Angeles in 1997. Respondents were asked what needs they believe they will have upon retirement in four service areas: community based long term care services, social services, housing, and caregiver support. A chi-square analysis was performed to assess whether there were differences in perceptions of need between men and women, high and low income individuals, Hispanics and Non-Hispanic Whites, and respondents with and without children. The results find that women were more likely to report need for transportation, men reported higher need for community based long term care services, Hispanics report need for social services, and respondents without children perceived higher need for all areas of service. Next, an OLS regression analysis was conducted to examine what factors were related to perceptions of need for services upon retirement. The results find that low income, gender (male), and not having children predicts greater need for services upon retirement. The service most often cited by respondents as needed in retirement was community based long term care. The results highlight the importance of assessing the needs of future cohorts of retirees so that service delivery systems can be developed that mesh with the populations needs.

57

AGING SUCCESSFULLY: THE PSYCHOLOGICAL ASPECTS OF GROWING OLD

with Paul Baltes, Ph.D. and Margret Baltes, Ph.D.

Systematic examination of old age is a new field inspired by the unprecedented number of people living long enough to become elderly. Developmental psychologists Paul and Margret Baltes have proposed a model of adaptive competence for the entire life span, but the emphasis here is on old age. Their model SOC (Selection, Optimization and Compensation) is illustrated with engaging vignettes of people leading fulfilling lives, including writers Betty Friedan and Joan Erikson, and dancer Bud Mercer. Segments of the cognitive tests used by the Baltes in assessing the mental abilities of older people are shown. The Baltes discuss personality components that generally lead to positive aging experiences in this visually and intellectually appealing video.

Frances Davidson, President, Davidson Films,
668 Marsh Street, San Luis Obispo, CA 93401
(805) 594-0422
½ inch VHS 31 minutes (1997)

58

GSA HUMANITIES AND ARTS COMMITTEE SPONSORED VALUES DILEMMA SYMPOSIUM PRE-SYMPTOMATIC SCREENING FOR ALZHEIMER'S DISEASE

Jon D. Fuller, MD, San Francisco VA Medical Center, 4150 Clement St., San Francisco, CA 94121, organizer

Participants:

Bruce L. Miller, M.D., (University of California, San Francisco, CA) Genetic Risk Factors for Alzheimer's Disease

Marshall B. Kapp, JD, MPH, (Wright State University, Dayton, Ohio) Genetic Testing for Alzheimer's Disease: Can (and Should) the Law Catch Up With the Science?

Ernie Young, Ph.D., (Stanford University, Stanford, CA) Pre-symptomatic Testing for Alzheimer's Disease: Ethical Issues

David W. Coon, Ph.D., (VA Palo Alto Health Care System, Palo Alto, CA) The Psychological Impact of Genetic Testing for Alzheimer's Disease

This session is one in a continuing series of Values Dilemma Symposia developed each year by the Humanities and Arts Committee. This year's symposium explores the emergence of new biotechnology that permits the early detection of Alzheimer's disease. This technology is being heavily marketed across the country as a way for families to "know for sure" whether a relative has Alzheimer's disease. The session will cover the biochemical basis for and reliability of the screening test, as well as the potential ethical, psychological, and legal implications of the availability of such information.

60

Nutrition and the Frail Elderly

Co-Chairs, Roger B. McDonald, Department of Nutrition, University of California, Davis. Connie Bales, GRECC, Durham VA Medical Center and Department of Medicine, Duke University Medical Center

Participants

Roger B. McDonald, Department of Nutrition, University of California, Davis. Introduction: Common Nutritional Problems in the Frail Elderly

Cynthia Blanton, Department of Nutrition, University of California, Davis. The Anorexia of Aging: Involvement of Hypothalamic Neuropeptides

Heidi White, Department of Medicine, Duke University Medical Center. Weight Change in Alzheimer's Disease

Connie Bales, GRECC, Durham VA Medical Center and Department of Medicine, Duke University Medical Center. Practical Concerns in the Nutritional Support of Frail Elderly

The elimination of many life-threading diseases has resulted in a growing population of elderly with chronic illness. The progression of chronic illness often leaves many within this population frail. Nutritional support of these frail elderly requires special attention. In this symposium, we will address the important issues of nutrition and the frail elderly. The symposium will begin with a detailed introduction to general considerations of health in frail elderly and common nutritional inadequacies of this population. Dr. Blanton will present her work on a novel model for anorexia of aging that suggests a link among rapid weight loss, attenuated food intake, and altered sensitivity to specific hypothalamic neuropeptides. Nutritional intervention in the well-characterized weight loss observed in Alzheimer's patients will be presented by Dr. White. Finally, Dr. Bales will discuss the application of clinical nutrition principles to specific frail elderly conditions. (sponsored by the Nutrition Interest Group) BS-2, CM-18.

Introduction: Nutrition and the Frail Elderly Roger B. McDonald, Department of Nutrition, University of California, Davis.

The increase in size of the population over the age of 85, the oldest old, has resulted in a growing number of frail elderly. The exact count of persons comprising this group is unknown. Conservative estimates suggest that as many as 45% of those over the age 85 years can be considered frail. The primary condition resulting in frailty, e.g., a broken hip, can often lead to secondary nutritional problems. For example, intestinal surgery can lead to atrophic gastritis that, in turn, causes malabsorption of Vitamin B12. Although alterations in micronutrient metabolism are common among the frail, the majority of nutrition-related problems in the frail elderly are associated directly with insufficient food (energy) intake and a concomitant reduction in body weight. Recent evidence suggests that body weight loss caused by attenuated food intake in the frail elderly may reflect an underlying biological mechanism that is independent of the primary condition or change in lifestyle. Nonetheless, it is well recognized that the principle preventative and intervention strategy for frail elderly is to stabilize body weight by increasing food intake. Nutritional and possible pharmacological interventions for increasing food intake will be discussed.

The Anorexia of Aging: Involvement of Hypothalamic Neuropeptides. CA Blanton. Department of Nutrition, University of California, Davis 95616.

The anorexia of aging in humans is characterized by spontaneous body weight loss reflecting diminished food intake. We previously reported that old senescent rats undergoing a similar phenomenon of progressive weight loss display changes in feeding behavior, including reductions in meal size and duration. Attenuated food intake in the senescent rat did not reflect alterations in selection for palatable or nutrient dense food. These data led us to hypothesize that altered food intake in the senescent anorectic rat involves a blunted responsiveness to neuropeptide Y (NPY), a potent stimulant of feeding. Younger (8 mo) and older (25 mo) senescent male Fischer 344 rats received intracerebroventricular injections of NPY and were monitored on a computerized food intake analysis system. In response to the maximum effective dose, younger rats showed respective increases of 919% ± SE 331% and 485% ± 298% in the size and duration of the first meal post-injection; latency to feed was reduced from 17.6 ± 8.3 min in CSF-injected rats to 3.3 ± 0.73 min in NPY-injected rats. In contrast, preliminary data suggest that the senescent rats do not exhibit as robust a feeding response to NPY as do their younger counterparts. Together, these data suggest that hypothalamic neuropeptides may play an important role in body weight regulation in the senescent anorectic rat.

Weight Change in Alzheimer's Disease. H White. Department of Medicine; Duke University Medical Center and Geriatric Research, Education and Clinical Center, Durham, N.C. 27710.

Studies indicate that Alzheimer's disease (AD) is associated with weight loss. To evaluate this relationship in greater detail, we conducted ancillary analyses of data collected by the Consortium to Establish a Registry for Alzheimer's Disease. Results show that AD subjects were 2.3 times more likely to experience a 5% or more weight loss during the study than controls. AD subjects also had significantly greater maximum weight loss over one year and significantly higher standard deviation of measurements per subject compared to controls. Surprisingly, AD subjects were more likely to gain 5% or more of their weight than controls. Survival analyses indicate that weight loss increases while weight gain decreases the risk of mortality for AD subjects. Our findings suggest that weight loss is a potentially serious associated symptom of AD that is fairly common, even in healthy subjects living at home. Weight loss can occur throughout the disease process, but is more common as the illness becomes more severe. These findings will be discussed in relationship to possible intervention strategies.

Practical Concerns in the Nutritional Support of Frail Elderly. C.W. Bales, GRECC, Durham VA Medical Center and Department of Medicine, Duke University Medical Center.

Nutritional risk factors normally associated with the aging process are amplified in the frail elderly individual. Physiological/medical risk factors include loss of appetite, poor taste acuity, problems chewing or feeding oneself, dysphyagia, gastric complaints, atrophic gastritis and diet-medication interactions. Psychological and cognitive risk factors include depression, disorientation, and dementia. Social factors, which may predispose elderly to nutritional deterioration, include economic difficulties, educational or language barriers, problems with access to food, social and/or residential isolation, and institutionalization. Special adaptations of nutrition assessment tools are necessary in order to take these factors into account. Interventional nutrition strategies for preventing or correcting nutritional problems may include food assistance programs, home delivered meals, speech or occupational therapy, feeding groups, and enteral feedings. In treatment, individualization is key since each of these strategies has unique contributions/drawbacks. Our studies with moderately to severely dysphagic elderly indicate that a multidisciplinary approach

yields the best results. Interventions need to be crafted by a team of caregivers (including the physician, nutritionist, speech pathologist, occupational therapist, social worker, and others) and structured in a dynamic fashion so that alterations can be made according to the individual's needs. We propose an interdisciplinary approach to assessment and amelioration of nutritional problems in the frail.

61

FUNCTIONAL GENOMICS AND AGING

E. Wang, Bloomfield Ctr. for Research in Aging, Lady Davis Inst. Jewish General Hosp., and Dept. of Med., McGill Univ. Montreal H3T 1E2 Quebec, Canada

The advent of the human genome project has brought us unprecedented riches of technology and bioinformation, and has provided us the platform to investigate the underlying mechanisms controlling the aging process from a complex system approach, with the ability to mount a global attempt at identifying all the genes involved in the aging process, how they function, and how their dysfunction results in age-dependent abnormality. Based on the accomplished riches of the single gene research endeavor, armed with technology such as biochips, bioinformatics, as well as single-cell cDNA libraries, we are now able to ask previously unfathomable questions, i.e. what are the hundreds of genes regulating a single cell, or a tissue, or an organism in experiencing the aging process? In this symposium, Dr. Marcelle Morrison-Bogorad of the National Institute on Aging (NIA) will discuss the National Institute of Health (NIH)-wide effort on the Brain Molecular Anatomy Project (BMAP). Dr. Anna McCormick of the NIA will present the development and accomplishment of NIA's efforts in the investigation of Longevity Assurance Genes (LAG). Dr. Michal Jaswinski will discuss the success of the Yeast Genome Project and its significant contribution to the understanding of aging in higher organisms. Dr. Eugenia Wang will present the high-throughput approach to identifying extreme longevity genes, using centenarian populations to investigate gene expressions associated with the human aging process. The symposium is intended to give a "bird's eye" view of the impact of the biotechnology revolution on aging research, leading us to the 21st century's quest of how to improve the quality of life and attain successful aging.

62

TRAINING FOR GERIATRIC CARETEAMS: LOGISTICS, CURRICULUM, AND EVALUATION RESULTS

S. Moore, FPB School of Nursing, CWRU, Cleveland, OH 44106 and N. Whitelaw, Henry Ford Health System (HFHS), 1 Ford Place-3A, Detroit, MI 48202.

S. Moore (CWRU) and N. Wadsworth (UHHS) Team Training Curriculum

M.B.Tupper, J. Castle (HFHS) and P. Whitehouse, (CWRU) Integrating Team Training into the Clinical Setting

J.H. Rose, B. Miller, and K.J.Ishler (CWRU) Documenting Communication Among Core Members of Geriatric Interdisciplinary Teams

N. Whitelaw (HFHS), D. Bass (BRI) J.H. Rose, B. Miller and K. Ishler (CWRU) Impact of Training on Attitudes and Knowledge about Team Care

Discussant D. Reuben, UCLA School of Medicine

The objective of this symposium is present a model for training current practitioners to work in geriatric interdisciplinary teams, and to describe research results on team communication and training outcomes.

The value of team care for frail elderly patients is widely accepted among geriatric providers. Combining the knowledge and skills of multiple disciplines is the best way to help complex, frail patients. Yet, geriatric and gerontological training within key disciplines (e.g. medicine, social work, and nursing) emphasizes the contribution that each professional can make, and rarely imparts the skills necessary to function as part of an interdisciplinary team. It has been assumed that working as a team would come naturally to providers who care for the same patient.

For three years, the Great Lakes Geriatric Interdisciplinary Team Training Program has been training current practitioners at the Henry Ford Health System (HFHS) in Detroit, and the University Hospital Health System (UHHS), the VA Health System and the Benjamin Rose Institute (BRI) in Cleveland, to function in interdisciplinary learning teams. Our training approach builds upon learning theory models integrated with practical tools and strategies for team building. It incorporates both didactic and experiential learning. We have trained 150 providers in medicine, nursing, social work and pharmacy, who practice at 18 sites of care. The majority of teams provide primary care, but we have also trained inpatient, home care, nursing home and PACE teams. A pre-post design has measured the impact of training on knowledge and attitudes about teams. We have supplemented these analyses with a study of interdisciplinary interaction in 5 of the teams. The symposium will describe our curriculum, efforts to integrate training into clinical care, and the results of our evaluation. (This work is supported by The John A. Hartford Foundation and the Cleveland Foundation.)

CURRICULUM FOR TEACHING REFLECTIVE TEAM CARE

S.M. Moore, School of Nursing, and N.S. Wadsworth, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, Ohio, 44106.

Our Interdisciplinary Geriatric Leaning Team Curriculum focuses on training practitioners to function as learning teams. As a next generation of team care, a geriatric learning team differs from a traditional geriatric care team in that it is committed not only to the provision of quality care to patients and their families, but also to learning about the *continual improvement* of the care given. Our curriculum focuses on the acquisition of the knowledge and skills associated with teamwork, interdisciplinary thinking, geriatric care, and continuous improvement methods by geriatric practitioners. In an initial 1-day training workshop participants are introduced to interdisciplinary team roles, the learning team concept, and learn to use a series of tools to support clinical teamwork, such an interdisciplinary team case discussion record and the 7-step meeting process. Team case studies that address several geriatric syndromes (e.g., incontinence) are used by the teams to enhance mastery of geriatric skills. A Team Learning Guide that address topics on team process (i.e., group decision-making techniques) and geriatric care issues (i.e., ethical dilemmas) is available to all teams. Care teams meet approximately weekly for 7 months with the assistance of a facilitator as they engage in a series of learning cycles to improve the care the give to a set of patients. In the context of doing this work together, team members learn to reflect on their team processes with the goal of continual improvement of care. A Web-based computer support learning system has been built to augment team learning and encourage sharing of experiences among the teams. In progress and wrap-up workshops, teams from multiple clinical sites come together and share their experiences with team care and discuss ongoing issues they confront in their efforts to give interdisciplinary team care.

INTEGRATING TEAM TRAINING INTO THE CLINICAL SETTING M.B.Tupper, J. Castle (HFHS) and P. Whitehouse (CWRU). From the beginning, the GLGITT leadership knew that it would be challenging to integrate team training into the demands on clinicians. Those demands have only gotten more intense during our three years of training. Our approach to working with clinical sites has centered around three principles: solicit sites to participate based upon predetermined criteria for "readiness;" support teams during the training period with facilitators, tools, and a focused curriculum; listen to the trainees and revise the program to meet the changing demands of clinical practice. "Readiness" was determined multiple criteria, including: availability of at least two of three core disciplines, enthusiasm for geriatric care and team training, large population of geriatric patients, administrator and clinician support for team meetings, space and scheduling for team meetings, access to Internet, and release time for workshops. Ongoing support of teams in training is required--especially the use of facilitators, team process tools and care plan tools. Finally, our approach changed over the three years as we adapted to clinician need (e.g. shortening and bringing more focus to workshops, including geriatric content as well as teamwork content).

In retrospect, there are other key issues that an interdisciplinary geriatric training program should address: geriatric vs. general internal medicine practice sites, level of geriatric skills or knowledge of clinicians, how to select patients for team care, payment environment, and reluctance of general internists to become known as senior-friendly physicians. Overall, our efforts to get administrative support were stymied by the lack of empirical data on the value of geriatric interdisciplinary team care.

DOCUMENTING COMMUNICATION AMONG CORE MEMBERS OF GERIATRIC INTERDISCIPLINARY TEAMS
J.H. Rose, B. Miller, & K.J. Ishler, (CWRU)

The purpose of this project was to develop a coding scheme to analyze communication content and processes of triadic geriatric interdisciplinary teams. Five practitioner teams within the Great Lakes Geriatric Interdisciplinary Team Training Project were audiotaped during 1998. The facilitator of each team identified the lead physician, nurse and social worker on the team and arranged a one-time team meeting of this triad to discuss a current complex geriatric case. These audiotaped meetings were examined to test the feasibility of accurately documenting communication as it naturally occurs among interdisciplinary team members in triads. Tapes were transcribed and coded using the Roter Interaction Analysis System (RIAS) that was modified to assess triadic communication. Physician, nurse and social worker communication was analyzed at the level of utterances and coded, as appropriate, according to RIAS categories. Six important new categories were developed in order to classify team practice and team processes.

The focus on coding triadic team communication may limit the generalizability of findings to the field due to recent changes in the profile of teams (i.e., the number and diversity of health professionals involved in teams). However, there is continued expressed demand for studies that attempt to document communication processes beyond dyads, starting with triads. This project contributes to methodology andknowledge about triadic team communication. A refined coding scheme will be useful in detecting changes in patterns of communication among coremembers of geriatric interdisciplinary teams.

IMPACT OF TRAINING ON ATTITUDES AND KNOWLEDGE ABOUT TEAM CARE. N. Whitelaw (HFHS), D. Bass (BRI) J.H. Rose, B. Miller and K. Ishler (CWRU) The Great Lakes Geriatric Interdisciplinary Team Training (GITT) program is part of a national GITT demonstration. The GITT Resource Center at NYU, working with the training programs and consultants, has developed multiple methods (trainee questionnaire and written case studies) to measure the impact of training on attitudes toward teams and geriatric patients, and on knowledge of interdisciplinary geriatric care. Each of these methods is administered before and after the 4-7 month training program. We have analyzed preliminary data on attitudes toward teams for 75 current practitioners (advanced practice nurses, social workers, physicians and other health care professionals). There were statistically significant pre-post changes on 3 of 5 attitude scales, with the greatest improvement among providers with prior team training or prior geriatric experience. These findings suggest that our training model may have the greatest impact on clinicians with prior exposure to interdisciplinary geriatric care concepts. At the end of this training cycle (May), we will have pre-post attitudinal data on over 100 practitioners and case study data on 40 practitioners. These data will allow us to better understand which types of practitioners (differentiated by previous experience in geriatrics, previous team training, and discipline) are most likely to benefit from an interdisciplinary training program.

63

Communicating with Persons with Dementia
Sheryl Yauk, Scott and White Santa Fe Center, PhD student
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76502

Participants:
B Hopkins (Director, Clinical Staff Development & Nursing Research, Scott & White Hospital, AMU Health Science Center, Temple, TX) Communicating with Persons with Dementia: The Impaired Person's Perspective
G J Acton (Assistant Professor University of Texas at Austin, Austin, TX) Modeling and Role-Modeling: Theoretical Perspective for Communicating with Persons with Dementia
P Mayhew (Nursing Research Consultant, Central Texas Veterans Health Care System, Temple, TX) Receiving Communication from the Client with Dementia

The need to understand dementia from the perspective of the person with the disease has been recognized. Identifying the needs of a person with dementia begins with efforts to understand their attempts to communicate. Communication with dementia clients must be geared to receiving the verbal and nonverbal messages they are sending so that we can

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adequately assess their needs and plan interventions to meet those needs. When individual needs are met, stress is reduced, problematic behaviors decrease, and quality of life is enhanced.

The communication difficulties associated with dementia change over time as the disease progresses. During early stages person may attempt to conceal dementia related loses using confabulation to conceal the inability to remember. As the disease progresses word finding and other loses interfere with communication. Nonverbal behaviors become even more important as the client's ability to verbalize decrease.

Kempler has studied changes in language that create communication difficulties, while Bayles and others have examined communication for meaningfulness in persons with dementia. Our initial research revealed that persons with various stages of dementia were capable of meaningful communication and that this communication could be interpreted. Subjects revealed that they were aware of their cognitive limitation but less aware of physical ones. Evidence of normal lifespan development was apparent in 50% of subjects.

The purposed program of research will use Modeling and Role-Modeling (MRM), a nursing theory as the framework. This theory uses the perspective of the client, even a demented individual, as the primary source of information.

This symposium will review the difficulties associated with communicating with persons with dementia, critique other research findings related to communicating with persons with dementia, report the findings of our initial qualitative study and describe the progress of our funded research project related to communicating with persons with dementia. This research program is being undertaken to develop a care model of communication interpretation techniques which facilitate the development of client centered care for persons with dementia. CM-17

Communicating with Persons with Dementia:
The Impaired Person's Perspective. B. Hopkins, Director, Clinical Staff Development, Scott and White Memorial Hospital, AMU Health Science Center Temple, TX 76508

Twenty pre-intervention interviews of persons with dementia were selected at random to be included in a secondary analysis. The aims of the research were to 1) to identify meaningful communication episodes received from individuals with dementia 2) to cluster meaningful communication episodes received from individuals with dementia into themes of meaning. Modeling and Role-Modeling, a nursing theory that values the perspective of the client was used as the conceptual frame work. Trustworthiness of the findings was achieved through procedures to ensure credibility (researcher consensus) consistency (inter-rater and intra-rater reliability), dependability (training of interviews) and transferability (subjects representative of study population). Eighteen themes of communication were identified. The most frequent themes found in the data transcripts included actual laughter, positive statements about family cargivers, awareness of cognitive limitation, repetitive ideas or speech, and positive statements about the past. The research indicated that individuals are aware of their cognitive limitations but less aware of their physical limitations. Evidence of normal lifespan development was found in over 50% if the sample. In conclusion, individuals with dementia are capable of meaningful communication regardless of their Mini-Mental Status Examination scores and this communication effort can be interpreted.

Modeling and Role-Modeling: Theoretical Perspective for Communicating with Persons with Dementia. G. J. Acton, Assistant Professor, University of Texas at Austin, School of Nursing, Austin, TX

When two people come in contact, communication occurs, even in situations where no words are spoken. Both verbal and nonverbal behaviors are part of the communication process. In order for family or professional caregivers to care for persons with dementia, communication must occur. However, most research is aimed at demonstrating how caregivers can communicate more effectively *to* the impaired person while research exploring communication *from* persons with dementia remains largely unexplored. We believe this to be detrimental to the care of persons with dementia and base our beliefs within the theoretical framework of Modeling and Role-Modeling (MRM) theory. MRM theory holds that the perspective of the client is the primary source of information to be used to develop nursing interventions. Reality as perceived by the client, even one with dementia, constitutes the reality of the situation. In MRM terms modeling a client's world means building an image of the client's perspective of the situation and role-modeling is the use of the client's model of the world to develop client-centered interventions. In addition, the research is based on the assumption that all behavior has meaning and that meaning can be elicited by others. If communication from persons with dementia can be interpreted by others, care based on the person's expressed needs can be planned and implemented, thus increasing positive outcomes for the dementia client.

Receiving Communication from Persons with Dementia
P. Mayhew, Nursing Research Consultant, Central Texas Veterans Health Care, Temple, TX

Persons with dementia have needs, preferences, and desires that need to be expressed. Communication with persons with dementia must be geared to receiving both the verbal and nonverbal messages they are sending.

This presentation will describe the progress of our current funded project on communication with persons with dementia. Fifteen subjects with various stages of dementia (mild, moderate, and severe) will be video taped during a communication session with a clinical nurse specialist. The aim of this exploratory descriptive study is to analyze and gain a better understanding of the meaning of communication received from persons with dementia through careful listening, an iterative analysis process, and a process of triangulation and consensus. Research questions include 1) What themes emerge in their communication? 2) What nonverbal behaviors do they display? 3) What meaning can be attributed to their verbal and nonverbal responses through triangulation and consensus analysis? 4) Do the verbal themes and nonverbal behaviors differ in various stages of the disease?

The presentation will include a description of the study methodology and plans for data analysis. It will also include a discussion of descriptive and narrative data available to date. This study is the first step in building a body of knowledge regarding communication from persons with dementia so caregivers can better interpret their needs and plan care to meet those needs.

64

REDUCING PHYSICAL RESTRAINTS IN HOSPITALS: LESSONS LEARNED

L. Mion Cleveland Clinic Foundation (CCF), 9500 Euclid Ave, Cleveland, OH 44195 & R. Leipzig Mount Sinai Medical Center, 1 Gustave Levy Place, NYC, NY 10029

Participants:

L. Mion (CCF)& A. Minnick, (Rush, Chicago), C. Berkman (Fordham, NYC). Variation in Patterns of Restraint Use in Hospitals

R. Leipzig (MSMC),& A. Minnick (Rush, Chicago). Administrative and Organizational Characteristics Associated with Restraint Use

J. Fogel, T.Cranston, (St. Vincent Medical Center, NYC) L.Mion & S. Sandhu (CCF), C. Berkman (Fordham) Reducing Physical Restraints on General Hospital Units: Outcomes and Issues

S. Sandhu, L Mion (CCF), J. Fogel, T. Cranston (SVMC), C. Berkman.(Fordham) Outcomes and Issues in Reducing Restraints in the ICU.

R.Palmer (CCF, Cleveland). Balancing the Risks and Costs with the Benefits in Reducing Restraints

Discussant: J. Dermot Frengley (Coler-Goldwater Memorial Hospital, NY, NY 10044).

Hospital personnel are under pressure to reduce the use of physical restraints. Little is known regarding the related clinical implications or costs for hospitals. This symposium will present data from a recent multisite study that endeavored to reduce physical restraints in the acute and critical care settings. Participants will describe variation in prevalence and patterns of restraints over three years using overall crude rates, and rates by types of unit, patient age, and institution. Organizational and administrative characteristics associated with frequency of physical restraint use and their implications will be described. The acutely ill patient presents challenges not found in nursing homes. Interventions used on general units and ICUs with related outcomes will be presented. Balancing the costs and complications associated with restraint reduction will be addressed. Implications for practice, policy and education are discussed.

VARIATION IN PATTERNS OF RESTRAINT USE IN HOSPITALS.

L. Mion Cleveland Clinic Foundation, 9500 Euclid Ave, Cleveland, OH 44195;A. Minnick Rush-Presbyterian-St. Luke's Medical Center, Chicago,IL 60612; C. Berkman, Fordham, NYC,10023.

To determine restraint use in relation to a restraint reduction program implemented in 6/98, 3 annual prevalence studies were conducted Feb-March, 1997-1999 at 3 teaching hospitals in different cities. Over 150,000 patient-observations were made. Sites varied in overall rates and by units. Overall rates in 1997 & 1998 were: Site A: 4.0% & 3.6%; Site B: 5.8% & 7.1%, Site C:8.0% & 7.6%. Greatest variation was found in ICUs: Site A:11.9% & 15.8%; Site B:25.7% & 30.5%; and Site C:31.8% & 21.5%. For both years at all sites, the major reason was to maintain therapies (>65%). Restrained patients were older, had more inter-unit transfers, higher mortality rate, and longer stays compared to unrestrained patients($p<0.001$).The proportion of restrained patients with more than one restraint type was:13% Site A, 24% Site B, & 36% Site C. Variation in rates, especially ICUs, greater mortality and morbidity among restrained patients, and differences in degree of restraint restrictiveness point to the need to determine best practices in care of critically ill adults.

ADMINISTRATIVE AND ORGANIZATIONAL CHARACTERISTICS ASSOCIATED WITH RESTRAINT USE.

R. Leipzig, (Mount Sinai Medical Center, NY); A. Minnick (Rush-Presbyterian-St. Luke's, Chicago).

Background: Use of physical restraints varied by as much as threefold among 3 teaching hospitals. An extensive study of MD and RN attitudes and knowledge revealed no differences among sites. This led to the need to identify the non-individual clinical controlled variable that may influence use.

Objective: To identify differences and similarities in administratively controlled variables that may be associated with physical restraint use.

Methods: *Design:* 1999 survey. *Sample:* 3 urban, teaching medical centers in midwest and eastern US; > 80 MDs, RNs, administrators. *Variables:* organizational values, labor input, employment condition, computerized input, patient characteristics. *Procedure:* Individual administrator interviews, reviews of administrative data bases and unit characteristics were completed to compare 32 variables at the hospital and selected unit level.

Results: Available at time of presentation.

Implications: Identifying which administratively controlled variables might be manipulated may help achieve the greatest reduction in physical restraint use.

REDUCING PHYSICAL RESTRAINTS ON GENERAL HOSPITAL UNITS: OUTCOMES AND ISSUES.

J. Fogel, T. Cranston (St. Vincent Medical Center, NYC, 10011);L Mion, S. Sandhu (CCF, Cleveland, 44195); C.Berkman (Fordham, NYC, 10023).

Objective: To determine the effectiveness of a restraint reduction program on general hospital units.

Methods: *Settings:* 6 units at 2 teaching hospitals:3 medical,2 neuro, and 1 surgical. Baseline restraint ranged from 1.5% (surgical) to 10% (neuro). *Subjects:* Those with physical restraint, who fell or self-terminated therapy, or considered at-risk by nurses. *Variables:* Falls, physical restraints, LOS, therapy self-termination, demographics, interventions.

Results: To date, > 500 patients have been enrolled; 55% men, average age 70. Reasons were: confusion (> 50%), disrupt therapy (49%), fall (29%), and agitation (33%). On 4 floors, restraint rates decreased 23% to 42% from baseline. On both neuro floors, little change occurred. Falls and therapy disruption rates remained unchanged and few major injuries occurred as a result. Most suggested interventions were implemented.

Conclusions: Restraint reduction can be achieved safely with general medical-surgical patients. Certain patient populations, such as acute neuro, require further study.

OUTCOMES AND ISSUES IN REDUCING RESTRAINTS IN THE ICU.

S. Sandhu, L.Mion, R.Palmer,(CCF,Cleveland, 44195); J. Fogel, T. Cranston (St. Vincent Medical Center, NYC, 10011); C.Berkman (Fordham, NYC, 10023),RM.Leipzig(Mt. Sinai Medical Center, NYC).

Objective: To determine safety and efficacy of a restraint reduction program in the ICU setting.

Methods: *Settings:* 6 units at 2 teaching hospitals:2 Neuro ICU, 2 SICU, 2 MICU. Baseline restraint rates ranged from 20% (neuro) to 40% (surgical). *Subjects:* All with physical restraint or self-terminated therapy. *Variables:* Physical restraints, therapy self-termination & outcomes, demographics, interventions, LOS. *Procedure:* Subjects followed daily by nurse specialist, twice weekly interdisciplinary rounds.

Results: To date, > 500 ICU patients enrolled; 54% men, average age 61. By 1st quarter, one unit (NICU) had a clinically significant 25% restraint reduction; at 2nd quarter, the other NICU had 20% reduction with lower reduction rates (< 10%) in 2 other ICUs. Little change has occurred in rates of therapy disruptions. The menu of interventions for ICU restraint reduction is limited, focusing primarily on delirium management.

Conclusions: ICU restraint reduction takes longer to achieve than on general floors. However, to date no untoward effects have been demonstrated.

BALANCING THE RISKS AND COSTS WITH THE BENEFITS OF REDUCING RESTRAINTS

R. Palmer Cleveland Clinic Foundation, 9500 Euclid Ave, Cleveland, OH 44195

Physical restraints are most often applied to hospitalized patients to prevent therapy disruption and to reduce fall risk. The indication and justification for restraint use and potential adverse effects will differ in critically ill versus general medical or surgical patients. As part of a 2-site restraint reduction project, data are gathered on adverse consequences and further treatment following falls or disruption of therapy by patients on the targeted units. To date, there are over 500 separate events of patients who self-terminated a therapeutic device and 140 fall events. At the time of the event, 68% were not restrained. These patients at times required re-application of the device by RNs or MDs (cost of personnel time and supplies), x-rays to determine placement of the device, or treatment of an adverse consequence of the premature termination, all at added costs for hospitals already suffering from revenue cuts. Some strategies have proved expensive, e.g., use of sitters have cost as much as $20,000 a month on a given floor. This discussion will present a rational approach to restraint reduction that includes weighing the costs and adverse events following restraint removal with the benefits.

65

GERO-SOCIETAL IMPORT OF MOLECULAR AND CELLULAR MECHANISMS IN HEAD AND NECK CANCER

A. A. Chalian, University of Pennsylvania School of Medicine, 3400 Spruce St., Philadelphia, PA 19104

Participants

A. A. Chalian, B. Solky & R. S. Weber, (University of Pennsylvania), Molecular Mechanisms of Head and Neck Cancer

A. Goldberg, (University of Pennsylvania), Epidemiology and Projected Outcomes in Head and Neck Cancer

S. H. Kagan, (University of Pennsylvania), Social Concerns in Head and Neck Cancer in an Aging Society

Discussant

R. S. Weber, (University of Pennsylvania)

Post-genome research asks clinical scientists to grapple with the import of research that understands disease at molecular and cellular levels while patients and society know disease through experience, decisions, and care. Head and neck cancer (HNCA), disease associated with aging, is rapidly becoming understood at molecular, genetic, and cellular levels. Yet treatment experiences of patients lag behind advancing knowledge which is not linked to current diagnosis and treatment. The imperative then is to critically evaluate knowledge and judgments regarding future research and clinical decision making. This symposium provides analysis of advances in HNCA and posing critical questions about those advances. The molecular mechanisms of HNCA are explored. This topic is then further explored in an epidemiologic discourse on HNCA that postulates key questions about outcomes. A social inquiry into topics presented provides summary and new directions. Discussion, led by a senior clinical scientist, invites audience participation around key issues for our aging society.

MOLECULAR MECHANISMS OF HEAD AND NECK CANCER

A. A. Chalian, B. Solky & R. S. Weber, University of Pennsylvania School of Medicine, Philadelphia, PA 19104-6096

Head and neck cancer is rapidly becoming understood at the molecular, genetic, and cellular levels. This knowledge outstrips common discourse of tobacco and alcohol use as primary carcinogenetic influences. Oncogenes specific to histological pathology, chronology and aging, and links to risk factors over the life span elucidate the complex biological nature of these cancers. Nonetheless, this knowledge is not currently linked to available preventive strategies and diagnostic and treatment modalities. This paper reviews current specific advances in molecular, genetic, and cellular mechanisms of head and neck cancer, emphasizing the state of knowledge within each category. The preventive, diagnostic, and clinical ramifications of this knowledge are detailed with specific reference to older patients and an aging society. Evaluation of this knowledge and its implications for future research and clinical decision making within our societal context are explored. Posing critical questions around approaching the knowledge of head and neck cancer and the care of older patients with the disease concludes the paper.

EPIDEMIOLOGY AND PROJECTED OUTCOMES IN HEAD AND NECK CANCER

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Cancer of the head and neck is an illness which strikes older adults based largely on lifestyle issues and environmental interaction. These patients have a characteristic demographic that has remained relatively constant in modern times. Genetic research and its application may have an impact on the interaction between the patient and the environment as well as the disease course after development. With the prospect of changing the incidence, disease course, and outcome of patients with head and neck cancer potentially at hand, there must be recognition of the changes this may have on the demographic of the population who suffer from the disease. This discussion will outline the demographics of the population who suffer from head and neck cancer and set the stage for the impact that creates for outcomes of diagnosis and care.

SOCIAL CONCERNS IN HEAD AND NECK CANCER IN AN AGING SOCIETY

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Rapidly advancing knowledge creates the conundrum of judging the utility of that knowledge, application of it within the current context of clinical care, and adherent ethical and social consequences. This conundrum is the case with advancing understanding of the molecular, genetic, and cellular mechanisms of head and neck cancer. The social stereotype of the patient with head and neck cancer is one of an aging man who smoked tobacco and drank alcohol over the course of his life time connoting cumulative, voluntary risk. More recent information reveals that carcinogenesis is considerably more complex and likely includes non-modifiable oncogenetic risk factors in addition to life style exposures. This paper explores the interface between the current epistemology and advancing knowledge which has yet to find socially constructed clinical utility. Ramifications of having knowledge at the molecular, genetic, and cellular levels for clinical diagnosis, treatment, and decision making with older adults who have cancer are considered.

66

CLINICAL APPROACH TO LIPID DISORDER IN THE OCTAGENARIAN

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Lipid disorder is a common concern in older persons. The Prevalence of lipid disorder and frequency of cardiovascular Disease increase with age. Lipid lowering and subsequent Reduction of mortality in the elderly is unknown. Our goal was to describe and compare the current approach of internist vs. geriatricians at Cleveland Clinic Florida to lipid disorder Among the oldest old and determine the outcome of this approach. Methodology: 200 consecutive charts of patients 80 years or older with lipid disorder who were seen for at least 3 years were reviewed. Comorbid conditions, lipid lowering agents, dietary utilization and vascular occurrences as well as sideeffects of drug therapy were noted. A total of 200 patients (83 male & 117 female) with mean age 86.9 +-2 years with 3 chronic disease (hypertension, CAD and arthritis) had mean cholesterol of 238.6, HDL 47.75, LDL 154.9 and significantly improved on follow up. Results: Comparison of lipid profile, dietary utilization, clinical outcome & drug therapy between octogenarians seen by internist vs geriatrician

	Geriatric Medicine	Internist	pvalue
Cholesterol			
Initial	236.5 +-33	240.7+-44	
Final	233.4 +- 43	222.6 +-38	
Difference	- 0.98	-15.5	.0027
HDL			
Initial	45.6 +- 12	49.9 +-13	
Final	45.4 +- 13	47.2 +-12	
Difference	0	-5.3	.0290
LDL			
Initial	154.6+- 31	155.2+-40	
Final	151.3 +- 36	144.1 +-37	
Difference	-2.7	-9.2	.0081
Dietary advise	57%	61%	.57
Dietary consult	1.6%	5.9%	.003
Drug therapy	37%	36.5%	.58
Frequency of testing	2.5+-2.2	3.5+-2.6	.057
Interval between test	11.9 +- 11	8.7+-12	.102
Vascular occurrence	7	47	

Discussion: Cholesterol level were mildly elevated in this group. Cholesterol level decreased, and lipid level determination were less frequently performed by geriatricians compared to internist and yet vascular complications were more common in the older persons seen by the internist. Long term effect of lipid lowering in the octogenarian is still unknown.

SUPPLMENTATION REDUCES THE NUMBER OF ELDERLY WOMEN WITH AT-RISK CALCIUM INTAKE.

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Surveys of nutritional supplement usage have found that those who use supplements tend to be those who already have adequate nutrient intake from foods. Although calcium supplementation has become widespread in recent years, the effect of supplementation on overall calcium intake has not been examined in an elderly population. The purpose of this study was to test the effect of supplementation on the overall calcium intake of non-institutionalized white women aged 65 years and older. Using a stratified random sample of 249 rural, community-dwelling women aged 65 and over, we measured dietary and supplemental calcium intake. Women were divided into age cohorts: 65-74, 75-84, and 85 and over. Women with total calcium intake <75% of the Dietary Reference Intake (DRI) were considered to be at-risk. Mean dietary calcium intake for the total sample was 815 ± 392 mg/day. Mean supplemental intake was 282 ± 398 mg/day. Neither dietary nor supplemental calcium intake changed significantly across the three age cohorts. Based on dietary intake alone, 68% of the women consumed <75% of the DRI and were considered at risk. Based on dietary plus supplemental intake, the percentage of at-risk women dropped to 41%. Use of calcium supplements significantly reduced the number of at-risk women in the study population.

VITAMIN AND MINERAL SUPPLEMENT USE AMONG RURAL OLDER ADULTS.

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Older adults are widely assumed to be at nutritional risk. Many use dietary supplements to compensate for presumed deficiencies. While surveys of elders' supplement use exist, virtually none have examined use in rural elders, nor have they compared use as an indicator of health disparities by ethnic group. In this study supplement use was evaluated in 130 community dwelling elders aged 70+ years. The sample was 34% African American, 36% European American, and 30% Native American. Usual dietary intake and supplement use was assessed using the semi-quantitative food frequency questionnaire of the NCI Health Habits and History Questionnaire. Dietary intake for a nutrient <2/3 the RDA was considered deficient. The association of ethnicity and supplement use was highly significant. African American elders took supplements less often and took fewer supplements than other ethnic groups. 93% of the total sample were deficient for at least 1 nutrient, but need was not related to use. Those not deficient took supplements more often than those who were deficient. These results indicate that rural elders may need dietary supplements to enhance dietary intake. However, guidance is needed to identify those elders at risk and to help them target nutrients for which they are deficient. Supported by NIH AG13469.

SURVEY OF OLDER PERSONS ATTITUDES TOWARD HERBAL SUPPLEMENTS

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Many older persons use herbal supplements to treat or prevent medical conditions. In the U.S., over 2.5 billion dollars per year are spent on these substances despite limited evidence of their efficacy. The object of this study was to determine what proportion of elderly outpatients in a multispecialty practice used these substances, whether they disclosed this information to their physicians, and the types of substances they took. A questionnaire was developed and responses were graded on a Likert scale when possible. Complete data was received from 222 patients (74%), whose mean age was 72.7 years (range 32.0-91.3). There was no significant difference in age between those patients taking herbs and those who were not. Of the 222 patients, 91(41%) took at least one herb and 131(59%) took none. Among the patients that took herbs, 83(91%) also took vitamins. The number of substances taken ranged from 1 to 17. Combination products were counted as 1 supplement. The most frequently taken substances were gingko, glucosamine/chondroitin, and St. John's wort. A higher educational level was associated with herbal supplement use (p=0.03). The majority of those taking supplements reported their physicians rarely (20%) or never (36%) asked if they were taking these substances Only 12 (13 8%) felt their physicians were a reliable source of information regarding herbs Only 2 (2 3%) reported their physicians recommended the use of herbs or supplements Seventy-nine % of respondents used herbs to treat a specific condition Sixty-three % of respondents believed that supplements were proven to be effective for prevention or treatment of medical condition Fifty-four % reported obtaining the expected results, and 89% reported never having adverse reactions to these substances It appears that a large proportion of elderly outpatients take herbal supplements and believe that they are safe and efficacious Physicians should ask their patients if they take supplements, and communicate evidence-based information on their use

THE USE OF VITAMINS AND HERBAL PRODUCTS BY THE ELDERLY

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The use of vitamin supplements and herbal products is increasing in the general population Characteristics of use among those 65 years of age and older are unknown We characterized utilization patterns of vitamins and herbal products among members of several elderly populations

Three community-dwelling populations were surveyed 100 members of a life-care community, 215 elders from an on-going community study, and 120 dually eligible homebound elders Respondents ranged in age from 61-99 69% of all respondents were female 82% of respondents were white, 15% were African American

Cumulatively 76 6% reported the use of vitamins or herbal products, with 19 6% using only herbal products Women were more likely to use both vitamins (p= 02) and herbals (p= 01) Higher rates of education were associated with significantly higher utilization of both vitamins (p= 04) and herbals (p= 01) Average expenditures were $15/month across all populations

Multi-vitamins, anti-oxidants, and Calcium/Vitamin D were the most popular vitamins used Most frequently cited herbal products included St John's Wort, Gingko, Ginseng, and Garlic 87% thought their primary care doctor was aware of their use of the product(s), and 80% reported that their primary care doctor had recommended the products 30%-50% also used non-physician sources of information

Use of vitamins and/or herbal products is common in the elderly Further studies will evaluate primary physician knowledge of use and the patient perceived health care needs that lead to the choice of vitamin or herbal product usage

67

ADL SKILLS AND HABITS OF WELL AND DEPRESSED OLDER WOMEN

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Some discrepancy between ADL skills (performance ability) and habits (routine performance) is expected All humans have skills that they use selectively because of performance difficulty or choice This study examined discrepancies in perceived skill, perceived habits, and demonstrated skill in well older women (n=57) and those with major depression (n=60), living independently in the community Well subjects perceived greater skill than depressed subjects in 3 of 5 mobility tasks (bed, toilet, tub/shower transfers), 1 of 3 personal care tasks (trimming toenails), 7 of 14 cognitive-IADL tasks (shopping, paying bills, doing small home repairs, home safety, using the oven, stovetop, sharp utensils), and 2 of 4 physical-IADL tasks (taking out garbage and changing bed linen) There were fewer differences between the well and depressed subjects in terms of perceived habits of daily living, with the well subjects reporting better habits only for toilet transfers (mobility), dressing and trimming toenails (personal care), shopping, using the stovetop and sharp utensils (cognitive-IADL) and changing bed linens and sweeping the floor (physical-IADL) The relationship between perceived and demonstrated skill was closer in the well than depressed subjects and became progressively more discrepant in moving from functional mobility to personal care to the IADL In both groups, the primary reasons given for not routinely using the skills they had were: pain, too much effort was needed to do a task, a task took too long, and task performance was perceived as unsafe or inadequate The findings suggest that compared to well subjects, depressed subjects saw themselves as having less skill, evidenced a greater skill-habit discrepancy, and performed less well CM-1

THE RELATIONSHIP BETWEEN BODY COMPOSITION AND INDEPENDANCE IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING IN 7105 ELDERLY WOMEN

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AIMS: Previous studies have supported a relationship between the classification of frail/no frail and the scores on the Instrumental Activities of Daily Living (IADL) scales. The aim of this study is to assess the relation between body composition , and independance in IADL

PARTICIPANTS & METHODS: 7105 community-dwelling older women over 75 year old. Cross-Sectional analysis. IADL was the dependant variable; we also studied demographic data, education level, cognitive functions (assessed by Pfeiffer Test), and functional capacity. Body Composition was measured using dual energy X ray absorptiometry (DEXA, Lunar Corp)

RESULTS: Multiple logistic regression analysis (SAS Logiciel) showed a statisticaly signficant association between Bone Mineral Concentration (CMO) and decreased IADL (OR: 0. 43; 95% CI: 0.33-0.56). Morever, fear of falling (OR: 1.48; 95% CI: 1.28-1.70), depression (OR: 1.70; 95% CI: 1.40-2.06), presence of cognitive impairment (OR: 2.24; 95%CI: 1.77-2.24), visual impairment (OR: 1.44; 95% CI: 1.25-1.66) and poor self-assessed health (OR: 5; 95% CI: 3.61-6.95) were independantly associated with decreased IADL.

CONCLUSION: The data suggest that a lower level of CMO is strongly associated with IADL dependance after correcting for many previously identified predictors of functional status. This cross sectional analysis need to be confirmed in a longitudinal study.

DETECTION AND MANAGEMENT OF CORONARY HEART DISEASE IN OLDER WOMEN

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BEST COPY AVAILABLE

Coronary Heart Disease (CHD) is overwhelmingly prevalent among elderly women, with women outnumbering men as they age. The factors that impact an elderly woman's risk factors, office presentation, outpatient diagnostic test results and response to treatment are often poorly understood by her primary care physician, leading to missed opportunities for prevention, diagnosis and timely treatment. A 1995 Gallup survey showed a knowledge gap among primary care physicians regarding CHD in women: 32% did not know that CHD was a women's leading cause of death and 88% believed that CHD symptoms were the same for men and women. Additionally, a recent Georgetown University Medical Study found that women are routinely passed over for standard cardiac catheterization: women are referred for testing only 60% as often as males. By addressing gender specific information on heart disease, the outpatient diagnosis of CHD in the elderly woman should lead to improved prevention and treatment of CHD and its related diseases, such as stroke and peripheral vascular disease, which significantly impact a woman's ability to live independently. This slide lecture seminar is of particular concern to primary care physicians who routinely care for large populations of women at risk for CHD. Participants will receive a comprehensive packet that includes copies of the slides, references and information on key points discussed for providing complete patient care. Attendees will be able to effectively recognize risk factors, offer preventive measures, evaluate symptoms, and perform gender sensitive diagnostic testing for CHD in older populations, thereby decreasing the mortality from CHD among women and improving the quality of life for those at risk for CHD.

DIFFERENCES AMONG OLDER BLACK, HISPANIC AND WHITE WOMEN PARTICIPATING IN AN OSTEOPOROSIS STUDY.

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Osteoporosis is common in older women and estrogen replacement therapy (ERT) is the mainstay of osteoporosis treatment. It is unclear how women of varied racial/ethnic background differ in osteoporosis risk and response to ERT. In this randomized, double blind placebo controlled study, we compared the effect of 3 doses of ERT (1.0, 0.5 or 0.25 mg/d 17β-estradiol) on markers of bone turnover. The study included 106 women - 23% Black, 17% Hispanic and 61% White.

BL Characteristics	BLACK	WHITE	HISPANIC
AGE	73±5*	74±7	76±5
#Past ERT	3	5	22
#Fam HX OP	2	1	27
Hip BMD (g/cm^2)	.89±.03*	.81±.03	.79±.02
Spine BMD (g/cm^2)	1.17±.05*	.92±.05	1.09±.03
Total BMD (g/cm^2)	1.13±.02	1.05±.02	1.05±0.1
BAP (IU/L)	27.5±3*	24±2.6	20.3±0.8
NTx (pBCE/mmolCr)	51.4±7.7	64.1±9.9*	42.3±2.9

* $p<0.05$ compared to other groups

Race/ethnicity did not influence response of bone turnover markers to ERT. Compliance was lower in Hispanic (71%) and Black (79%) women compared to White women (96%). Hispanic women reported more side effects and worse quality of life on treatment compared to Black and White women. Factors that influence compliance and tolerance to ERT should be further studied to assure adequate prevention of osteoporotic fracture, regardless of racial/ethnic background.

BODY COMPOSITION FROM HYDROSTATIC WEIGHING AND DUAL ENERGY X-RAY ABSORPTIOMETRY IN EARLY POSTMENOPAUSAL WOMEN

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Declines in muscle and bone as well as age related fat patterning associated with menopause and estrogen deficiency can significantly alter body composition and our ability to measure it. This study determined if body composition could be adequately measured by dual energy x-ray absorptiometry (DXA) when compared to the "gold standard" of hydrostatic weighing (UWW) in postmenopausal women. Thirty-four subjects (41-61 yrs), 1-7 yrs postmenopausal and not on any hormonal replacement therapy volunteered. Body fat percentage, fat mass, and fat-free mass were computed using body density from UWW (Siri, 1961) and DXA (Lunar Model DPX-IQ). Paired t-tests compared means and correlation coefficients determined the relationship between the methods. Statistical significance was set at $p \leq 0.05$. There were statistically significant differences between the two methods for each parameter of body composition. In general, percent body fat assessed by UWW was statistically higher ($p=0.01$) than those obtained by DXA, however, a high correlation coefficient ($r=0.86$) indicated a strong relationship between the two technologies. In conclusion, care must be taken when choosing a method to assess body composition for early postmenopausal women. Since this group is characterized by a rapid loss of bone, UWW may not be the best method to assess body composition.

	Body Fat %	Fat (kg)	Fat-Free (kg)
UWW	43.2±8.9	31.9±13.5	39.8±6.4
DXA	39.5±8.4••	29.6±12.2••	42.7±7.5••

68

FREQUENCY OF OPHTHALMIC ASSESSMENTS AMONG AFRICAN AMERICAN SENIORS WITH OCULAR DISEASE AND IMPACT ON VISUAL FUNCTION

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Objective: To study the frequency of ophthalmic assessments among African American (AA) seniors with ocular disease in contrast to White Americans (WA) and its impact on visual function.

Methods: A pilot cross-sectional study of a randomly selected sample ($n=97$) of elderly (≥ 65 years) patients with ocular disease attending a primary care clinic at a teaching community hospital. The study sample was composed of 52% WA ($n=50$), and 48% AA ($n=47$). All patients had visual function assessments using the Activities of Daily Vision Scale (ADVS) (*Med Care* '92).

Results: Subjects were asked if they had an ophthalmic assessment in the last 5 years. Whereas, 88% of WA responded yes, only 70% of AA had their eyes examined by an ophthalmologist in the last 5 years, $p<0.05$. The ADVS scores were higher (indicating better visual function) in patients who had ophthalmic assessments compared to those who did not, with the difference being statistically insignificant.

Conclusion: There is a major need to develop strategies to make ophthalmic assessments accessible and affordable to African American seniors.

IMPACT OF VISION IMPAIREMENT ON FUNCTIONAL AND PSYCHOLOGICAL ASSESSMENTS IN OLDER ADULTS

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Objective: To study the impact of visual impairment on functional and psychological assessments in older (≥ 65 years) adults with ocular disease.

Methods: A cross-sectional study of a randomly selected sample ($n=135$) of elderly patients with any of five ocular diseases: Refractive errors (RE) ($n=89$), cataracts (CA) ($n=72$), glaucoma (GL) ($n=26$), diabetic retinopathy (DR) ($n=19$), and/or macular degeneration (MD) ($n=6$). All patients had visual function assessments using the Activities of Daily Vision Scale (ADVS) (*Med Care '92*); functional assessments using the Functional Activities Questionnaire (FAQ) (*J Geront '82*); and psychological assessments using the Yesavage Geriatric Depression Scale (GDS) (*J Psychiatr Res '83*).

Results: The ADVS scores correlated significantly with the FAQ scores ($r=-0.5$, $p<0.05$), and the GDS scores ($r=-0.5$, $p<0.05$). These correlations were highest in patients with MD: ADVS vs. FAQ ($r=-0.9$, $p<0.05$), and ADVS vs. GDS ($r=-0.9$, $p<0.05$); and lowest in patients with RE: ADVS vs. FAQ ($r=-0.3$, $p<0.05$); and ADVS vs. GDS ($r=-0.3$, $p<0.05$).

Conclusion: Vision impairment significantly impacts functional and psychological status of older adults.

ASSESSMENT OF PREDICTORS OF EARLY HOSPITAL READMISSIONS OF OLDER ADULTS WITH CHF

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Approximately 17% of older adults with congestive heart failure (CHF) are rehospitalized within 3 months of hospital discharge. Hospital readmissions are financially costly and stressful to patients and their families. The main purpose of the study was to evaluate physical and cognitive health factors related to patients with CHF and environmental factors related to their caregivers as predictors of early hospital readmission. Sixty family dyads were interviewed in their homes soon after hospital discharge and 3 months later. The patients were interviewed about their physical health, cognition, and functional status. The six minute walk test and Duke Activity Status Index further evaluated physical symptomatology. The caregivers were interviewed about perceived stress, depressive symptoms, appraisal, and social support. Salivary cortisol was used to validate the Perceived Stress Scale. Hospital readmissions and home health services were documented over 3 months. Preliminary results indicated that the majority of patients were not rehospitalized within 3 months. The caregivers experienced low stress and depressive symptoms and had a positive appraisal of caregiving. The six minute walk test and shortness of breath were significant predictors of physical health status. Nurses need to thoroughly monitor the patient's pulmonary status with exertion in the home setting.

A Marker of Fluid Distribution in Aging Adults.

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Aging is associated with physiological effects such as fluid distribution changes that may influence body composition assessment. The 2-compartment single frequency bioimpedance analysis (BIA) method therefore incorporates an age term in body composition prediction formulas. The present study **tested the hypothesis that phase angle (Φ) is a** surrogate of fluid distribution, thereby explaining the evident age effect. There were 183 subjects age 18 - 81 years who completed body composition assessment by the following methods: BIA, total body potassium (TBK), total body water (TBW) and dual x-ray absorptiometry (DXA). Our results demonstrate a good correlation between (Φ) and fluid distribution as measured by TBK/TBW ($r = 0.60$, $p<0.001$). The prediction of DXA fat free mass by BIA also indicated that the inclusion of (Φ) gave a correlation of similar magnitude as inclusion of age in the prediction ($r = 0.97$, $p < 0.001$). These results suggest the potential of (Φ) in explaining and adjusting for in BIA models, age related changes in fluid distribution.

DEPENDENCE IN THE ACTIVITIES OF DAILY LIVING AND RELATION TO OUTCOMES IN HOSPITALIZED GERIATRIC PATIENTS

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Objective: To determine if needing assistance with the activities of daily living (ADLS) prior to admission is related to outcomes in hospitalized geriatric (≥ 65 years) patients.

Method: A retrospective chart review study of 281 consecutive geriatric admissions to a teaching community hospital.

Results: Overall, 45.7% of patients needed assistance with their ADLS on admission. This group of patients were more likely to be malnourished, having a lower admission albumin M$\pm$SD (3 ± 0.7 mg/dl vs. 3.2 ± 0.6 mg/dl, $p<0.05$), and a lower body mass index values M$\pm$SD (23.9 ± 6 kg/m^2 vs. 26.6 ± 5, kg/m^2, $p<0.05$), compared to those independent in their ADLS. In addition, this group of patients had greater incidence of delirium (43% vs. 23%, $p<0.05$), and dehydration (BUN/Cr ≥ 20) (37% vs. 26.8%, $p=0.06$). In-hospital mortality was significantly greater in patients needing assistance with their ADLS compared to those independent (14.8% vs. 7.2%, $p<0.05$). Length of hospital stay showed a similar trend, M$\pm$ SE (11.5 ± 3.5 days vs. 6.4 ± 2.5 days, $p<0.001$). In addition, patients who needed assistance with their ADLS had more readmissions in the study year (1997), M$\pm$SD (1.36 ± 0.7 vs. 1.17 ± 0.5, $p<0.005$).

Conclusion Being dependent in the ADLS is associated with poor outcomes in hospitalized geriatric patients.

DEVELOPMENT AND VALIDATION OF AN AID TO CLINICAL DECISION MAKING FOR HOME BASED GERIATRIC PRIMARY CARE.

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This paper describes results of efforts to design a Pathways to Care Guide (PCG) developed to inform clinical practice, target interventions, and provide a framework for outcomes evaluation as part of a integrated system of primary health care older adults. A team of geriatricians and gerontologists determined important patient characteristics influencing care planning, course of illness or response to acute events. Dimensions included cognitive and physical functioning, clinical complexity and terminal prognosis. Concepts were operationalized using definitions within the Minimum Data Set for Home Care. Multiple iterative steps validated permutations of indicators against subsequent services utilization, mortality, level of care, and functional decline in a longitudinal data base of home care clients (n=865). The final form of the PCG groups clients into seven levels, each demonstrating some important relationship to services utilization, mortality or functional decline.

	Relative Risk of Outcome Within One Year			
PCG Level	Hospitalizations (2+)	Physician Services	Death	Functional Decline
1 low impairment	reference	reference	reference	reference
2 cognitively impaired (CI)	0.9	1.3	0.9	2.1*
3 functionally impaired (FI)	1.5	2.6*	1.7	1.9
4 FI and CI	1.3	1.4	2.5*	[illegible]
5 clinically complex (CC)	4.7*	3.1*	2.1	3.2*
6 CC and FI	7.9*	2.0*	3.5*	2.2*
7 Dying	3.9*	1.5	5.0*	2.8*

GERIATRIC ASSESSMENT IN THE ELDERLY COMMUNITY PATIENT: A RANDOMIZED CONTROLED TRIAL

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This study was financiated by goverment grant FISS 97/045

OBJETIVES: The main purpose was to determine the influence of geriatric assessment on the use of health resources and morbimortality. Furthermore we tried to evaluate if the frail or geriatric patient obtain higer benefits from geriatric general evaluation and assessment.

METHODS: We conducted a randomized controled trial defining an intervention group and a controled group. All patientswere selected while consulting with their general practitioner or Family Phisician. After informed consent was obtained, patients were randomized. Patients were assessed for medical diagnosis, drugs taken, functional status trough Katz index of basic and Lawton instrumental activities of daily living, Folstein minimental estate, Yesavage Geriatric depresion Scale and OARS Social Questionaire. This evaluation was done at a different time by a Family Phisician who was not involved in the care of the patient. Assessment was done at point 0 and 12 months in both groups and at 4 and 8 months in the intervention group. In the intervention group recommendation was done to the Family Phisician involved in the direct care of the patient. Mortality, functional, cognitive, afective and social indicators, hospital admissions (mean) and emergency or speciality consultation (mean) were compared between both groups.

RESULTS

INDEX		INTERVENTION GROUP		CONTROL GROUP	
		0 Months	12 Months	0 Months	12Months
TOTAL PATIENTS		104 pts	83 pts	98 pts	87 pts
KATZ	A-B	93	73	90	79
	E-G	4	2	4	4
LAWTON	6	55	53	41	45
	0-2	10	5	9	8
MM estate Folstein	28	64	50	54	56
Yessavage scale	6	32	28	29	19
OARS	2	30	19	32	23
Admissions			1.4		1.2
Emergency visits			1.3		1.3
Espaciality visits			3		2.3

CONCLUSIONS: General geriatric assessment applied by general practitioners with a low interventional capcity does not reduce the resources utilization and do not improve de functional estatus.

DEVELOPMENT OF A GERMAN FADL INSTRUMENT FOR ASSESSING HEALTH NEEDS OF PERSONS 75^+

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The concept of aging in Germany is predominantly defined in terms of the biomedical sciences as a process of physical deterioration, reflected in diseases, dysfunction and disabilities. Little attention is paid to persons' health potential in later life. Recent health care reforms substantiated e.g. through the „Pflege-Versicherungsgesetz"/Nursing Care Insurance Act (1994/1996) forced health policy makers in rethinking the care being delivered. An instrument was constructed that through self-reports of aging individuals would measure their perceived health and functioning. The parameters of measurement are e.g. self-care and health behaviors, nutrition, vision/hearing/oral function/mobility.

This paper focuses on the challenges and limitations of quantitative research with persons in high age (75^+) and the flaws occurring when such measurements are not validated by qualitative data. Examples are: Due to age-related abilities and SES, subjects' tendency of associative thinking by providing an unanticipated variation in responses. Measuring (F)ADL in (in)dependent elderly resulted in a complicated process of funneling and screening. Throughout several testing phases, methodological modifications were implemented. The conclusion is that the developed German instrument is helpful in the assessment of health needs of persons of advanced age under the condition that it is qualitatively validated for the purpose of policy-making and the delivery of comprehensive, health-focused nursing care.

PREVALENCE OF PHYSICAL DISABILITY AMONG THE ELDERLY IN A VENEZUELAN RURAL COMMUNITY

A.K. Coppin, PhD. Gerontology Program University of Massachusetts, 100 Morrissey Boulevard Boston, MA 02125-3393. K. Sojo, A. Bustillo Gerontology Program Universidad Nacional experimental Francisco de Miranda, Venezuela

The purpose of this study was to determine the prevalence of physical disability among elderly residents of the rural community of Tocopero, Venezuela. One hundred and five subjects that met the following selection criteria participated: be at least 60 years old and a resident of the community. Individual's ability to perform basic and instrumental activities of daily living was assessed with the Barthel Index (Mahoney & Barthel, 1958) and Lawton & Brody Scale (1969).

41% of the studied population reported dependency for the performance of activities of daily living (31.4% mild, 2.9% moderate, 6.7% severe) and 41.9% reported dependency for the execution of the instrumental activities.

The results of this study revealed an important prevalence of difficulty with basic and instrumental activities of daily living in this population. The design and implementation of health promotion and preventive programs along with community based rehabilitation programs are highly recommended in order to improve early detection of physical deterioration among rural elders. CM-1

DEVELOPMENT OF A SELF-ASSESSMENT TOOL TO ENABLE PHYSICIAN/FAMILY CAREGIVER HEALTH PARTNERSHIPS.

R.A. Guttman, Dept. of

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Geriatric Health, American Medical Association, 515 N. State, Chicagio, IL 60610 & Loretta Kristan, Director Senior Services of Waukegan Township, WI.

Informal caregiving is of vital importance in providing care to functionally disabled adults. Over the next few decades, important public policy and demographic trends suggest that there will be increasing dependence on family caregivers to support continued community living for the chronically disabled. Caregiving on the part of family members imposes a physical, social, psychological and emotional burden, which frequently takes a toll on caregiver health. In general, caregivers are invisible to the formal health care system and this invisibility precludes their utilization of community services which might provide relief from the burden of caregiving.

Based on a model that acknowledges a key linkage role of primary care physicians and establishes a care partnership between physician and caregiver, we describe the development and validation, of a 16-item self-assessment tool that is an indicator of caregiver stress. The tool can be provided to primary care physician's offices and the caregiver completes the form at the time the care recipient sees the physician. The test score can be shared with the physician who can then discuss the caregiver's health and service needs and recommend appropriate community resources.

AGE EFFECTS ON REACTION TIME AND MOVEMENT TIME DURING A FUNCTIONAL TASK. C.A. Giuliani, C. Conard, R. Elson, J. Karl, S. Mullens, C. O'Connell, D.G. Salaveria. Allied Health Sciences, and the Institute on Aging, Univ. of North Carolina, Chapel Hill, NC 27955-7135

Prolonged reaction time (RT) has been associated with decreased cognitive and functional ability, and increased risk of falls in older adults. Reaction time is typically measured by depressing a simple switch or computer key rather than during a functional task such as door opening. Because task goal, attentional demands, and the context in which a task is performed influence RT, global measures of RT for central processing are inadequate. The purpose of this study was to compare simple RT (SRT), choice RT (CRT), and movement time (MT) for a door opening task across three age groups. Data were collected from 103 subjects in three age groups (*Young* mean = 26, *Middle* mean = 46, and *Older adults* mean=76 years of age). All subjects were independent in ADL, without major medical problems, and right-handed. Subjects sat in a chair with the 3-door COGNATEMP™ unit placed on a table at arm's length. With their right hand resting on a start pad, subjects were instructed to open the door as quickly as possible in response to a light stimulus. Means and confidence intervals were generated for each group. Using multivariate analyses to compare means, the oldest group (mean age = 76) had significantly (p <. 05) longer mean values for SRT, CRT, and MT than the two younger groups. Women also had significantly greater values than men did for all variables.

Groups	SRT (sec)	CRT (sec)	MT (sec)
Young n=34	.313	.388	.946
Middle n=34	.292	.358	1.057
Older n=35	.370	.559	1.237

These functional reaction times are longer than those reported for subjects using simple switch closure tasks to measure RT. Characterizing these COGNATEMP data for RT, CRT and MT for these three age groups will provide data for future comparisons in longitudinal studies and clinical populations.

Stability of postal screening results: how many elderly outpatients remain 'low risk' after one year?
Judith Harker, SA Freed, KR Josephson, CA Alessi, LZ Rubenstein Sepulveda VA, GRECC, Sepulveda CA 91343

The optimal interval between repeated screenings for geriatric problems is not well documented. Our purpose was to evaluate changes in health status reported by elderly outpatients with a standard postal screening survey (PSS) one year after first being identified by PSS as 'low risk'. The 10-item PSS targets depression, cognitive impairment, falls, incontinence and functional decline. Respondants with ≥4 positive responses were identified as 'high risk' (42%), and those with < 4 (58%) as 'low risk' for target conditions. 680 outpatients (≥ 65 yrs. old) sampled from the 'low risk' group received a 1-year follow-up PSS. If surveys were not returned within 2 wks. a reminder letter with a 2nd PSS was mailed, followed by a reminder phone call 2 wks. later. Response rates to the initial survey was 88% and 90% to the 1-yr follow-up, with approximately 59% response to the first mailing, 18-20% to the second, and 10% to the phone call. At followup, the greatest changes were seen in reports of worse health (7% vs. 17%), fair/poor health (19% vs. 27%), balance problems (7 vs 14%) and pain (32 vs. 39%), all with $p<.001$. There was no significant change in reports of bladder control or self-care activities. 112 persons (19%) changed status from 'low' to 'high' risk for geriatric conditions. Persons who were borderline at initial screening (3 positive items), were more likely to become 'high' risk after 1 year than persons with 0 or 1 positive items (46% vs 5%). Annual postal screening may be most effective if targeted to outpatients who score just below cutoff on initial screening. Less frequent screening may be adequate for persons with ≤1 positive response on initial screening.

Validation of a postal screening survey to identify high risk older adults. Karen Josephson, J. Harker, F. Pietruszka, T. Hoyl, C. Alessi, L. Rubenstein, Sepulveda VA GRECC (11E), Sepulveda, CA 91343

We developed a 10-item postal screening survey (PSS) to identify high risk elderly outpatients in need of specialized geriatric services. The PSS included single-item screening questions for common geriatric problems, e.g., depression, urinary incontinence, memory, falls, functional impairment, pain, etc. The PSS was mailed to 2722 veterans ≥ 65 years enrolled in a VA outpatient clinic; 87% were completed and returned. Patients with positive responses to ≥ 4 items were classified as high risk (42%). Test-retest reliability of the PSS was high r=.87). To determine validity of the high risk classification, all high risk (N=792) and a sample of low risk (N=161) patients were telephoned and administered standard screening instruments for depression (GDS), cognitive impairment (Katzman), and functional status (FSQ), and asked detailed questions about incontinence and falls. On the telelphone measures the high risk group had significantly more positive symptoms than the low risk group for depression (46% vs. 10%), cognitive impairment (26% vs. 17%), incontinence (49% vs. 21%), falls (40% vs. 12%) and functional impairment (20% vs. 10%). The high risk group had more hospital admissions during the previous year ($p<.01$). Significant agreement ($p<.0001$) was found between the single-item PSS questions and the corresponding measures from the telephone assessment. Kappa ranged from .56 for incontinence to .11 for cognitive impairment. Sensitivity and specificity were highest for falls, incontinence and depression. We conclude that a simple postal survey is a feasible method for identifying high risk patients who might benefit from geriatric services.

69

THE "REACH" PROJECT: INFORMATION ABOUT ETHNIC DIFFERENCES AMONG AD CAREGIVERS PRIOR TO INTERVENTION.

D. Gallagher-Thompson, VA Palo Alto & Stanford Univ, Palo Alto, CA 94304 & M. Ory, NIA, Bethesda, MD 20892

Participants:

S. Belle, L. Burgio, R. Burns, C. Eisdorfer, D. Gallagher-Thompson, L. Gitlin, D. Mahoney, M. Ory & R. Schulz (REACH Project Coordinating Ctr, U of Pittsburgh, Pittsburgh, PA 15260). Overview of REACH.

W. E. Haley (U of South FL) & L. Burgio (U of Alabama) Ethnic Differences in Appraisal of Caregiving Stress.

S. Tennstedt (New England Research Institutes) & D. Mahoney (Hebrew Rehab Ctr for Aged, Boston, MA) Ethnic Differences in Social Support for AD Caregivers.

M. Rubert & S. Czaja (Univ. of Miami) & D. Gallagher-Thompson, A. Menendez & D. Coon (VA Palo Alto & Stanford Univ) Ethnic Differences in Symptoms of Depression.

A. Boyce, L. Gitlin & L. Winter (Thomas Jefferson Univ, Philadelphia, PA) Role of Religiosity in Predicting Affect Among African Americans and Caucasians.

Discussant:

S. Zarit (Pennsylvania State Univ, University Park, PA 16802).

The "REACH" Project is a large scale 7 site study (6 research sites & coordinating center) designed to evaluate the effectiveness of several different interventions to reduce distress & improve well-being in AD caregivers. About 1,000 cgs are now enrolled; approx. 25% are African American & 20% are Hispanic; the remainder are Caucasian. In this symposium we will present various significant baseline differences among ethnic groups including high rates of depression among Hispanics & appraisal differences in how stressful caregiving is perceived across groups. Note that all sites use a common comprehensive core interview at all times of assessment thus allowing data to be pooled across sites. Implications of these pre-intervention differences for design of future studies will be discussed.

OVERVIEW OF "REACH"

S. Belle (Univ. of Pittsburgh), L. Burgio (Univ. of Alabama Tuscaloosa), R. Burns (VA Medical Center, Memphis TN), C. Eisdorfer (Univ. of Miami), D. Gallagher-Thompson (VA Palo Alto & Stanford Univ), L. Gitlin (Thomas Jefferson Univ, Phil,PA) D. Mahoney (Hebrew Rehab Ctr for Aged, Boston, MA), M. Ory (NIA) & R. Schulz (Univ of Pittsburgh, Pittsburgh, PA 15260)

Resources for Enhancing Alzhimer's Caregiver Health (REACH) is a multi-site study (6 clinical sites & a coordinating center) funded by NIA & NINR to evaluate the impact of a variety of interventions to reduce caregiver distress & improve mental and physical health of family caregivers of dementia victims. Due to previous under-representation of minorities in caregiving intervention research, sites were strongly encouraged to recruit specific minority groups representative of their varied geographic locations in the US. Currently 1005 caregivers have been randomized into the overall study; of these 23% are Black or African American & 18% are HIspanic (from both CA & Miami). About 58% of the sample are Caucasian. In this introductory presentation, details about recruitment & retention strategies, common measures used at all sites, & socio-demographic data will be presented.

ETHNIC DIFFERENCES IN APPRAISALS OF CAREGIVING STRESS

William E. Haley, Ph.D., Department of Gerontology, University of South Florida, Tampa, FL 33620; Lou Burgio, Ph.D., University of Alabama, Tuscaloosa, Alabama

Stress process models of caregiving commonly include appraisal as a key construct that may mediate between caregiving stress and outcomes (e.g. depression and physical health). A few projects have compared cg appraisals by ethnicity , but nearly all of these studies have compared White and African-American families only and used relatively small samples from a single site. Previous studies found that African-American caregivers appraise specific caregiving tasks, such as managing behavioral problems, as more subjectively stressful than White caregivers. In addition, they appraise themselves as having higher self-efficacy to manage caregiving tasks. However, these findings have not been replicated across diverse regions of the country, and with other ethnic groups such as Cuban-Americans and Mexican-Americans. In the present analyses, ethnic differences in caregivers' appraisals of the subjective stressfulness of memory and behavioral problems are examined in a sample of 860 caregivers from the REACH project.

ETHNIC DIFFERENCES IN SOCIAL SUPPORT FOR AD CAREGIVERS

S. Tennstedt, Ph.D., New England Research Institutes, Watertown, MA 02172; D. Mahoney, Ph.D., Hebrew Rehabilitation Center for Aged, Boston, MA

Empirical evidence has established the positive effects of social support on health outcomes. Social support has also been found beneficial for caregivers. It is commonly assumed that the modified extended families of minority groups results in larger social support networks for both care recipients and caregivers. However, recent data from other studies challenge this assumption. Further, having more sources of social support does not automatically translate into perception of greater social support. Using baseline data from the REACH study, several measures of social support, including the Social Network Index, the Negative Interaction Subscale, Received Support, and Satisfaction with Support, are compared across White, African-American, Cuban-American and Mexican-American family caregivers of patients with AD and across the 6 study sites. Ethnic differences in the association of social support and caregiver depression are also reported.

ETHNIC DIFFERENCES IN SYMPTOMS OF DEPRESSION

M. Rubert, S. Czaja, Center on Adult Development and Aging, University of Miami School of Medicine, Miami, FL 33136; D. Gallagher-Thompson, A. Menendez, & D. Coon, VA Medical Center - Palo Alto, Stanford University School of Medicine

Caregivers of persons with dementia have been shown to be at increased risk for depression, but most of the studies have been based on middle class White Americans. The few studies that have been done with large samples of caregivers have compared White American and African American caregivers. The present study compared the reporting of depressive symptoms on the Center for Epidemiological Studies - Depression scale by a sample of 860 caregivers drawn from 6 sites in diverse regions of the U.S.. This sample of caregivers includes Hispanics (Mexican Americans and Cuban Americans), African Americans and White Americans. The Hispanic groups report higher numbers of depressive symptoms relative to White Americans and African Americans, but the differences in numbers of symptoms reported by White Americans varies significantly by region. As with the prior studies, the rates of depressive symptoms were found to be high in all cg groups (30-53%), and the highest rates were reported by Hispanics.

Role of Religiosity in Predicting Affect Among African Americans (AA) and Caucasians (CA)

A. Boyce, L Gitlin, L Winter. Thomas Jefferson University, Philadelphia, PA 19107

A consistent finding in caregiving (CG) research is that AA have lower rates of depressed affect and higher rates of positive affect than CA caregivers. Less clear are the factors that can explain this relationship. Using a sample of 125 CG (62 CA, 63 AA) we investigated the effect of religiosity on affect. Religiosity was measured by asking 5 questions. An index created by summing the scores on these items revealed higher mean for AA (t=-5.8, p=.000). Two of the four CES-D subscales showed differences by race (depress t=2.0 p=.046; positive t=-3.14 p-.002). Hierarchical linear regressions modeling the effects of CG characteristics and religiosity on the two components of affect showed differential impact. Whereas depressed affect was predicted by religion only, positive affect was predicted by being AA. The findings suggest that higher religiosity and not race is associated with lower depressed affect. However, the opposite is true for positive mood. Implications for CG research on AA and CA differences and intervention studies will be discussed. (Funding NIA U01AG13265)

70

THE LONG BEACH LONGITUDINAL STUDY: A SAMPLER OF CROSS SECTIONAL FINDINGS ON AGING, COGNITION, AND HEALTH

Elizabeth M. Zelinski, Andrus Gerontology Center, USC, Los Angeles, CA 90089-0191.

Participants:

E. M. Zelinski (Andrus Gerontology Center, Los Angeles). Overview of the Long Beach Longitudinal Study.

K. Lewis (Andrus Gerontology Center, Los Angeles). The Predictive Relationships Between Age, Speed, and Memory Measures and Their Invariance over Age in the Long Beach Longitudinal Study.

C. J. Lane & S. T. Stewart (Andrus Gerontology Center, Los Angeles). Age, Gender, Self-rated Health and Diseases as Interactive Predictors of Cognitive Performance in the Long Beach Longitudinal Study: The Effects of Selective Survival.

P. Housen (Andrus Gerontology Center, Los Angeles). Written Language Production: Predictors, Selection Bias And Stability Across Tasks.

R. Engberg & C. J. Lane (Andrus Gerontology Center, Los Angeles). Personality, and Health Behaviors in the Long Beach Longitudinal Study.

S. Kemper (University of Kansas, Lawrence, KS 66045-0001). Discussant

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The focus of this research is on correlates of cognition in older adults, including the oldest old. Findings from a panel of 626 community residing volunteers aged 30-97 from the first wave of testing are presented. Structural models and findings of analyses identifying correlates of memory, including effects of cognitive processes, age, health, and gender, are identified in the first three papers. The fourth paper evaluates the role of age and cognitive processes on linguistic variables derived from autobiographical statements and text recall. The final paper evaluates the role of age in the relationship between health practices and personality.

OVERVIEW OF THE LONG BEACH LONGITUDINAL STUDY.

E. Zelinski, Andrus Gerontology Center, University of Southern California, L.A., CA. 90089-0191.

The Long Beach Longitudinal Study is a multi-panel study of cognition and health adults aged 30-97. It focuses on memory, language, and intelligence and health through the adult lifespan, with approximately one-third of the sample in the age range of 80 - 97. This symposium presents data collected from the second panel of participants, who were recruited in 1994 and tested in 1994-95. This panel consisted of 626 members of FHP, a health maintenance organization based in Long Beach, CA. They completed 6 hours of cognitive testing that included multiple measures of list and text recall, reasoning, working memory, verbal learning, and vocabulary. They also completed mail-back questionnaires evaluating personality (NEO-PI-R), health behaviors, activities, and health ratings. The data have been used to test a wide range of hypotheses relating to cognitive aging. Analyses focus specifically on whether individuals over the age of 80 differ in important ways from those who are in their 60's and 70's.

THE PREDICTIVE RELATIONSHIPS BETWEEN AGE, SPEED, AND MEMORY MEASURES AND THEIR INVARIANCE OVER AGE IN THE LONG BEACH LONGITUDINAL STUDY.

K. L. Lewis & E. Zelinski, Andrus Gerontology Center, University of Southern California, L.A., CA. 90089-0191.

Latent construct analysis using structural equation modeling was conducted on the Long Beach Longitudinal data to discover the directionality of the relationships between measures of speed, working memory, vocabulary, reasoning, list and text recall, and retrieval. Preliminary factor analysis was used to guide the construction of a measurement model. Results suggest that a) retrieval predicts list and text recall, b)working memory predicts retrieval, vocabulary, reasoning, and list and text recall, c) speed mediates working memory, reasoning and list recall, and d) age relates positively to performance on vocabulary measures but negatively on measures of working memory, reasoning, and speed. This measurement model provided an adequate fit to the complete data of 615 subjects. Configural and metric invariance was found across three different age groups within this sample (30-64 years, 65-74 years, and 75 years and older). This supports the stability of the latent constructs at different ages.

AGE, GENDER, SELF-RATED HEALTH AND DISEASES AS INTERACTIVE PREDICTORS OF COGNITIVE PERFORMANCE IN THE LONG BEACH LONGITUDINAL STUDY: THE EFFECTS OF SELECTIVE SURVIVAL

C. J. Lane, S. T. Stewart, Andrus Gerontology Center, University of Southern California, L.A., CA. 90089-0191.

Age, gender, self-rated health (SRH), and the presence of one or more diseases were examined as predictors of six cognitive factors in participants of the Long Beach Longitudinal Study aged 60 – 98 years (N = 496). Age and SRH significantly predicted several of the cognitive factors, and there was a significant two-way interaction between age and SRH on text recall and reasoning. Gender significantly predicted speed , list recall, and working memory. Disease (the presence of diabetes, high blood pressure, or both) significantly predicted speed. There was a three-way interaction between age, gender, and disease presence for list recall. Women with no diseases declined more steeply with age than those reporting one or two diseases. For men, those with one or two diseases outperformed those with no diseases in younger age groups, but not at the oldest ages. This pattern suggests survival effects, whereby those who lived to old age with one or two diseases and were selected into the sample had high levels of cognitive functioning. This disease-related survival effect may occur at older ages in women than were included in this sample because women survive longer.

WRITTEN LANGUAGE PRODUCTION: PREDICTORS, SELECTION BIAS AND STABILITY ACROSS TASKS

P. Housen & E.M. Zelinski
Andrus Gerontology Center, University of Southern California, L.A., CA 90089-0191.

Participants in the 1994 testing of the Long Beach Longitudinal Study produced several writing samples. These included a brief autobiographical statement composed at home, and a response to a text recall measure completed during the testing session. Propositional density, grammatical complexity and verbosity were assessed, and cognitive correlates of these linguistic measures, including age, were examined (N=249). Logistic analysis revealed a selection bias, with participants scoring well on measures testing working memory 18 times more likely to complete the autobiographical statement (e^b=18.28; p<.0007) . Predictors of the linguistic measures differed by writing task. however our findings indicate certain aspects of written language production may not vary by task (N=62). These include the number of fragments and right branching clauses per sentence, and the total number of words written. If confirmed, this would suggest researchers can use writing samples gathered for other purposes to study written language production, cognitive abilities and change.

PERSONALITY AND HEALTH BEHAVIORS IN THE LONG BEACH LONGITUDINAL STUDY

Robin C. Engberg, Christianne J. Lane, Andrus
Gerontology Center, University of Southern California,
Los Angeles, CA 90089-0191

The relationship between personality (NEO-PI-R) and health behaviors was examined using structural equation modeling in participants of the 1994 testing wave of the Long Beach Longitudinal Study. Cross-sectional and longitudinal participants were combined in the analyses for a total sample of 626 participants aged 30–98 years (M = 69.51, SD = 13.95). Using questions from the Seattle Health Behaviors Questionnaire in principal components analysis, eight first-order factors were extracted. These were then used to define three second-order factors: lifestyle risk behaviors, substance usage, and everyday health practices. As reported by Booth-Kewley & Vickers (1994) neuroticism was predictive of negative health behaviors (such as smoking), whereas conscientiousness was predictive of positive behaviors. Only agreeableness was predictive of everyday health behaviors, such as routine health check-ups. When age was added to the model, results indicated that the effects of personality on health behavior were weakened, indicating that age mediates this relationship. In conclusion, age is more important than personality in predicting health behaviors.

71

METHODOLOGICAL AND SUBSTANTIVE CONTRIBUTIONS TO THE LONGITUDINAL STUDY OF HEALTH IN THE OLDER POPULATION

C.W. Peek, Department of Sociology, University of Florida, Gainesville, FL 32611

Participants:

K.F. Ferraro and J. Kelly-Moore (Department of Sociology, Purdue University, West Lafayette, IN 47907) Self-rated Health, Terminal Drop, and Mortality

M.D. Hayward, M. Rendall (Department of Sociology, The Pennsylvania State University, University Park, PA 16802), and E. Crimmins (Andrus Gerontology Center, University of Southern California, University Park, Los Angeles, CA 90089) Evaluating Group Differences in Healthy Life Expectancy: The Estimation of Confidence Intervals for Multistate Life Table Expectancies.

C.F. Mendes de Leon and L.A. Beckett (Rush Institute for Healthy Aging, 1645 W. Jackson, Chicago, IL 60612) Longitudinal Models in Design and Analysis of Studies of Aging.

C.W. Peek (Department of Sociology, University of Florida, Gainesville, FL 32611) An exploration of the Temporal Relationship of Disability and Self-rated Health.

Discussant:

F.D. Wolinsky (School of Public Health, Saint Louis University, St. Louis, MO 63108)

Researchers interested in the health of older adults have recently begun to craft and apply conceptual models that more explicitly incorporate temporal aspects of health. Additionally, the increasing sophistication of longitudinal research designs and the growing availability of longitudinal data have greatly facilitated our ability to empirically examine health dynamics. The increasing awareness of health processes represents a source of opportunity. Greater understanding of the dynamic interplay of multiple dimensions of health will enable us to forge more sophisticated depictions of the health experiences of older adults. The focus on temporal health patterns also encumbers investigators in this field with increasing conceptual and analytical complexities however. No consensus has yet emerged on the most useful ways to model health processes over time or how best to utilize the additional information generated by longitudinal research designs. This symposium explores both methodological and substantive issues in the study of health dynamics in the older population. Specifically, the research presented in this symposium examines techniques for describing and analyzing patterns of change in fundamental aspects of health.

SELF-RATED HEALTH, TERMINAL DROP, AND MORTALITY. K. F. Ferraro and J. Kelley-Moore, Department of Sociology, Purdue University, West Lafayette, IN 47907.

Many studies of self-rated health show that it is a reliable predictor of mortality even when controlling health-related variables and status characteristics. According to Idler and Benyamini (1997), one reason for the consistent finding is that self-ratings of health represent judgments of health trajectories. While self-ratings of health may be dynamic perceptions of health, relatively few studies have systematically examined this possibility. This study re-examines the prognostic value of self-ratings of health on mortality with data from 20 years of the *National Health and Nutrition Examination Survey I: Epidemiologic Follow-up Study* (n=6,699). Results indicate that event history models of mortality with self-rated health treated as a time-dependent covariate are superior to those treating it as a baseline predictor only—the latter are likely to underestimate the effect. Moreover, self-ratings of health predict mortality for various subgroups (e.g., African Americans) only when treated as a time dependent covariate. The results suggest that self-ratings of health are sensitive to declines in physical health, especially those associated with terminal drop. The analysis also demonstrates the importance of using dynamic models for studying the link between self-rated health and mortality if data from multiple observation points are available.

(Supported by the National Institute on Aging.)

EVALUATING GROUP DIFFERENCES IN HEALTHY LIFE EXPECTANCY: THE ESTIMATION OF CONFIDENCE INTERVALS FOR MULTISTATE LIFE TABLE EXPECTANCIES.

M.D. Hayward, M. Rendall (The Pennsylvania State University, Department of Sociology, University Park, PA 16802), and E. Crimmins (University of Southern California, Andrus Gerontology Center, University Park, Los Angeles, CA 90089)

Demographers have frequently relied on multistate life table models to analyze health experiences related to aging. The interplay of mortality and chronic morbidity defines the duration of life spent with health problems and the expected number of various health experiences over the life course. Typically, group differences in active life are based solely on comparisons of expectancies. Yet these comparisons have been substantive, not statistical. Questions of whether groups are statistically different in their life course health experiences remain unanswered. Here, we estimate variances around our lifetable estimates, permitting formal tests for group differences in active life. We estimate Markov-based multistate life table models of disease-free life expectancy for the middle-aged and older population of the United States, focusing particularly on sex and educational differences in disease-free life. We focus especially on the heart disease morbidity and mortality experiences of the population. We estimate variances around the life table expectancies using a bootstrap normal approximation method (i.e., the bootstrap standard deviation is used to estimate the standard deviation of the life table expectancies). This approach allows us to calculate confidence intervals around the expectancies and explicitly test for sex and educational group differences in disease free life.

LONGITUDINAL MODELS IN DESIGN AND ANALYSIS OF STUDIES OF AGING.

C.F. Mendes de Leon and L.A. Beckett, Rush Institute for Healthy Aging, 1645 W. Jackson, Chicago, IL 60612.

Studies of biological and social processes in old age increasingly involve sequential measurement over time. These studies allow us to model these processes with far more precision than previously, but raise a number of methodological challenges. This presentation will highlight some of these, in particular the modeling of the underlying process across age, definition and distribution of outcome variables, and the correlated nature of data, and discuss how they affect statistical analysis and interpretation. These issues will further be illustrated by comparing the results of three different longitudinal models of the effect of social factors on ADL disability, using data from a study (N=2812) with 9 waves of annual assessments (New Haven E.P.E.S.E.). The first analysis involves a random-effects model that provides a description of inter-person heterogeneity in the outcome, and estimates how explanatory variables account for it. Next, it will be shown how generalized linear models (GLM) offer a more flexible way of addressing non-linearity and non-normality in outcome data. The third method is aimed at estimating transition probability between pre-defined states, and may be considered when the outcome process of interest in bi-directional, with both improvement and deterioration in the outcome of interest. The focus of the presentation will be on conceptual issues, rather than the statistical aspects.

AN EXPLORATION OF THE TEMPORAL RELATIONSHIP OF DISABILITY AND SELF-RATED HEALTH.

C.W. Peek, Department of Sociology, University of Florida, Gainesville, FL 32611

Recent studies of the health of the older population have relied upon multidimensional conceptualizations of health status. The increasing use of multiple indicators of health to investigate changes in health underscores the need for greater insight into the temporal interplay of various dimensions of the health of older adults. The purpose of this study is to examine the longitudinal relationship of disability and self-rated health. Using data from a multistage probability sample of older adults (65+) conducted during a 30-month period in north Florida (N = 1200), Markov models and Cox proportional hazards models were used to examine the association over time of disability and self-rated health. Declines in self-rated health were more likely to occur among those who began an interval with a disability. Interestingly, having experienced increased disablement 6 months previously also increased the likelihood of a worse self-rating. Those with lower self-rated health were also more likely to experience subsequent onset of disability. Both poor evaluations that occurred at the beginning of an interval and those that occurred 6 months previously influenced disability onset. Self-rated health appeared to be particularly sensitive to *changes* in extent of disability. The *level* of self-rated health was observed to have more influence on disability onset that were previous changes in perceptions of health status. [Support provided by NIA grants AG11183 and AG09649 and AHCPR grant HS00086]

72

GENDER DIFFERENCES IN SUBJECTIVE WELL-BEING AND SELF-CONCEPT IN OLD AGE: A META-ANALYSIS

M. Pinquart, Dept. of Developmental Psychology, Univ. of Jena, 07743 Jena, Germany, S. Sörensen, Utah State Univ., Logan, UT.

Because of women's higher risk of being widowed, having health problems, and needing care, one might expect them to have a more negative self-concept and lower subjective well-being (SWB). However, women may also have greater access to sources of SWB and positive self-concept (such as social networks) and they may engage in processes to protect the self (e.g., lowered aspirations).

Meta-analysis was used to synthesize findings from 217 empirical studies on gender-differences in life-satisfaction, happiness, self-esteem, subjective health, subjective age, locus of control, and loneliness in old age. The data show that older women report lower SWB and less positive self-concept than man on all measures, except subjective age. Larger gender differences in subjective health and loneliness were found in older age groups. Although these differences were statistically significant, less than one percent of variance was explained by gender in each analysis. Thus, gender differences in SWB and self-concept are shown to have low practical importance. Further analyses showed a decrease of gender differences in SWB and self-concept after statistically controlling for gender differences in risk of widowhood, health problems, and SES.

"THE SECOND TIME AROUND": ROMANTIC RELATIONSHIP CHOICES FOR OLDER WIDOWS AND WIDOWERS

K.Davidson, Department of Sociology, University of Surrey, GUILDFORD, UK.

This paper reports an original research investigation of gender differences in choices and constraints in making new dyadic relationships after widowhood. 25 widows and 26 widowers over the age of 65 and widowed for at least two years were interviewed in-depth and the data analysed using a qualitative software program. There is a received wisdom that in widowhood, "Women grieve, men replace". Indeed, demographic data indicate that older widowed men are more likely to establish a new romantic relationship than older widowed women. However, what emerges from the data is a complex picture of same- and cross-gender friendship and partnership matrices which are both age and gender specific. The study concludes that the fundamental gender difference in the decision-making process regarding the formation of an exclusive cross-gender relationship is the perception of the costs and benefits associated with taking on a new partner.

"WOMEN'S PROBLEMS:" HOW GENDER DEFINES INFERTILITY, LONGEVITY, AND RELATIONSHIPS IN THE LIVES OF CHILDLESS ELDERS.

T. Koropeckyj-Cox, Population & Family Health, Johns Hopkins School of Public Health, 615 N. Wolfe St., Baltimore, MD 21205.

About a quarter of older persons are childless. For these men and women, the meanings and implications of childlessness have been shaped by social norms and experiences throughout the life course.

To date, most research on childlessness has focused on women. Little is known about the experiences and perspectives of men or how they compare with those of women. This paper draws on life histories and in-depth interviews with over 100 older men and women (collected by Robert Rubinstein & colleagues) to: 1) describe the life histories of childless men and women – the reasons for their childlessness, their life paths, and the salience of their childless status; and 2) explore the impact of gender in defining the meanings and experience of childlessness. By including both men and women, this study examines the central place of gender norms in defining the meanings and salience of parental status, family life, and longevity.

The findings highlight the social norms that pressured women to marry and equated womanhood with motherhood. Reproduction and infertility were regarded as "women's problems" and even concerns about a childless old age were directed mainly at women. In old age, gender has continued to shape the content, scripting, and appraisals of the life story, defining current social resources, outlooks for the future, and the meanings of longevity for men and women.

SEXUAL AGENCY IN THE GENDER IDENTITIES OF WOMEN AND MEN VARYING IN AGE

B.F. Turner, P. Silva, D. Schulman, Gerontology Center, University of Massachusetts Boston, Boston, MA 02125-3393.

The Boston Area Study of 237 men and 249 women aged 19-94 years applied Huyck's multidimensional set of gender style measures to qualitative responses of personally defined masculinity and femininity. 57% of women and 48% of men experienced themselves in terms of the Femme and Macho gender styles, respectively. Many Macho men defined themselves as sexual agents (e.g., I'm attracted to the opposite sex). Would women's increased rates of non-marital sexual activity in recent decades be reflected in more explicit representations of sexual agency among younger women in this study? 23% of the Femme women defined themselves in sexual terms; controlling for other sociodemographic variables, those who did so were indeed younger than those who did not. Unlike men, however, women's identities were as likely to reside in their power to attract the other sex as in their own attraction to the other sex. Interpretation focuses on cohort differences as well as de Beauvoir's distinction between man as Subject and woman as Other.

GENDER AND EMPLOYMENT STATUS AS CONTEXTS FOR UNDERSTANDING FINANCIAL SATISFACTION DURING THE "EARLY RETIREMENT YEARS."

N.L. Danigelis & B.R. McIntosh, U. of Vermont, Burlington, VT 05405.

While much research has focused separately on the well-being of those in the paid work force and those who have retired, little is known about the ways in which predictors of the financial satisfaction of men and women are affected by work status. Data from a weighted subsample of the 1992 Health and Retirement Study (HRS) are used to describe the effects of several factors on the financial satisfaction of 3,001 men and women, aged 51-61. Of these, 520 were fully retired, 522 self-employed, and 1,959 working full-time for someone else. Parallel OLS regressions highlight the importance of both gender and work status as contexts for understanding the financial satisfaction of individuals in

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the "early retirement" years. Findings show: (1) Among all the retired, health was the most important predictor of financial satisfaction, while among all self-employed and those working for others it was the occurrence of past unexpected financial stressors. (2) Gender differences were most pronounced among the self-employed: For the men, past unexpected stressors and net liquid assets were most important, while for the women, it was health and home ownership. Results suggest that work status differences between men and women in their fifties might usefully be interpreted through a re-examination of the life course perspective (O'Rand, 1996).

73

THE APARTMENT TEST: UTILITY OF A SWEDISH MEMORY MEASURE IN AN AMERICAN SAMPLE

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The Apartment Test, also known as the Memory in Reality test, was developed in Sweden as an ecologically valid measure of memory. Individuals are shown ten everyday objects which they must name then place in a model of an apartment. Delayed recall and recognition of item names and their placement are tested. The current study examined norms and concurrent validity for this test within a US sample of cognitively intact older adults. Forty adults (aged 65-95) completed the Apartment Test within a battery of neuropsychological tests. Performance on naming ($\underline{M}$=9.7, $\underline{SD}$=.5), recall of item names ($\underline{M}$=6.8, $\underline{SD}$=2.1), and recall of object placement ($\underline{M}$=8.9, $\underline{SD}$=1.8) was similar to that of an equivalent Swedish sample. Controlling for level of education, recall of item names correlated significantly with the CERAD Word List delayed recall task, $\underline{r}$=.73, $\underline{p}$=.0001, and a measure of prospective memory, $\underline{r}$=.34, $\underline{p}$=.04, but not with the recall trial of the Rey-Osterrieth Complex Figure Test, $\underline{r}$=.20, n.s. Recall of item placement also correlated with CERAD Word List delayed recall, $\underline{r}$=.47, $\underline{p}$=.009, and prospective memory, $\underline{r}$=.41, $\underline{p}$=.02, but not with Rey-Osterrieth recall, $\underline{r}$=.15, n.s. Naming and recognition showed too little variability to examine their correlates in a non-impaired sample. These findings suggest that the Apartment Test effectively measures verbal memory, and may also tap executive functioning. The lack of association with the Rey-Osterrieth suggests that even the object placement component measures verbal, rather than visuo-spatial, memory.

ADL/ IADL AND PROBLEM BEHAVIORS IN DEMENTIA AS A FUNCTION OF MMSE STATUS

C. Price, L. Gitlin, L. Winter, Community and Homecare Research Division, Thomas Jefferson Univ., Phil., PA.

The relationship of problem behaviors, IADL, and ADL functioning has not been adequately investigated in relation to cognitive decline. The current investigation analyzed these relationships in 125 families participating in the Philadelphia REACH Study (Resources for Enhancing Alzheimer's Caregiver Health). All families included a patient suffering from AD or other dementia. Care-recipient (CR) dementia status was assessed with the Mini Mental Status Exam (MMSE) (Folstein et al., 1975). Caregiver reports were used to assess ADL/ IADLs while problem behaviors were assessed with the Revised Memory and Problem Behavior Checklist (Teri et al., 1993).

The sample was divided into six groups based on CRs' MMSE scores and associated Global Deterioration Scale categories (Reisberg et al., 1982). As expected, IADLs dropped off precipitously after the mild stage (MMSE < 22; $\underline{r}$ = .25), while ADL functions declined more gradually ($\underline{r}$ = .39). As MMSE scores decreased, CRs demonstrated more memory-related problems ($\underline{r}$ = -.21) but less depressive symptoms ($\underline{r}$ = .23). A nonlinear trend was associated with antisocial behaviors, with more problems reported during the moderate to severe stage (MMSE 8-12). The data underscore the MMSE's limitations in predicting problem behaviors and functioning. Ongoing research investigating these variables in relation to dementia type will be reported. BS-2

Psychometric Relationships of the Functional Independence Measure (FIM) and Mini-Mental Status Exam (MMSE) Scales.

Robin C. Tucker, L. M. Dougherty, & J. Goldnetz. Piedmont Geriatric Hospital, P.O. Box 427, Burkeville, VA 23922.

The Functional Independence Measure (FIM) is a widely used method of assessing functional abilities. It measures six areas of ADL and IADL function -- self-care, sphincter control, transfer, locomotion, communication, and social cognition. The Mini-Mental Status Exam (MMSE) is a widely used measure of fundamental cognitive function. Conceptually there should be overlap between FIM social cognition and MMSE abilities. Because of the largely physical nature of the remaining FIM abilities, little overlap would be expected between them and MMSE abilities. We examined the relationships between FIM function and MMSE performance. Subjects were consecutive patient admissions to a gero-psychiatric hospital over a one-year period. All patients were administered the FIM and MMSE within one week of admission. MMSE and FIM social cognition were significantly correlated (r = .555) indicating that similar constructs were being assessed. As expected, MMSE and the remaining FIM areas were not correlated. BSS2

EFFECTS OF AGE AND HIV-1 INFECTION ON COGNITIVE FUNCTIONING

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Findings from studies over the last decade have revealed considerable neuropsychological abnormalities in individuals with HIV-1 infection. These neuropsychological deficits are thought to primarily reflect subcortical dysfunction. The changes seen in cognitive functioning as part of the normal aging process also resemble a subcortical process. Yet most studies of individuals with HIV-1 have been limited to younger adults or do not address the differential impact HIV-1 infection might have on the cognitive functioning of older adults. Preliminary research suggests that HIV-1 infection and aging may have a synergistic effect on cognitive functioning.

The purpose of this presentation is to present an overview of the available research in support of the subcortical dysfunction hypothesis in HIV-1 infection and to present results from our own research which suggest that age may accentuate this effect. Older adults with HIV-1 performed significantly less well on measures of abstraction, verbal fluency, and information processing speed than older HIV negative controls and younger HIV positive adults. Furthermore, the performance of younger HIV-positive adults tended to be similar to that of older HIV negative adults.

There is a low index of suspicion among physicians and other health care providers for HIV-1 infection in older adults. These results, however, highlight the importance of testing for HIV serostatus in older individuals with cognitive impairment.

CASE COMPARISON OF LATE-ONSET PSYCHOSIS: AN ASSESSMENT TEMPLATE.

S. F. Ball, Philadelphia College of Osteopathic Medicine, Department of Psychology, 4190 City Avenue, Philadelphia, PA 19131.

Few cases of late-onset psychosis without dementia, or "paraphrenia" have been documented in the neuropsychological literature. A comparison study was made between two women, C.K. (67 years old) and R.B. (66 years old), each displaying a sudden onset of psychotic symptoms (prominent misidentification delusions and hallucinations) in the absence of pre-existing psychiatric, neurological or subcortical white matter alterations. Neuropsychological testing and SPECT scans (Single Photon Emission-Computed Tomography) were obtained and analyzed for both patients after the onset of psychotic features. It was found that both patients demonstrated difficulties in executive functions, visuospatial tasks, and word list generation, corroborated by hypoperfusion to their right frontal and left anterior temporal lobes. There was little evidence to diagnose dementia in either patient. Neither neuropsychological evaluation nor SPECT scanning alone was able to produce the differential diagnosis of paraphrenia. However, when combined, these two measures provided physiological and behavioral correlates which informed a framework to conceptualize paraphrenia. This integration of neuropsychology and functional radiology served to differentiate late-onset psychosis from delusions associated with dementia.

74

AGE DIFFERENCES IN LIVING RELATIVES AND SIZE OF CLOSE AND PROBLEMATIC SOCIAL NETWORKS

K.L. Fingerman, K.S. Birditt, 110 South Henderson, Pennsylvania State University, University Park, PA 16802.

Older adults consistently name fewer people as close to them and fewer people as causing problems than do younger adults. Researchers who study the oldest-old have suggested that this age group has diminished social resources because they have outlived their social contacts. One hundred sixty-six individuals ages 13 to 99 diagrammed their networks of close and problematic social ties. Then, they provided information about their available living relatives. Older individuals named nearly all of their living relatives in their networks of close ties with the exception of their grandchildren. Older individuals were highly unlikely to name grandchildren as problematic. Younger individuals did not name all of their living relatives in either network. Findings are discussed in terms of theories addressing selection of social ties and of loss of social ties in old age.

ELDERLY BETWEEN FAMILY AND STATE: CAREGIVING TRIADS AND THE BURDEN OF GRATITUDE

M. Lewinter, Dept. of Sociology, U. of Copenhagen, Denmark

This paper discusses the caregiving triad in which frail elderly receive help from both informal and formal (public) sources from the perspective of the caregiving recipient. It argues that a burden of gratitude may arise among frail elderly who receive a substantial amount of help, since they know that they will not be able to honor that obligation, that is be willing ti reciprocate should the need arise. The paper will discuss how elderly relate to formal and informal sources of help in that perspective. It is based on qualitative interviews with a random sample of home help recipients, their informal and formal caregivers in two regions of Denmark (43 caregiver triads in all). The elderly were concerned about becoming a burden to their caregivers. They stressed the ways in which they strive to reciprocate both their family and home helper. They were determined to retain participation in social relations through reciprocity. The paper also discusses the basis for these reciprocities and the structure of the caregiving triad. It concludes with a discussion of how having two sources of help that are available and acceptable and that place the elderly in the center of the caregiving triad may ameliorate the burden of gratitude that elderly feel when dependent on help from others.

MANAGED CARE, HOME HEALTH, AND FAMILY CAREGIVERS. Shelley I. White-Means and Rose M. Rubin, Department of Economics, University of Memphis, Memphis, TN 38152.

Managed care contracts are extensive for those who are privately insured and for Medicaid recipients. The new Medicare+ Choice will lead to an increasing prevalence of managed care for

Medicare recipients. Unclear is how this insurance trend will affect formal and informal home care services of disabled older persons. Using the 1994 NLTCS, we estimate logistic regression models of home health utilization, ADL caregiver support, and IADL caregiver support. Additionally, we OLS to estimate log ADL caregiving hours and log IADL caregiving hours equations. Finally, we run a simulation of the effects of changes in HMO coverage on home health use and caregiving hours. We find that HMO enrollees are less likely to use home health services. Lower probabilities of home health use are associated with reduced ADL hours, increased IADL hours, and reduced total hours of informal support from family and friends. This research suggests that the emphasis on managed care may lead to less formal and informal support among disabled older persons, possibly reducing their ability to live independently.

TAKING CARE: A NATIONAL PERSPECTIVE ON THE TYPES AND AMOUNT OF INFORMAL CARE TO CANADIAN SENIORS. N.C. Keating, J. Fast, Department of Human Ecology, University of Alberta, Edmonton AB, T6G 2N1 and J. Frederick, Division of Housing, Family and Social Statistics, Statistics Canada, Ottawa, ON.

Current policy paradigms in Canada include an assumption that the best care for frail seniors comes from informal sources and that informal caregivers should do more. Yet to date there has been no national perspective in Canada on the amount or types of care that are provided by the informal sector.

We addressed the question of the types and amount of eldercare to frail seniors through analysis of the 1996 Statistics Canada General Social Survey. The 1996 GSS was a national survey of 12,000 Canadians over age 15 and was focussed on caregiving. We analyzed a subset of respondents providing care to seniors with long term health problems. In this presentation we report on multiple regression analyses by gender on predictors of hours of care by seven types of care tasks and total care.

Findings are that 11% of adult Canadians (61% women) provide an average of 5 hours a week of informal eldercare. Highest average hours are in meal preparation and personal care with clear gender differences in tasks performed. While the main predictor of caregiving time for women was being a primary caregiver, for men sets of predictors were task-specific. We argue that the paradigm is much more ingrained in the lives of Canadians than previously understood.

SUBSTITUTIONS OF FORMAL FOR INFORMAL HELP OVER TIME M.Stommel, B.A.Given, C.W.Given, College of Nursing and Department of Family Practice, Michigan State University, East Lansing, MI 48824.

The conditions under which families substitute formal services for their own labor services have long been of interest to policy makers. However, existing studies do not distinguish between substitutions over time within the same family unit and substitutions occurring across different family units. In addition, the likelihood of substitution is task-specific, as different assistance tasks vary in their complexity and require different skills. The present analysis examines these issues based on panel data from an NIH-funded study of 535 long-term cancer patients, aged 65-93. These patients were followed for 12 months (4 interview waves). At each wave they reported who assisted them, with up to 30 different assistance activities ranging from household chores to ostomy care. Respondents indicated further whether the assistance for a particular task was provided by professionals or family members and paid or unpaid persons. Overall assistance levels varied over time, declining from an average of 6.2 hrs. per week (six weeks after diagnosis) to 2.1 hrs. per week (12 months after diagnosis); p<.01. Of the 30 assistance tasks, only one - administering IV medications - was exclusively performed by professional helpers. Employing multi-nomial logit models to examine the repeated categorical assistance patterns within and between family units, we found little variation in assistance patterns by occasion, but substantial variation between different patients based on primary diagnosis (breast, colon, lung, prostate), treatment (surgery, chemotherapy, radiation), and patient gender. Except in the case of household chores, higher socio-economic status is not a predictor of greater use of formal or paid services. Policy implications are discussed.

MEASUREMENT OF SOCIAL SUPPORT AND RELIGIOSITY: IMPACTS ON MULTIPLE HEALTH OUTCOMES AMONG DIFFERENT ETHNIC GROUP ELDERLY.

B.C. Du Bois, C. Yavno, E.P. Stanford, MG Schmidt, University Center on Aging, San Diego State University, San Diego, CA 92182.

Research was directed at determining interaction effects of different types of social support & religiosity variables on multiple health outcomes among three ethnic groups of older adults (African American, Caucasian, Latino) in San Diego County (N=2100). Literature on social support provides compelling evidence of the salutogenic effects of social support on health and the increasing role social support plays with advancing age. The social epidemiology of religion suggests that religious participation is associated with decreased morbidity, reduced mortality & increased well-being. With increasing age, people do commonly participate in religious networks, practices, and social activities more intensively. The possibility exists that what we ascribe to as religiosity effects may indeed be social support acting in new ways or, in combination with religiosity, producing more powerful salutogenic effects than either one acting alone. To clarify differences between what are effects from social support and religiosity, covariate analysis and regression analyses using interactions were conducted on physical health, length of hospital stay, and rehabilitation across three ethnic groups of older people. Results showed that measuring social support with religiosity and identifying unique synergistic effects between the two may provide us with interesting ways to assess social resources in the lives of older people, with special ramifications for higher risk populations of Latinos and African Americans. Results also suggest the need for more theory building in the areas of social support and religious participation with increasing age.

75

GERONTOLOGY IN THE "REAL WORLD" MODELS OF EXPERIENTIAL PEDAGOGY

R. Blieszner, Human Development (0416), Virginia Polytechnic Institute and State University, Blacksburg VA 24061

Participants:

S. K. Whitbourne, K. J. Collins, & K. Skultety (Psychology, U. Massachusetts, Amherst MA 01003) The Practicalities of Including Service-Learning in a Course on the Psychology of Aging.

R. Blieszner & L. Artale (Virginia Polytechnic Institute and State University). Contributions of Service-Learning to Knowledge and Attitudes about Aging.

J. S. Whitthoeft & J. M. McDonald (Public Health and Parks & Recreation and Tourism Management, Clemson U., Clemson SC 29633). Effects of Intergenerational Service-Learning on Perceptions about Older Adults and Aging.

S. S. Travis (U Oklahoma Health Sciences Center, Oklahoma City OK 73190). Organizing, Managing, and Evaluating Clinical Internships.

Discussant:

J. C. Cavanaugh (234 Hullihen Hall, U. Delaware, Newark DE 19716).

Experiential learning can be very successful in fostering acquisition of knowledge about aging and positive attitudes toward older adults. Yet routinely placing students in community settings brings special challenges to gerontology instruction. Presenters provide practical suggestions and evaluation data related to experiential learning. Whitbourne and colleagues give detailed information about the logistics of pursuing appropriate sites for service-learning, suggestions for on-site student projects, and tips for handling problems and incorporating experiences into the classroom. Blieszner and Artale present data on pre- and post-experience evaluations of the effects of service-learning on students' knowledge and attitudes about aging. They also report advantages and disadvantages of service-learning. Whitthoeft and McDonald extend the evaluation of service-learning to data from both students and community elders and comparisons of students in service-learning with those in traditional lecture formats. Travis discusses requirements for successful clinical internships, which involve students in more intensive professional experiences. She includes suggestions for both formative and summative evaluation and documentation required for licensure. Cavanaugh ties the presentations together with general comments on experiential pedagogy and examples from his own use of volunteering in courses on aging.

THE PRACTICALITIES OF INCLUDING SERVICE LEARNING IN A COURSE ON THE PSYCHOLOGY OF AGING

S. K. Whitbourne, K. J. Collins, and K. Skultety, Department of Psychology, University of Massachusetts, Amherst, MA 01003

The purpose of this presentation is to convey the practical "nuts and bolts" of including service learning in a course on the psychology of aging. We will discuss the issues related to implementing service learning, including how to pursue reliable community contacts and establish appropriate sites for students to participate in such a project. We will address the practical aspects of service learning, including recruiting students and creating viable contracts between students, professors, and participating facilities. We will also discuss how to handle concerns that arise with the implementation of a service learning project, such as transportation, ongoing communication with facilities, and student reluctance in specific settings. We will elaborate on the types of projects students can implement at service learning sites, and will also address how students can bring their experiences into the classroom to share with their peers. In conclusion, we will cover how students, site coordinators, and professors can evaluate service learning in a manner suitable for the academic setting.

CONTRIBUTIONS OF SERVICE-LEARNING TO KNOWLEDGE AND ATTITUDES ABOUT AGING

R. Blieszner and L. Artale, Department of Human Development (0416), Virginia Polytechnic Institute and State University, Blacksburg, VA 24061.

We examined academic outcomes of service-learning using both pre- and post-course questionnaire data and open-ended questions from four semesters of an undergraduate adult development and aging class involving 213 students. Compared to initial expectations, at course end student ratings showed a significant, positive change in the usefulness of participation in service-learning in understanding course material ($p < .05$). Advantages of service-learning as reported by students included better understanding of course concepts, dispelling aging myths, and reinforcing career choices. The main disadvantage they mentioned was the time commitment involved in participating in service-learning. Students believed they learned more in a course based on service-learning than in a traditional lecture-based course. This method, when appropriately used, is an effective way of engaging students in the learning process, reducing myths about aging, and introducing students to careers in gerontology services.

EFFECTS OF INTERGENERATIONAL SERVICE LEARNING ON PERCEPTIONS ABOUT OLDER ADULTS AND AGING

Judith S. Witthoeft, Jessyna M. McDonald,
Departments of Public Health and Parks,
Recreation and Tourism Management,
Clemson University, Clemson, SC 29633

An effective way to abolish the myths perpetuated by the media is to have the generations interact together. Project

"HAIL" (Health and Intergenerational Leadership) brought together students and faculty from two academic departments and older adults in five different sites in surrounding communities. As part of the project, a pre-test, post-test control group design was used to measure student outcomes in the areas of course content, knowledge related to service-learning projects and student attitudes toward the elderly. Two sections of the health course, "Health Promotion of the Elderly" were used to gather data; one with an intergenerational component and one traditional three-hour lecture course. In the intergenerational course section, students and older adults formed cohorts in which they planned, implemented, and evaluated site projects. Part of the research ascertained student change in the perceptions of older adults and aging. Jennifer Hinton, graduate assistant in Parks, Recreation and Tourism Management, collected and analyzed the data based on two scales; a 20 item seven point semantic scale of how students felt about older people (wise, foolish, etc.) and the 20 statement "Perception of 'Older People' Scale". Mean differences between the treatment and control groups were 15.680 (p=.005) for the semantic scale and 41.5 and 38.8 respectively for "The Perceptions of 'Older People' Scale". The results indicate that intergenerational contact combined with classroom learning appear to have more positive results on university students' perceptions of older adults that classroom learning alone.

ORGANIZING, MANAGING, AND EVAULATING CLINICAL INTERNSHIPS

S.S. Travis, University of Oklahoma Health Sciences Center, Oklahoma City, OK 73190.

One of the main purposes of a clinical internship is to provide students with opportunities to apply knowledge in direct care situations under the supervision of a skilled mentor. This session will: (1) discuss some of the key elements required to organize a successful experience (a systematic assessment of the various learning opportunities available at the proposed clinical site, determining the willingness and ability of the clinical site to support student learning, and coming to a prearranged agreement with the clinical agency on the goals and expected outcomes of the experiences), (2) describe strategies for managing the activities of students in multiple sites, and (3) provide examples of formative and summative evaluation techniques for clinical internship experiences (skills checklists, written diaries, self evaluations). Because clinical internships are often requisite experiences for licensure and/or certification in certain disciplines, strategies for appropriate documentation and record keeping will also be described.

MODELS OF ADAPTATION TO DEVELOPMENTAL LOSSES ACROSS ADULTHOOD.

F. R. Lang, Humboldt University of Berlin, Geschwister-Scholl-Str. 7, 10099 Berlin, Germany
J. Heckhausen, Max-Planck-Institute of Human Development, Berlin, Germany

Participants:

F. Blanchard-Fields (Georgia Institute of Technology, Atlanta, GA) Knowing When To Act and When to Let It Be: Social Problem Solving in Older Adults.

J. Heckhausen & R. Schulz (Max-Planck-Institute of Human Development, Berlin, Germany) Primary and Secondary Control of Developmental Loss: An Action-Theoretical Approach.

F. R. Lang, Jopp, D., Lißmann, I., Rieckmann, N., & Baltes, M. M. (Humboldt University of Berlin, Berlin, Germany) Selective Optimization With Compensation: Maximizing Resources Across Adulthood

N. Steverink (University of Nijmwegen, Netherlands) Successful Aging from the Perspective of SPF-Theory.

Discussant:

R. Schulz (University of Pittsburgh, 121 University Place, Pittsburgh, PA)

Models of adaptation to developmental loss focus on the motivational and behavioral processes or strategies that individuals actively apply in order enhance their potentials for control or to maintain high levels of functioning in everyday life. In contrast to earlier concepts of successful aging, recent models assume a life-span perspective that views adaptive processes as interactive outcomes of contextual constraints, resources and individual strivings across various domains of functioning. Most models also conceive of the individual as an active agent in adapting to developmental loss across adulthood. In the symposium, different models of loss adaptation will be presented and illustrated with empirical findings. Blanchard-Fields emphasizes the individual's capacity to decide between taking an active or passive role in problem solving depending on the appraisal of the situation or context. Heckhausen and Schulz present an action-theoretical model based on a life-span theory of control, which proposes action cycles of goal engagement and disengagement contingent on the age-graded waxing and waning of opportunities for attaining important life goals. Lang and collaborators argue that the availability of resources enhances the likelihood and efficiency of adaptive strategies such as selection, optimization, and compensation when dealing with loss. Steverink presents a theory of social production functions that specifies processes of goal and resource substitutions that may enhance well-being in later life.

KNOWING WHEN TO ACT AND WHEN TO LET IT BE: SOCIAL PROBLEM SOLVING IN OLDER ADULTS.

F. Blanchard-Fields, School of Psychology, Georgia Institute of Technology, Atlanta, GA 30332-0170.

An overview of my program of research on everyday problem solving in a social context will be presented. Older adults perform relatively poorly on a number of cognitive tasks that require them to solve novel problems faced in everyday life. However, tasks representing more interpersonal involvement tend not to show this pattern of loss. In the interpersonal domain, older adults demonstrate equivalent, if not more optimal performance than younger adults. A number of studies will be reviewed suggesting that older adults show greater sensitivity to contextual features of specific problems. In other words, the situation appraisal determines when it is optimal to directly confront a problem and when to take a more passive role. In addition, older adults are more attentive to emotional issues and are more likely to focus on problem solving strategies involving emotional regulation. The degree to which interpersonal problems are high in emotional salience influences when age differences in problem solving strategies are observed. The role of emotional salience on problem solving strategy selection and how it contributes to adaptation in older adulthood will be discussed.

PRIMARY AND SECONDARY CONTROL OF DEVELOPMENTAL LOSS AN ACTION-THEORETICAL APPROACH

J. Heckhausen & Richard Schulz, Max-Planck-Institute of Human Development, Berlin, Germany

Heckhausen and Schulz's life-span theory of control conceptualizesprimary control as directed at changing the external environment, whilesecondary control behavior is targeted at internal processes and aims tooptimizing motivational resources for primary control striving. The modelof developmental regulation based on this theory identifies a set ofcontrol strategies suitable for goal striving and a set of controlstrategies oriented at goal disengagement and self protection afterfailure. When opportunites to attain important developmental goals, such asfinding a partner or maintaining physical health are waning and thus adeadline for attaining a goal is passed, individuals go through anaction-phase sequence of urgent goals striving followed by goaldisengagement when the goal in no longer attainable. This shift in goalorientation is reflected in selective usage of urgent primary controlstriving and post-deadline employment of compensatory secondary control, sothat goal disengagement and self protection is achieved. Empirical evidencefrom different studies investigating first parenthood, intimatepartnership, and health maintenance as target developmental goals isreported and evaluated in view of a control-theoretical approach to lossadaptivion.

SELECTIVE OPTIMIZATION WITH COMPENSATION MAXIMIZING RESOURCES WHEN CONFRONTED WITH AGE-RELATED LOSS

Lang, F. R., Jopp, D., Lißmann, I., Rieckmann, N., & Baltes, M. M., Humboldt University of Berlin, Berlin, Germany

The model of selective optimization with compensation (s.o.c.) describes ways by which individuals make use of available resources in order to enhance their adaptivity in everyday life. Availability of cognitive, motoric, personaliy and social resources is expected to lead to an augmented use of adaptive strategies such as selection, optimization, and compensation. In addition, when individuals face age-related losses, increased use of selection and compensation strategies are associated with higher levels of well-being and feelings of autonomy. Thus, the s.o.c. model contributes to the maximization of resources across domains of functioning. The theoretical assumptions are illustrated with empirical findings from the Berlin Aging Study and the Successful Aging Study on Life Experience (ALLEE) with 480 participants aged between 20 to 90 years.

SUCCESSFUL AGING FROM THE PERSPECTIVE OF SPF-THEORY

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Understanding successful aging and adaptation to loss across adulthood requires a theoretical framework that allows to reconstruct not only how behavior of individuals is organized over the life span, but also what the circumstances are that affect behavior and how this relates to successful outcomes. The theory of social production functions (SPF-theory) is presented as an alternative framework for this purpose. SPF-theory combines a theory of individual behavior - necessary to understand how the individual actively produces his or her own development and adapts to the changes of aging - and a theory of goals - necessary to understand how behavior relates to the physical, social and psychological environment of the individual and how this may lead to successful outcomes. SPF-theory allows to formulate hypotheses on (un)successful processes of substitution (or compensation) of goals and resources in the perspective of developmental losses across adulthood. Empirical tests of the theory show the hypothesized patterns of substitution, as well as the hypothesized importance of SPF-based goals and resources for the production of well-being in later life.

77

Executive Dysfunction and Functional Disability among Patients with Alzheimer's Disease

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While researchers agree that executive functions play a significant role in an individual's ability to live independently, little work has examined the relationship between executive functioning and daily living skills in Alzheimer's disease. This study assesses one aspect of executive functioning, perseveration, and its utility in predicting functional impairment in Alzheimer's disease.

Fifteen individuals with late onset dementia of the Alzheimer type and twenty-three normal controls between the ages of 61 and 91 participated in the study. Measures included: Object Alteration, Block Design, Verbal Paired Associates, Boston Naming Test, Mini Mental Status Exam, and the Functional Status Instrument.

Results indicated that perseveration was significantly associated with functional disability; however, the association between functional disability and perseveration was lower than the associations between functional disability and verbal recall, language, and visual-spatial skills, respectively. Nonetheless, a hierarchical regression analysis revealed that perseveration contributed additional variance to functional impairment beyond that accounted for by deficits in verbal recall, language, and visual spatial skills. These findings provide further clarification of the relationship between cognitive and functional disability and may help contribute to more refined assessments of patients' needs.

THE RELATIONSHIP BETWEEN DECLINE IN COGNITIVE FUNCTION AND DECLINE IN PHYSICAL FUNCTION AND WELL-BEING

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The objective of this study was to examine the interrelationships between changes in cognitive function, changes in activities of daily living (ADL), and changes in self-reports of depressive symptoms during late adulthood. A total of 636 men, survivors from the Western Collaborative Group Study and age 60 to 80 years at baseline, were followed for up to 9 years. Three repeat assessments of the ADL and CES-Depression scales were used to calculate individual trajectories (slopes) of change scores. These were then examined in relation to rates of change (slopes) over the same interval in cognitive performance. Age, education, marital status, and physical activity were included as possible confounders. For the sample as a whole, significant decline in physical function and increase in depressive symptoms was observed. In parallel, these men showed significant decline in performance on a test of psychomotor speed (Digit Symbol Substitution) and a test of visual memory (Benton Visual Retention). Significant and independent correlates of rates of change (slopes) in physical function were age, and changes in self-perceived health, depressive symptoms, and psychomotor speed and visual memory. Similarly, the increase in self-reports of depressive symptoms was paralleled by the decline in physical function and self-report of poorer health status. A significant relationship was also observed between the increased rate of depressive symptoms and decline in verbal fluency. Being married and having a higher education level somewhat mitigated these changes. These results suggest that trajectories of physical and cognitive decline are significantly associated with the trajectory of well-being in old age.

HEALTH PROMOTING BEHAVIORS AMONG ADULTS WITH TYPE 2 DIABETES

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Dietary habits, exercise, weight management, and smoking status are very important to management and prevention of complications in type 2 diabetes. This study describes the prevalence of these health behaviors and their change over time in a national sample of adults. Data are from the first and third waves of the Health and Retirement Study (HRS) conducted in 1992 and 1996. The sample consisted of 733 adults ages 50-62 with type 2 diabetes. About half were women, 67.3% white, 19.9% black. The most common behaviors were being "on a special diet" (79.6%), and not smoking (76.6%). In addition, 66% were at least somewhat active, and 58.4% were trying to lose weight. Reported behaviors diminished over time. Of those stating they were on a special diet, trying to lose weight, or exercising at baseline, 30%, 44% and 55% respectively, were no longer reporting the behavior at wave 3. The prevalence of behaviors related to body weight is disappointing. Worse, these behaviors declined over just 4 years time. A better understanding of factors contributing to a person's decision to begin or discontinue health promoting behaviors is needed to plan effective supportive or pre-emptive interventions. BSS-23

CHANGES IN SELF-EFFICACY AS A PREDICTOR OF DISEASE SYMPTOMS AND PSYCHOLOGICAL WELL-BEING IN OLDER WOMEN WITH OSTEOARTHRITIS (OA)

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This study examined naturally occurring changes in arthritis self-efficacy (confidence in managing OA symptoms) over a six-month period for 101 older married women with OA. It also examined decreases in self-efficacy as a predictor of increased disease symptoms (pain, disability, and functional limitations) and poorer psychological well-being (depressive symptomatology and life satisfaction). Findings revealed that the majority of arthritis patients experienced reductions in self-efficacy. In six months, almost half (49.5%) of the respondents reported a decrease in feelings of self-efficacy to manage pain and control other arthritis-related symptoms, while less than one-fifth (16.8%) reported improvements in their levels of self-efficacy. After controlling for rheumatologists' and husbands' ratings of arthritis severity, findings were consistent with the hypothesized relationship between self-efficacy and disease symptoms. Decreases in self-efficacy predicted increases in all three disease symptoms. Support was mixed for the relationship between self-efficacy and psychological well-being. Decreases in self-efficacy predicted disease symptoms and greater depressive symptomatology. However, self-efficacy decreases did not predict lower levels of life satisfaction. Findings illuminate the importance of self-efficacy in adjustment to OA over time. B&SS-16

INSIGHT AND AWARENESS IN PERSONS WITH DEMENTIA

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The early diagnosis of dementia provides a largely ignored opportunity to increase our understanding of the psychodynamic effects of this diagnosis on individuals while they are still cognitively intact enough to describe the impact. This purpose of this study was to increase our understanding of the impact of the diagnosis of dementia on a sample of elderly individuals with early stage dementia. Qualitative methods were used to collect, code, and analyze the dialogue from a series of early stage dementia support groups. Quantitative methods were used to assess cognitive functioning, awareness of memory deficits, and depression. Analysis of the transcribed support group sessions indicated that the participants were keenly aware of their diagnosis and were concerned with how their lives as well as the lives of their family caregivers would be impacted as the disease progressed. Participants appeared to possess an awareness of their decline as they wanted to know how best to combat the illness and the associated negative outcomes. However, scores on the measure of deficit awareness indicated that these individuals have suffered a loss of awareness specific to their own memory functioning. While at times concerned and angry about their condition the participants exhibited little or no depressive behavior. The results of this study clearly indicate the importance of obtaining the perspective of the client with newly diagnosed dementia. Contrary to general publics perception, these individuals are able to discuss the negative effects of the dementia diagnosis, how they think and feel about the diagnosis, as well as how they cope and adapt to increasing levels of impairment. There is much we can learn from listening to the early stage dementia patient.

PERSONALITY AND COPING: PATHWAYS OF ADJUSTMENT TO CHRONIC IMPAIRMENT

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The experience of age-related vision impairment after a lifetime of normal vision functioning is likely to be distressing. Indeed, a burgeoning research literature has linked vision impairment in elders with depressive symptoms. To explain individual differences in the level of depressive symptoms, the present study tested a model of personal resources (personality and coping), stress, adaptation, and depressive symptoms in 140 community-residing elders with age-related vision impairment. Through in-person interviews, elders responded to measures of vision loss severity, neuroticism, coping, concurrent vision-related stress, adaptation to vision loss, and depressive symptoms. It was expected that personal resources would predict vision-related stress; in turn, stress would predict adaptation to vision loss; finally, in turn, adaptation would predict depressive symptoms. Path analysis was used to determine both overall model fit to the data and the relationships between the model components. Results indicated a good fit between the model and the data with chi-square (df = 2) = 1.30, p = .52, and AGFI = .96. Neuroticism had a significant direct effect and weaker indirect effects through stress and adaptation on depressive symptoms. In contrast, for the coping strategies, the indirect effects were greater in magnitude than their direct effects on depressive symptoms. The findings suggest that when faced with a chronic impairment, personal resources, especially coping, influence depressive symptoms through pathways of stress and adaptation.

CORRELATES AND CONSEQUENCES OF CHRONIC PAIN IN LATE LIFE.

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Chronic pain challenges the coping skills of older adults. Despite the wide-spread occurance of geriatric pain, no comprehensive literature on this topic exists. We completed a comprehensive review and qualitative analysis of the geriatric chronic pain literature since 1990 and found 335 articles focused on this topic that reported North American research. Physical, social and psychological variables associated with chronic pain and the elderly were mentioned in just over half (53%) of the articles. However, only 16% of the articles had social variables (gender, race, and age) as their primary interest. One-fourth (27%) of the articles focused on psychological issues, with half including depression as the variable of interest. The analysis of the articles' content suggests that research on chronic pain in later life would be substantially improved if a more structured and comprehensive approach were used. This should combine the study of psychosocial issues with that of physical issues. Researchers and clinians with a more global understanding of chronic pain mights help improve the quality of life older adults.

Funded by the AARP/Andrus Foundation

THE BUFFERING EFFECT OF COMMITMENT TO PETS

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Humans have been associated with dogs and cats since prehistoric times and the beasts are still in the 'caves' of a majority of humans. The reasons are unclear but relation to health and quality of life are often implicated. Friedmann, Katcher, Lynch and Thomas (1980) found increased one year survivability of pet owning patients after discharge from a coronary care unit. Others, (Lawton, Moss & Moles, 1984; Tucker, Freidman, Tsai,& Martin, 1995) find no health benefits of pet ownership.

In a sample of 284 persons (mean age 30.44), we measured doctors' visits, commitment to pets, and several functional age and perceived health attitudes. We find that for persons with many doctor's visits, those who reported high commitment to their pets reported higher perceived health than those who reported low commitment to their pets. There was no effect for commitment to pets for persons with few doctor's visits. Commitment to pet is a possible perceived health buffer for persons presumed to be below average in health. Commitment to pet also makes a strong contribution to perceived health when combined with other variables such as age income and number of doctors' visits.

COPING WITH OSTEOARTHRITIS IN ADULTHOOD

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OA is the most common type of arthritis in older adulthood and may cause pain and functional impairment, both of which can lead to depression. OA can also occur in middle-age, although this is less common. Much of the literature on the psychosocial aspects of arthritis focuses on RA, but it is unclear how much of this accumulation of knowledge applies to OA. The first goal of this preliminary report of data is to explore the effectiveness of certain strategies for coping with OA. The second goal is to conceptualize OA as a normative versus nonnormative life event for older versus middle-age women and to examine age differences in coping. These data are part of an ongoing study comparing coping with arthritis in 65 middle-age women with OA, 65 older women with OA, 65 middle-age women with RA, and 65 older women with RA, data collection continues for the RA group. Sixty-four middle-aged and older women with OA participated in face-to-face interviews. The mean age was 69 and ages ranged from 47 to 87. Many had a college degree or greater (59%), reported income of at least $50,000/year (61%), and most were white (92%). After controlling for pain, passive coping, self-isolation, disengagement, venting and catastrophization were associated with poor outcomes (re: depression, life satisfaction, and/or mood). Interestingly, acceptance and distancing/denial were associated with positive outcomes. Middle-aged women used significantly more passive coping, self-blame, seeking social support, emotional coping, venting and catastrophization. Cohort and life stage issues may be important determinants of how one chooses to cope with chronic illness.

PSYCHOSOCIAL FACTORS THAT AFFECT HOW OLDER ADULTS COPE WITH HEARING LOSS.

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Our study examined compensatory strategies for hearing loss and the effects that psychosocial factors (i.e., attitudes about aging, personal adjustment to hearing loss, and perceived social support) have on the use of these strategies. These coping strategies were divided into two groups: adaptive and maladaptive strategies. Adaptive strategies are behaviors that promote understanding of the conversation (i.e., asking others to repeat). Maladaptive strategies are coping behaviors that do not promote understanding (i.e., pretending to understand the conversation). Fifty-four older adults completed several questionnaires: a brief health and hearing questionnaire, Communication Profile for the Hearing Impaired, Attitude Towards Loss of Hearing Questionnaire, Anxiety about Aging Scale, and Compensatory Strategies for Hearing Loss Questionnaire. Results indicated that older adults use maladaptive strategies more often than adaptive ones. Use of adaptive strategies increased with the severity of hearing loss, whereas the use of maladaptive strategies was constant across severity levels. Adaptive strategies were predicted by their effectiveness to increase understanding and perceived hearing loss. Maladaptive strategies were predicted by personal adjustment to hearing loss and perceived social support. These findings indicate that maladaptive coping strategies are frequently used starting from the early stages of hearing loss and that these behaviors are dependent on psychosocial, rather than physical, factors.

WELL-BEING FOLLOWING STROKE IN LATER LIFE: THE INTERPLAY OF SELF AND SOCIETY

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A stroke can significantly affect the well-being of adults in later life. Stroke'induced disability and health problems can diminish well-being, while macro-level social factors, such as SES and social support, may moderate the effects of stroke on well-being. The objective of this research was to examine patterns of well-being in stroke survivors, with attention paid to micro level factors within structural constraints.

Results pertain to 282 community-dwelling stroke survivors in a nationally representative sample of Canadian seniors (age 65+). Well-being was assessed with Ryff's multidimensional measure. Using multiple linear regression, stroke survivors with lower self-rated health and more limitations in instrumental ADLs report decreased well-being, when controlling for age and comorbid health conditions ($p<0.001$). Education (years) and satisfaction with social support were positively related to well-being. Significant interaction effects were found between disability and both education and social support ($p<0.001$), suggesting that the effects of functional limitations on well-being vary according to the macro-level social resources of stroke survivors.

The incorporation of both micro and macro perspectives can lead to a more comprehensive understanding of the processes influencing well-being following stroke in later life. BSS-16

SIMPLE PLEASURES RURAL PARTNERSHIP PERSONS WITH DEMENTIA AS VOLUNTEERS

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Volunteering is a socially acceptable, normal activity that uses decision making skills, problem solving abilities, and provides an outlet from former employment or hobbies. Volunteering can also provide a sense of community and lead to new or improved social contacts. Providing meaningful activities for persons with dementia is often a difficult task. This is particularly true of the individual who lives in a rural area and who has no access to day programs or appropriate community-based activities. This session will describe a rural partnership that was formed which included a recreation therapist, a home health agency, a senior citizens group, and 13 rural families. In this pilot research project the individual with dementia became a community volunteer by building and finishing specially designed craft projects which were then donated to others. After 8 weeks of the program the individuals with dementia showed significantly improved mood and functioning, and their caregivers showed significantly less burden. This preliminary research demonstrates the use of a therapeutic recreation intervention to improve quality of life for individuals with dementia in rural areas.

THE ASSESSMENT OF REINFORCER PREFERENCES IN DEMENTIA PATIENTS

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This research evaluated whether the preferences of severely impaired dementia patients can be assessed using new techniques adapted from those used with the developmentally disabled. The development of effective preference assessment techniques has broad implications for the quality of life as well as the management of behavior problems in dementia patients. Long-term care settings are often criticized for the paucity of stimulation provided for the residents, especially those with cognitive impairment who are unable to communicate their preferences clearly to the staff. Furthermore, long-term care providers have lagged behind in the development of environmental alternatives for the management of problem behaviors in dementia patients. Reinforcer preference assessment is an efficient means with which to address both of these issues. The procedure allows staff to provide residents access to items and activities that are both meaningful to the resident and that significantly influence responding. The main components of reinforcer preference assessment include: 1) generating a reinforcer menu, 2) measuring patient time allocation to menu items, and 3) a validity check. This procedures has been incorporated within interventions to reduce aggression and other agitated behavior in dementia patients. The results of these studies suggest that reinforcer preference assessment can be an important tool in the design of restraint-free interventions and more generally in the advancement of dementia care.

PSYCHOLOGICAL CONSEQUENCES OF FALLS

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Approximately 33% of community dwelling older adults, 20% of older adults in acute care facilities, and 50% of older adults in long term care facilities fall each year. Though some evidence suggests that anxiety, fear of

falling, and depression are consequences of some falls, nothing is known about the experience of trauma symptoms associated with acute stress disorder (ASD) and post traumatic stress disorder (PTSD) following falls. Moreover, little is known about the coping strategies used by fallers to manage the emotional consequences of the falls. The present study examined various psychological consequences of falls and coping strategies among older adults. Significant correlations were found between measures of depression, fears, anxiety, symptoms of ASD, symptoms of PTSD, various coping styles, an overall index of psychiatric disturbance (SCL-90), post fall lay time. Most important, and unique, were the consequences for individuals experiencing acute stress. These findings and possible implications for treatment of the psychological consequences of falls are discussed.

PSYCHOLOGICAL ADAPTATION TO PARKINSON'S DISEASE

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There is an existent literature on psychological disorders (e.g., depression) associated with Parkinson's disease (PD), an age-related neurodegenerative disease. However, there is little evidence on the contributions of psychosocial factors to one's overall psychological adaptation to PD. The present study examined the contributions of individual difference variables to adaptation to PD. Seventy-four individuals (M_{age} = 66.4) with varying severity of PD completed a questionnaire and individual interview to assess their psychological adaptations (depression, life satisfaction, and adjustment to illness), demographics, disease severity, PD related stress appraisals, control beliefs, and coping strategies. Strategies were categorized as either engaged (those focused on actively dealing with problems associated with PD, e.g., seeking expert advise, talking about one's feelings, changing one's expectations) or disengaged (those focused on disengaging from the problems via, for example, distraction or denial). The most consistent and strongest predictors of positive psychological adaptation, in both zero-order and partial relationships, were disease severity (rs = -.32 to -.59, ps < .006), stress appraisals (rs = -.45 to -.56, ps < .001) and use of engaged coping strategies (rs = .27 to .40, ps < .02). Further, stress appraisal (r = .10, p > .40) and use of engaged coping (r = .03, p > .80) were unrelated to disease severity. These results suggest that while, as expected, disease severity is a major contributor to psychological problems associated with PD, psychosocial variables involving appraisals of stress and use of engaged coping strategies can contribute to psychological adaptation to this lengthy and often debilitating illness.

Validation therapy in Alzheimer's disease

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Validation therapy (VT) has been proposed by Feil as an effective psychoterapy for moderate and severe demented patients. VT aims to restore self-worth and reduce stress by validating emotional ties to the past. In the present study the efficacy of VT was evaluated in 9 severe Alzheimer's disease patients without severe aphasia (age 76.3 ± 15, MMSE 5.43 ± 5.6, CDR 3). The individual treatment - conducted by an occupational therapist - consisted of at least 10 sessions (18 ± 9 sessions) each lasting 20 minutes. During the sessions patients were stimulated to express feelings and thoughts. Quantitative pre and post analysis, as suggested by Feil was performed by means of the observation of the following patient's behaviours: 1) confusion, 2) speech fluency, 3) visual contact, 4) physical contact; 5) smiling. A Likert scale from 0 (never/low) to 4 (always/high) was used to evaluate the frequency of each behaviour. The pre and post treatment comparisons has been done between the mean score obtained during the first three and the last three sessions for each patient. Statistical analysis (Wilcoxon test) showed no statistical differences for the degree of confusion (2.3 ± 0.83 vs 2.18 ± 0.26), fluency of speech (2.74 ± 0.86 vs 2.74 ± 0.98) and physical contact (1.1 ± 1.1 vs 1.05 ± 1.01). A mild, not significant, improvement has been observed for the visual contact (2.08 ± 1.23 vs 2.75 ± 0.89) and the frequency of smiling (1.1 ± 1.50 vs 1.41 ± 1.22).

Our study fail to demonstrate the effectiveness of VT in severe Alzheimer's disease. The lack of positive results could be attributed to the weackness of the assessment instruments.

FALLS AWARENESS AND PREVENTION AMONG COMMUNITY-DWELLING ELDERLY: WHAT DO ELDERS THINK?

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Falls and their resulting secondary effects are the leading cause of death in people over 75 years of age. Intrinsic and extrinsic risk factors are well documented. Prevention strategies are known. Yet elders keep falling. When elderly persons were asked in focus groups and in a survey about behavior patterns and reasoning related to their own experience with falls, it was found that:

a. education efforts about falls awareness and prevention are not as readily available or offered as regularly as health professionals might assume;
b. risk-taking behaviors among elders reflect attitudes toward self-sufficiency, personal independence and family relationships more than disregard for personal safety;
c. risk-taking behaviors are greater in elders who are high functioning as compared to those with more impairment; and
d. accountability among elders for risk-taking behaviors is generally not considered by elders themselves or by health professionals.

This information is useful in developing more aggressive strategies for falls awareness and prevention for community-dwelling elderly.

SEXUAL SELF-CONCEPT IN MEN WITH PROSTATE CANCER: RETHINKING THE MEANING OF 'ERECTILE DYSFUNCTION'

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Although the effects of various treatments for prostate cancer on sexual function are well documented in the literature, little is known about the impact of sexual problems on the lives of men. The current study examines the broader psychosocial impact of erectile dysfunction in men with early prostate cancer. Seven focus groups were conducted with African-American and Caucasian men ages 50-69 and 70-79 to explore the ways in which prostate cancer and its treatment affect men's quality of life. Transcripts of the focus groups were analyzed using grounded theory methodology. Segments of conversation were coded and consensus on coding was developed amongst four researchers. In the realm of sexuality, two major domains of concern were identified. The first relates to performance issues in which men expressed a lack of confidence in sexual ability, fear of embarrassment, and concern for being able to give and receive satisfaction. The second major domain relates to more global distress about men's sexual self-concept. Men felt they had lost their manhood, making statements such as, "You lose that feeling that you are a whole man." Men also expressed profound distress associated with no longer considering themselves as sexual individuals, the lack of sexual response to an attractive woman, and the loss of pleasure when thinking about sex. Sexual dysfunction results in distress associated not only with the inability to perform sexually, but also with to a change in men's sense of themselves as sexual beings in everyday social interactions. Future work on the impact of prostate cancer on men's lives should consider these broader psychosocial implications of the loss of sexual function.

BEHAVIORAL EFFECTS OF RIVASTIGMINE: INTERIM RESULTS FROM THE NEUROPSYCHIATRIC INVENTORY-NURSING HOME VERSION IN NURSING HOME PATIENTS WITH ALZHEIMER'S DISEASE.

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Objective: Study ENA B452 is a prospective, open-label, multicenter study of the safety and efficacy of rivastigmine in the treatment of patients with moderate to severe probable Alzheimer's disease who reside in a long term facility.
Method: Eligible patients received rivastigmine treatment between 1.5 mg b.i.d. and 6 mg b.i.d. A total of 173 patients were enrolled at 13 centers, which included 29 nursing homes. The NPI-NH was completed at baseline and then periodically.
Results: An interim analysis was performed on the data from the first 88 patients who received 12 weeks of treatment with rivastigmine. The mean baseline age of these patients was 81.7 years: 17% were male and 83% were female. Their mean baseline total MMSE score was 9.9 points. Analyses demonstrated improvement in the key behavioral symptoms noted in patients with Alzheimer's disease. Of the 75 patients who had at least one symptom present at baseline, 55% experienced improvement at Week 12. Separate analyses of each domain demonstrated improvement in at least 60% of patients in whom the symptom was present at baseline.
Conclusion: The beneficial effects on key behavioral disturbances allied with the improvement seen in the MMSE suggest that the effects of rivastigmine are evident even in severe patients. These data strongly support the need for a more exhaustive evaluation of the effects of rivastigmine in controlled nursing home patients. BSS-23

THE EFFECT OF RIVASTIGMINE ON ADL IN ALZHEIMER'S DISEASE PATIENTS.

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Objective: To assess the effect of the new generation acetylcholinesterase inhibitor, rivastigmine on ADL (Activities of Daily Living) in Alzheimer's disease patients.
Methods: The results of two double-blind, placebo-controlled studies with rivastigmine of six months duration in patients with mild to moderately severe AD were previously reported. Patients treated with high-dose rivastigmine demonstrated benefit on all efficacy measures, including a measure of ADL. The results presented herein are from a pooled analysis of the PDS (Progressive Deterioration Scale) results combined from three Phase III double-blind, placebo-controlled studies with rivastigmine (B303, B351, and B352). This pooled analysis was planned prospectively to provide specific information about the effectiveness of rivastigmine pertaining to the percentage of patients meeting response criteria and the individual items of the PDS which improved over a 26-week treatment period.
Results: At weeks 18 and 26, the PDS mean change from baseline score demonstrated a significant superiority for patients receiving high-dose versus placebo in the ITT, LOCF, and OC populations. When the individual items on the PDS were analyzed, the mean score change from baseline was significantly different for the high-dose rivastigmine group compared to placebo for every item of the PDS.
Conclusion: The acetylcholinesterase inhibitor, rivastigmine demonstrated a significant effect on ADL in AD patients over a 26 week period. BSS-23

QUALITY OF LIFE PREDICTORS AMONG CHRONICALLY ILL OLDER ADULTS

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Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in this country. Previous studies suggest that both psychological and physiological factors may predict quality of life among patients with COPD. This study evaluated quality of life among 79 older adults (mean age=63.1±12.5; 51% female) with COPD participating in a 6-week outpatient exercise rehabilitation program. Subjects participated in exercise and education classes 3x/week for a total of 18 sessions, as well as weekly coping skills classes. Before (T1) and after the intervention, assessments were conducted of pulmonary function, physical endurance, psychological well-being (depression, anxiety), personality (locus of control, optimism), and quality of life. Stepwise regression, predicting change in quality of life components from T1 variables indicated that anxiety and functional ability were significant predictors of health perceptions ($R^2=.11$, $p<.05$), but that pulmonary function was the only significant predictor of self-reported physical functioning ($r^2=.16$, $p<.01$). BSS-16

LIVING WITH PROSTATE CANCER: UNCERTAINTY AND THE PROBLEM OF REGRET

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After being told the bad news that they have prostate cancer, men are asked to make difficult choices between a growing number of treatment alternatives. None of these offer a clear survival advantage, while each is associated with unpleasant physical complications (e.g., urinary and erectile dysfunction). The psychosocial outcomes of the choices these men face are largely unknown. With data from 3 studies, we examine men's perceptions of the outcomes of prostate cancer and its treatment, including their comfort with their treatment choices, and explore the uncertainty that remains a quality of their lives. In a survey of 201 men treated for metastatic prostate cancer, 31% regretted their treatment choices. It was more frequent in men who underwent surgical, rather than medical castration, and associated with diminished functional status and quality of life. In a study of 138 men with a new diagnosis of early prostate cancer, 25% were dissatisfied immediately after choosing between surgery and radiotherapy. They reported lower emotional well-being and indicated that their doctors were less informative about treatment choices and less certain in their treatment recommendations. In recent focus groups with men treated for early prostate cancer, uncertainty emerged as a pervasive theme expressed in misgivings about whether their cancer was under control and whether they had chosen the right treatment, resulting in considerable anxiety for some. Uncertainty may be a central aspect of quality of life for men with prostate cancer. Bad news, difficult choices, and subsequent physical and psychosocial changes may provide the genesis of regret that follows the choices that many older men must make.

Impact of Patient Factors, Site of Cancer and Treatment on Physical Functioning:

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907 cancer patients, 65+ years of age, newly diagnosed with either breast, colon, lung or prostate cancer were interviewed at 6, 14, 24 and 52 weeks following diagnosis to determine how age, gender, comorbid conditions, site and stage of cancer, surgery, radiation and chemotherapy effect changes in physical functioning. Physical functioning was assessed using the SF-36 subscale. Findings indicate that females scored 10 points lower in functioning at all waves, age and comorbid conditions and had significant negative effects on function, but neither interacted with treatments or time from diagnosis, thus a "wear and tear" hypothesis indicating that pts with more comorbid conditions who were receiving radiation or chemotherapy would lose progressively more functioning over time was not supported. Surgery, chemo and radiation therapies interacted with sites of cancer to explain losses in function. Patients having surgery within 40 days of interviews lost function but beyond that time, improvement occurred. Radiation and chemo had similar effects within sites; lung patients lost the most function.

AGE MAKES A DIFFERENCE IN OPTIMISTIC HEALTH BELIEFS AND NUTRITION BEHAVIORS

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Nutrition behaviors are ruled by such health beliefs as risk perceptions, outcome expectancies, and optimistic self-beliefs. The present study deals with the role of age and body weight in forming overly optimistic vs. realistic judgements of personal health risk. Six kinds of verbal judgements were assessed, namely self-reported health, vulnerability towards cardiovascular diseases, nutrition outcome expectancies, nutrition self-efficacy, intentions to change one's diet, and reported nutrition behaviors. In a sample of 1583 men and women between ages 14 and 87, these variables were related to age as well as body weight. Findings suggest that a self-serving bias continues to exist throughout all age groups and weight levels. However, with increasing age and body weight individuals report better intentions to adhere to a healthy diet.

ALS AND HOPELESSNESS:THE RELATIONSHIP OF PSYCHOSOCIAL FACTORS

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This study was a cross-sectional examination of hopelessness among 135 patients with amyotrophic lateral sclerosis (ALS), a disease that frequently affects elders. A continuity theoretical perspective was used to examine the primary research question: what was the relationship of psychosocial factors to hopelessness after controlling for physical and functional aspects of ALS and socioeconomic factors? Hierarchical multiple regression analysis procedures were used to examine the effects of social support, spiritual help, health locus of control and purpose in life on hopelessness of the ALS patient. Results showed that: a) physical and functional aspects of ALS were not significantly related to hopelessness among ALS patients, b) SES factors were not significant predictors of hopelessness and c) level of hopelessness was most significantly determined by health locus of control and purpose in life. These results suggest the need for a multi-disciplinary, bio-psychosocial approach to understanding ALS

GENDER DIFFERENCES IN ALZHEIMER'S DISEASE RISK IN SWEDISH TWINS.

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In a population-based sample of 982 Swedish twins, aged 65-105, we found Alzheimer's disease

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(AD) prevalence rates of 2.8% in men and 3.8% in women; this difference was not statistically significant. Among initially intact participants followed longitudinally, women from dizygotic (DZ) twin pairs had higher AD incidence rates than DZ men. No significant sex differences were found in incidence rates among monozygotic (MZ) twins. Among DZ twins, women had a significantly higher age of onset (77) than men (70); MZ men and women did not differ, with average ages of 77 and 78, respectively. Probandwise concordance rates were 56% for MZ males, 9% for DZ males, 60% for MZ females, and 24% for DZ females, suggesting the importance of genetic influences for both men and women and higher concordance among DZ women than among DZ men. Presence of one important genetic risk factor, the Apoe4 allele, appears to pose more risk for women than for men in this sample.

Study supported by NIA grant AG-08724.

CALCULATION DEFICITS IN PATIENTS WITH ALZHEIMER'S DISEASE: A PILOT STUDY

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There is growing evidence that dyscalculia is an early manifestation of Alzheimer's disease (AD). Despite the practical implications of calculation deficits for daily functioning, this area has been neglected in AD research. To obtain preliminary information on calculation deficits in AD, 20 normal elderly controls and 16 patients with AD were administered WAIS-III Mental Arithmetic and WRAT-3 Arithmetic. Patients with AD performed significantly worse ($p<.001$) on both measures. AD patients had more difficulty with simple (single digit) subtraction ($p<.05$), multiplication ($p<.001$), and division ($p<.05$) problems than controls. Simple addition was the only arithmetic operation preserved in the AD sample. The differences between the control and AD groups was even more striking for complex problems involving multi-digit numbers. For these items, AD patients performed significantly poorer than controls across all arithmetic operations ($p<.01$). Error analysis indicated that AD patients had more operation substitutions ($p<.01$), perseverations ($p<.05$), positional errors ($p<.05$), and borrowing errors ($p<.05$) than controls. This study provided evidence of the prominence of calculation disturbance in AD patients and preliminary indications of possible mechanisms for this loss.

SELF-RATED FUNCTION AND COGNITIVE DECLINE FINDINGS FROM THE NUN STUDY

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Self-rated function is a global measure based on responses to the question, "Compared to people your age, would you say your ability to take care of yourself is excellent, very good, good, fair, or poor?". In the Nun Study, self-rated function has been found to mark concurrent physical function and predict future physical function loss and mortality. In the this study, we hypothesized that decline in self-rated function would be associated with decline in cognitive function. Of the 678 participants in the Nun Study, 460 were used in the present analyses, (i.e., they rated their function and health as "good" or better at the first exam and they survived to at least the second annual exam). Correlations between declines in self-rated function and cognitive function over time were stronger than those between declines in self-rated health and cognitive function (e.g., for MMSE, a correlation of 0.41 ($p \leq 0.001$) vs. 0.12 ($p=0.008$). A rapid rate of decline in self-ratings of function was associated with an increased risk of dementia. Those whose self-ratings declined one or more categories in one year had 16 times the risk of dementia, compared to those with a less rapid decline. The findings suggest that a simple self-rating of overall functional ability may be a potent marker of impending cognitive impairment and dementia.

CONGRUENCE BETWEEN HEALTH-RELATED BELIEFS & BEHAVIORS.

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An important determinant of engaging in healthy behavior is the perceived effectiveness of the behavior. Such perceptions or beliefs, however, are not always congruent with behaviors. The present study documented patterns of congruence among 169 community-dwelling individuals, considering 11 behaviors and their purpose (i.e., promotion of health vs. prevention of illness). Individuals who, despite believing in the efficacy of a behavior, failed to engage in it were classified as "incongruent" and distinguished from their counterparts who did engage in the behavior. Preliminary correlational analyses indicated very little correspondence among beliefs about the efficacy of health-promotion behaviors. In contrast, many beliefs about the effectiveness of illness-prevention behaviors were significantly correlated. The likelihood of congruence was then assessed and found to be more likely for some behaviors (e.g., avoiding smoking, nutrition) than others (avoiding fatigue, alcohol) and for health-promotion, relative to illness-prevention behaviors. These findings have implications for understanding the links between health beliefs and behaviors, highlighting a need to distinguish between health-promoting and illness-preventing behaviors.

THE USE OF NONCONTINGENT REINFORCEMENT AS AN INTERVENTION FOR AGITATED BEHAVIORS IN INDIVIDUALS WITH ALZHEIMER'S DISEASE

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The current study examined the efficacy of noncontingent reinforcement (NCR) for the management of agitated behaviors displayed by persons with Alzheimer's disease (AD). NCR is an environmentally-based intervention that involves presenting known reinforcers on a fixed time schedule. Nursing home residents diagnosed with AD displaying agitated behaviors participated in this study. The study included four phases. Phase 1) The frequency, duration, and topography of the agitated behavior was recorded. Phase 2) A functional analysis was conducted to determine what environmental variables were maintaining the problem behavior (i.e., attention, escape from task demands, access to tangible reinforcers, decreases in sensory stimulation). Phase 3) Baseline data concerning the frequency of the behavior was collected. Phase 4) The NCR intervention was implemented and evaluated. During the NCR intervention, the reinforcer identified in the functional analysis was presented to each AD patient on a high-frequency schedule based on the passage of a fixed amount of time (e.g., 10 seconds of social attention every 20 seconds). Over time, as rates of the problem behavior declined, the frequency of reinforcement declined until only one reinforcer was presented during a 10-minute session. NCR may potentially be an attractive intervention because: 1) it is easy to implement because reinforcer delivery is time-based, 2) it is a restraint-free method of behavior management, 3) it may increase quality of life because reinforcing stimuli are identified and frequently presented.

DEMENTIA SEVERITY AND PERSONALITY DISTURBANCE IN MILD/MODERATE AND SEVERE ALZHEIMER'S DISEASE

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Personality and behavioral disturbances in Alzheimer's (AD) patients have been associated with increased functional decline, institutionalization, and caregiver distress. However, the nature, severity, and progression of these disturbances has not been well-characterized. This study examined the relationship between behavioral disturbance and cognitive impairment in a sample of probable ADs and healthy age, education, and sex matched controls. We used informant ratings on the Frontal Lobe Personality Scale (FLOPS), a brief behavior assessment scale composed of apathy, disinhibition, and executive dysfunction subscales, and scores on the Dementia Rating Scale (DRS), a measure of dementia severity. Severe ADs (DRS< =95) showed more apathy, executive dysfunction, and disinhibition compared to mild-moderate ADs and controls. Mild-moderate ADs showed elevations in apathy and executive dysfunction compared to controls, but not in disinhibition. Results suggest that diverse personality changes in AD correspond to declines in overall cognitive functions, but that personality disturbance may not progress uniformly. The utility of the current approach for assessing behavioral and personality disturbances in AD will be discussed.

SOCIODEMOGRAPHIC FACTORS, CHRONIC DISEASE, AND BODY MASS INDEX.

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This project examines sociodemographic and chronic disease correlates of weight change among older adults. Past research has tended to focus on the clinical outcomes of weight cycling. Less is known about underlying causes of weight change such as social, demographic, and chronic disease characteristics. One hypothesis is that weight change occurs either voluntarily or involuntarily due to an existing pathology. Chronic disease conditions may exacerbate unintentional weight loss or gain related to changes in physical activity and appetite. At the same time, individuals with high SES and certain demographic groups may more closely follow physician advice thus managing their weight better.

Using the first two waves of data from the Health and Retirement Survey (1992-1994), multinomial logit models of weight change are estimated including multiple indicators of disease (heart disease, cancer, stroke, diabetes, and chronic lung disease). Stratified models are also estimated exploring interactions between race, sex, and each indicator of chronic disease. Both chronic disease status and sociodemographic factors are found to influence weight change in later life. Older women, African Americans, Latinos, and lower SES individuals are particularly susceptible to weight variability. Additionally, chronic diseases often initiate weight changes differently among Whites and African Americans. Following a stroke, white males are more likely to gain weight. African American males, however, exhibit patterns of weight loss. The implications of the results are discussed in terms of potential interventions that could be developed for critical sub groups.

Older Occupants in Auto Accidents: An Investigation of Patterns of the Distribution of Types of Injury

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Transportation safety specialists have long been concerned about the etiology of automobile accidents. Given adequate information, changes can be made on the vehicle to make being a driver or passenger in an automobile a safer experience. Well-documented studies have resulted in the installation of lap and shoulder restraints, initially as an option, then as standard equipment in automobiles. This was followed by the addition of air bags, based on studies proving their value in reducing injury severity in certain types of accidents.

Less well known are effects of occupant age in the type of injury experienced in an accident. Recent studies have shown that older drivers and passengers experience injury severity in both head-on and angle and broadside collisions. The same studies found that gender was also a factor, with females experiencing greater injury severity. Yet, epidemiology of accidents is limited in the area of effects of age and gender on type of injuries experienced in serious accidents.

It is hypothesized that, primarily due to physiological changes related to aging, older occupants in vehicle accidents, especially women, experience higher incidence rates of upper torso, head, and multiple injuries than the general population. This paper will describe results of an analysis of a sample of injuries from one year's emergency room data from several emergency rooms in Iowa in an attempt to verify the hypothesis.

PREDICTORS FOR DRIVING CHANGES IN ELDERLY DRIVERS

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The number of elderly persons who drive has risen steadily over the years and is projected to grow

Presently, over 80% of all trips of individuals over 65 are taken in a car as either a driver or a passenger. One question of interest, then, is how do older drivers assess their driving risks so as to modify their driving behavior? The purpose of this study was to implement a theoretical framework to examine predictors in changes in driving behavior. We borrowed constructs from the Health Belief Model and examine the variables of susceptibility (risk of being in an accident), severity (being at risk of negative consequences from inadequate driving performance), cues (external or internal event that triggers a self evaluation of driving performance) and cost/benefit (individual's perception of the benefits or costs to modifying driving behavior) as predictors of changes in driving behavior. Data were collected from a countywide random sample of older adults (n=257). Results indicated that an increased in perceived susceptibility, increase in perceived severity were both significantly related to changes in driving behaviors. Both internal and external cues were also significantly related to changes in driving behavior. The regression model containing sociodemographic variables (age, gender, & education), cues to action, perceived susceptibility and perceived severity had an R^2 of .397 ($p < .000$). Implications of these findings for older adult drivers will be discussed.

MULTIPLE DISABILITIES AND SOCIAL PARTICIPATION.

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Disabilities often co-occur. This paper examines the extent to which *multiple disabilities* reduce social participation among adults. We use the National Health Interview Survey Disability Supplement (Phase One, 1994); results pertain to U.S. community dwellers ages 18+. For the three domains of personal care (ADL), household management (IADL), and physical limitations (FLIM), we create multiplicity variables: count, mean severity, and maximum duration (years since first onset). Multivariate models study how multiplicity in these domains relates to work limitation, main-activity limitation, residence with others, and disability identity (self-perception as a disabled person). Controlling first for pertinent sociodemographic factors, we find that multiplicity adds powerfully to the prediction of participation. Higher counts, higher average severity, and longer duration typically reduce social participation. We separate adults into groups with Childhood Onset (age <20) vs Adult Onset (≥20) because their life courses can differ so greatly. Still, multiplicity generally has the same consequences for both groups. (For the Childhood Onset group, we will also study how multiplicity affects educational attainment and ever-marriage.) In sum, multiplicity indicators are holistic and realistic, compared to viewing disabilities one by one, and multiplicity is very influential in predicting social participation.

ADAPTATION TO DISABILITY AND ITS RELATIONSHIP TO PERCEIVED INDEPENDENCE AND DEPENDENCE

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This study extends research on living with chronic physical illness and disability by examining how adaptation processes are shaped by situational features, and how the combination of adaptations and demands of the situation relate to older adults' perceptions of their independence and dependence. Participants were 286 community-dwelling adults, aged 55 years and older who were interviewed in their homes using a structured interview. The findings revealed that adults used a wide range of adaptations such as compensating for disability, optimizing performance, limiting or restricting activities, and gaining help from others. The relative use of each of these adaptations differed across five domains of disability, including personal care, in-home mobility, community mobility, household activities, and valued activities. Moreover, perceptions of independence and dependence varied when examined in association with the adaptational processes across each of the domains. These findings highlight the variability and plasticity of adults' adaptation to chronic illness and disability.

78

PARENTAL CAREGIVING BY ADULT CHILDREN: EFFECTS OF RETIREMENT, CHILD-PARENT GENDER MATCHING, INCOME, AND AREA OF RESIDENCE

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We examine factors influencing parental caregiving by adult daughters and sons, using data from the 1993 Panel Study of Income Dynamics and 1993 Health Care Burden file, and logistic regression. Aggregate logistic regression models show that after controlling for child and parent demographic factors (e.g., age, health status), children who are retired, the same gender as the parent, or living in a rural area provide significantly more care. Retired children are over twice as likely to provide care. A child who is the same gender as his or her parent is about 40% more likely to provide care. Children with higher incomes are significantly less likely to provide care. In separate models for men, unmarried women, and married women, retirement is significantly associated with more caregiving only for men, and living in a rural area is significantly associated with more caregiving only for men and married women. Men and married women living in rural areas are about 40% more likely to provide care than those living in urban areas. Also in the separate models, only women are significantly more likely to provide care to a parent of the same gender, unmarried women are over twice as likely to provide care to mothers than to fathers. These findings highlight the importance of examining family structure in caregiving, especially roles of adult daughters. SRPP-7

SOCIAL SUPPORT AND SOCIAL TIES IN THE LAST YEAR OF LIFE

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Although the literature on social support is extensive, little is known about this aspect of health for elders in their last year of life. This cross-sectional analysis examined social support and social ties of elders and identified risk factors for limited social support and social ties in the last year of life. Using New Haven Established Population for Epidemiologic Study of the Elderly (EPESE) data, subjects included all individuals from the 1982, 1985, 1988, and 1994 cohorts who died within 1 year of interview (n=499). Results indicated that elderly in the last year of life were more likely than other elderly to report not having anyone they could count on for instrumental support (9.3 % vs 6.6%, $p<.05$). In weighted multivariate analyses, factors significantly associated with not being able to count on anyone for instrumental support in the last year of life were being male, older age (85+ years), being unmarried, and having poorer physical functioning ($p<.05$). Elderly in their last year of life also scored lower than other elderly on the social ties index (contact with 2+ friends/relatives regularly, marital status, church attendance, and group membership, 1.53 vs 1.79, $p<.001$). Among those in the last year of life, lower scores were significantly associated with being female, older age, lower education, and poorer physical functioning ($p<.05$). The analysis demonstrates there are identifiable risk factors for limited social support and social ties in the last year of life. Interventions to improve social support and social ties should be targeted to these groups.

THE TRADEOFF BETWEEN HOURS OF PAID EMPLOYMENT AND THE CARE OF ELDERLY PARENTS AT MIDLIFE

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Rising labor force participation rates of married women and declining overall mortality rates threaten to weaken the ability of the family to provide informal care to the frail elderly. As the total number of persons in potential need of personal care assistance rises, women's increased work responsibilities may become incompatible with their historical caregiving responsibilities. This paper explores the level of informal care provided by adult children at midlife to their elderly parents and evaluates the relationship between labor supply and time transfers. Using longitudinal data from the Health and Retirement Study, we employ full-information maximum likelihood techniques to estimate simultaneous panel data models of annual hours of paid work and the provision of time assistance to elderly parents. By utilizing multiple waves of data, the model is able to control for unobservable individual heterogeneity, which can bias results in the simple cross-sectional analyses that have dominated the literature to date.

We found that men and women who provided substantial amounts of personal care assistance to their parents worked significantly fewer hours than persons who did not provide care. Our findings were sensitive to our choice of estimation technique, and we found significant effects only when we accounted for the endogeneity of personal care in the labor supply equations. Other, less intensive, types of time transfers, such as help with chores, did not generally have significant effects on labor supply.

THE EXPERIENCE OF WORKING SONS WHO CARE FOR AN ELDERLY PARENT

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Until recently, the experiences of sons as caregivers have been ignored. The present qualitative study explored the experiences of 30 adult sons (36 to 61 years of age) caring for their aging parents. All respondents were full-time employees at a large company in central Connecticut.

In depth interviews were used to explore the full range of experiences associated with caring for aging parents. In addition, demographic information was collected (age, marital status, years married, number of siblings, parents' ages and illnesses, number and ages of children, distances lived from siblings, parents, and children, years worked at company, and hourly or salary status). Interviews were audiotaped and lasted between 1 to 2 hours. Qualitative analysis identified six major themes. The themes that emerged through repeated analysis of the audiotapes were (1) "sons in the middle", (2) motivations for caregiving , (3) caregiving role, (4) costs and benefits of caregiving, (5) aging concerns and (6) a sense of filial responsibility. While work-related concerns were expressed, few identified work as a major problem or issue for their caregiving.

The results revealed the diversity and complexity associated with the experiences of caregiving sons. The implications of the findings for working male caregivers will be discussed. (SRPP-7)

PARTNERS IN CAREGIVING: INCLUDING FAMILIES IN THE NURSING HOME QUALITY ASSURANCE PROCESS

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Since the enactment of OBRA'87, the quality of care and the quality of life in nursing homes has improved greatly. Much of this improvement is based on technical quality as measured by the state survey process. Perceptual quality, quality based on perceptions of customers (e.g. residents, family, and friends), is vital and should be incorporated into the QA process to complement information related to technical quality. Partners In Caregiving (PIC), a group comprised of family and staff members, was established at an urban-based, non-profit, 566-bed, county-operated nursing home to provide support, information, and education for families and staff to enhance their ability to effectively work together in the caregiving process. PIC interacts with families through large and small group forums to identify their concerns and helps to resolve them by working collaboratively with departmental staff members, including administration. PIC acquired perceptual quality information from family members through 1) facilitation of 20 focus groups at a large family forum and 2)distribution of surveys to forum participants. Analysis of focus group and survey data from 79 family members/

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friends revealed over 150 issues/concerns which were classified into 5 categories based the content of the issue: 1)Quality of Life, 2)Communication, 3)Staffing, 4)Clothing, and 5)Fears. With family input, PIC prioritized and selected concerns to be resolved collaboratively by staff and family. This paper will present PIC's perceptual quality findings and describe how PIC can serve as a model for other nursing homes to ultimately improve the quality of care by incorporating families into the QA process.

CORRELATION OF DEPRESSION AND NEGATIVE CONFLICT RESOLUTION IN COMMUNITY BASED ALZHEIMER'S CAREGIVERS

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The role of caregiving to persons with Alzheimer's Disease is one of great stress. Efforts to understand the factors that contribute to caregivers use of negative conflict resolution or violence with this at risk population are necessary to provide greater protection to older adults with AD in the future. This study represents a preliminary analysis of 37 caregivers taken from the Violence and Aggression in Community Based Alzheimer's Families Project during the years 1998-1999. Data on age, gender, relationship to patient, ethnicity, religion, income, depression level, and conflict resolution style were collected through the use of both in-person interviews and a mailed questionnaire. Persons caring for AD patients were found to have greater depression levels than those prevalent in the general population. 48.6% of the caregivers were depressed as measured by a score of 16 or better on the Center for Epidemiologic Depression Scale (CES-D). Persons with high levels of depression were more likely to use negative coping strategies such as swearing at or insulting the patient (r=.290, p=.045), and sulking or refusing to talk about a problem with a patient (r=.290, p=.045). Conversely, persons with low levels of depression were more likely to engage in positive coping strategies such as discussing the issue calmly (r=-.327, p=.028). In addition, logistic regression analyses indicated that high levels of income and relationship to patient had a significant relationship to positive coping. Individuals with incomes greater than $50,000 (p=.0289) are more likely to use positive coping strategies as are spouses, specifically wives (p=.028). Implications of these results will be discussed in terms of social work policy and practice with an emphasis on the need for increased attention to depression levels in those caring for a loved one with a memory disorder in the community.

79

INTERDISCIPLINARY GERIATRIC EDUCATION IN HEALTH CARE PROFESSIONS: DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF NEW PROGRAMS

P. G. Clark, Program in Gerontology and RI Geriatric Education Center, The University of Rhode Island (URI), Kingston, RI 02881.

Participants:

P. Burbank (College of Nursing, URI), B. Evans (School of Social Work, RI College), N. Owens (College of Pharmacy, URI), & J. Stoukides (Roger Williams Medical Center, Providence, RI) Developing an Interdisciplinary Geriatric Curriculum: The Perils and Payoffs of Collaboration.

A. Hume (College of Pharmacy, URI), C. Padula (College of Nursing, URI), S. Osiecki (Roger Williams Medical Center), & A. Spence (Providence VA Health Care System) Developing and Using Interdisciplinary Case Studies in Teaching Geriatrics.

M. Leinhaas & R. Filinson (RI Geriatric Education Center) Developing and Evaluating an Interdisciplinary Clinical Geriatric Team Training Program.

P. Clark (RI Geriatric Education Center) Evaluating an Interdisciplinary Team Training Institute: Implications for Teaching Theory and Practice.

Discussant:

T.J.K. Drinka (River's Edge Consulting and the University of Wisconsin, Madison, WI).

Interdisciplinary education for collaborative clinical practice is central to the training of geriatric health care professionals. However, many perils and pitfalls await those attempting to achieve this objective. This symposium explores critical dimensions of this challenge as experienced by health professions faculty within the RI Geriatric Education Center. First, the process of developing an interdisciplinary geriatric curriculum for health care professionals will be described, and the personal and professional implications of academic collaboration across different disciplines summarized. Second, lessons to be learned from the development and use of interdisciplinary geriatric clinical teaching case studies will be presented. Third, the process of developing an interdisciplinary geriatric clinical team training program will be reviewed, and the findings from process and outcome evaluations presented. Finally, evaluation results from an intensive interdisciplinary team training institute will be reviewed, and their implications for combining theory and practice summarized. The focus will be on developing and evaluating strategies to promote increased interdisciplinary collaboration among the health professions in geriatric care.

DEVELOPING AN INTERDISCIPLINARY GERIATRIC CURRICULUM: THE PERILS AND PAYOFFS OF COLLABORATION

P. Burbank, College of Nursing, The University of Rhode Island, Kingston, RI 02881; B. Evans, School of Social Work, Rhode Island College, Providence, RI 02908; N. Owens, College of Pharmacy, The University of Rhode Island; & J. Stoukides, Roger Williams Medical Center and Brown University, Providence, RI 02912.

An interdisciplinary curriculum for educating health care professionals in the care of geriatric patients must be both theoretically sound and practical, while reflecting the perspectives and values of all disciplines involved in the care. To ensure success, careful attention must be given to both the curriculum development process and the actual curriculum design and content. This paper reviews the literature on interdisciplinary team collaboration and evaluates the experience of the RI Geriatric Education Center faculty team in light of these findings. The development of the philosophical and theoretical bases for the curriculum by the interdisciplinary team is described, along with the process of selection of curriculum topics and educational format. Careful assessment of needs and consideration of differences among team members in communication styles, values, and goals have resulted in successful collaboration and the development and presentation of a high quality interdisciplinary geriatric curriculum for educating health care professionals. Recommendations are made for the successful development of interdisciplinary teams for collaboration in academic, research, and practice endeavors.

DEVELOPING AND USING INTERDISCIPLINARY CASE STUDIES IN TEACHING GERIATRICS. A. Hume, College of Pharmacy, The University of Rhode Island, Kingston, RI 02881; C. Padula, College of Nursing, The University of Rhode Island; S. Osiecki, Roger Williams Medical Center, Providence, RI 02908; A. Spence, VA Medical Center, Providence, RI 02908.

Case studies are an effective mechanism for adult learning. The purpose of case-based learning in the Rhode Island Geriatric Education Center is to provide an opportunity for applying the core content knowledge from didactic workshops to the care of older persons. Cases developed by faculty teams are designed to promote a goal-oriented, interdisciplinary approach to clients. This paper reports on the developmental process of case design and the responses from discussion groups that have used them. Faculty members draw on their own experiences in the development of cases, which must be reality-based--either on individual clients or believable composites--so participants can bring their own experiences and newly acquired knowledge to the case discussions. Case studies developed to date have been based on both a "cross-sectional" approach (examining a patient in depth at one point in time) and a "longitudinal" approach (following one patient over a number of years). Discussion facilitators and participants have varied in their emphasis on the biomedical versus the more psychosocial case content. How interdisciplinary cases provide faculty and participants with an opportunity to re-evaluate their own current roles and reinforce everyone's understanding of the need for interdisciplinary teams will be discussed.

DEVELOPING AND EVALUATING AN INTERDISCIPLINARY CLINICAL GERIATRIC TEAM TRAINING PROGRAM. M. Leinhaas, Rhode Island Geriatric Education Center & R. Filinson, Gerontology Center, Rhode Island College, Providence, RI 02908.

Interdisciplinary teams are increasingly considered essential to quality improvement in geriatric clinical care, though much more needs to be done to insure their high level of functioning and participation by all members. The training of a wide variety of clinical geriatric teams is a major emphasis of the RI Geriatric Education Center. Thus far, eight teams from a variety of clinical settings--including nursing home, hospital, community clinic, and mental health center--have received in-depth team development and process training. This paper will explore the lessons to be learned from this experience, including: the difficulty of defining the team and its membership, the importance of administrative support, the stability/instability of teams, and team development in changing organizational contexts. In addition, pre- and post-intervention results from data collected to evaluate the impact of team training will be presented. Measures included the following: Attitudes Toward Health Care Teams Scale, Anomic Scale, Quality of Communication Scale, Team Effectiveness Scale, Cohesion Scale, and Team Skills Scale. Results of team evaluations will be discussed within the context of the depth and extent of the team training program, the history and future of individual teams, and the importance of continued support for clinical team development. Recommendations for how to maximize the effectiveness of interdisciplinary clinical team training will be presented.

EVALUATING AN INTERDISCIPLINARY TEAM TRAINING INSTITUTE: IMPLICATIONS FOR TEACHING THEORY AND PRACTICE. P. G. Clark, Program in Gerontology and the Rhode Island Geriatric Education Center, The University of Rhode Island, Kingston, RI 02881.

Developing and refining different methods for interdisciplinary geriatric team training necessitate designing careful evaluation methods to assess their relevance, impact, and strengths/weaknesses. The Rhode Island Geriatric Education Center developed a team training institute offered nationally in the Spring of 1999, designed as an intensive team training and development experience for educators and clinicians. An evaluation was developed and implemented to measure the various impacts of the Institute on participants' perceptions and practice of teamwork, and to aid in the continued refinement and improvement of successive educational programs. This paper reports on this outcome evaluation and presents data on the participants' assessment of the relevance of content, the methods of presenting material, and the likely clinical impacts of participation. Included also in the analysis and discussion are considerations of the balance between theory and practice; teamwork in quality improvement; and the differential emphasis on the education, clinical, and organizational implications of interdisciplinary teamwork in geriatrics. Recommendations for the development of new models for the training of interdisciplinary geriatric teams and the implications for the evaluation of educational programs in geriatric training are explored..

80

CASE STUDIES IN ENVIRONMENTAL GERONTOLOGY

K. Diaz Moore, Institute on Aging and Environment, School of Architecture and Urban Planning, University of Wisconsin, Milwaukee, WI 53201-0413.

Participants:

U. Cohen (University of Wisconsin-Milwaukee, Milwaukee, WI) & K. Day (University of California, Irvine, CA) Integrating Cultural Heritage in Environments for People with Dementia.

D. Milke (The Capital Care Group, Edmonton, Alberta) McConnell Place North Post-Occupancy Evaluation.

V. Regnier (University of Southern California, Los Angeles, CA) A Life Skills Model of Residential Alzheimer's Care.

M. Silverman (University of Pittsburgh, Pittsburgh, PA), Woodside Place: An Evaluation of a Residential Alzheimer's Disease Facility

G.D. Weisman (University of Wisconsin-Milwaukee, Milwaukee, WI), Louis Feinstein Adult Day Care Center.

Discussant:

M. Calkins (IDEAS, Inc., Kirtland, OH).

Because of the complexity of gerontological settings, environmental gerontologists often use case study analysis to understand such complex phenomena. The cases presented in this symposium span the spectrum of long-term care settings with each researcher conducting their inquiry in different fashions. Each however in some fashion, is designed to let the singular case "tell its own story," and to do so in a fashion that can inform practice. This is the power of the case study -- to link theory, research and practice in a meaningful way. The power of cases come from their: primacy of situational analysis; a balance of substantive and process thinking; and their imbedded imperative of relating analysis to action. Each of these cases as presented will illustrate these points. Discussion will focus upon the methodological and conceptual implications regarding case study as a research/evaluation approach, as well as future refinement to be of even greater service in informing practice.

INTEGRATING CULTURAL HERITAGE IN ENVIRONMENTS FOR PEOPLE WITH DEMENTIA

U. Cohen (University of Wisconsin-Milwaukee, Milwaukee, WI) & K. Day (University of California, Irvine, CA)

Culture defines the overarching social, organizational, psychological, and physical context of people's everyday lives. For people with Alzheimer's disease in congregate and long term environments, cultural heritage holds unique therapeutic potential. A study of two "cultural cases" - recent Jewish - Russian immigrants and Hispanic - Americans examines various cultural phenomena which are reported as significant and positively meaningful to the groups. Preliminary findings suggest that despite wide personal variations, there are a number of commonly shared, culturally- related issues and life experiences unique to each of the two "cultural communities". These unique dimensions provide a foundation for therapeutic applications that can be incorporated into existing as well as new facilities for persons with AD.

McConnell Place North Post-Occupancy Evaluation

D. Milke (The Capital Care Group, Edmonton, Alberta)

McConnell Place North (MPN) in Edmonton, Alberta is a residential care setting for persons with Alzheimer's or related dementia. It was designed to be home-like, with the objective of keeping residents with moderate dementia functioning at an optimum level longer than expected, as well as providing them with more activity rooms and spatial choices for wandering than a long term facility. The Post-Occupancy Evaluation (POE) of MPN looked at the relative successes and failures of various physical design features, and the impact various features had in terms of the users and operation of the setting. The methods of study included place-centered behavioral mapping, focus groups with care staff and family members, analysis of various administrative data, and an assessment of spaces, rooms, furnishings, décor, lighting, and other features of the physical environments by trained observers using a measure with standardized items. Some of the design changes that were made when a second Alzheimer center was built in Edmonton, as a result of POE, will be outlined.

A LIFE SKILLS MODEL OF RESIDENTIAL ALZHEIMER'S CARE:

V.Regnier, Andrus Gerontology Center, University of Southern California, LA, CA. 90089-0191

Architects and interior designers crafting residential style special care settings for people with dementia are utilizing familiar residential icons such as kitchens, laundry spaces, back yards, porches and furniture placements to support a range of ADL/IADL type program activities. This case study will focus on a pair of secured special care units located within a larger assisted living context. Each unit accommodates between 12 to 16 residents. Each cluster of dwelling units is designed around an ADL/IADL philosophy including a kitchen for meal preparation; a laundry space and several different activity-based "life-skills stations". Architectural design issues regarding size, organization, and sequence of spaces will be followed by illustrations of interior design treatments. This case study demonstrates how to successfully combine furniture selections, architectural design features and management strategies. Life skills installations (in addition to the kitchen and laundry) include: the office, the bassinet, life skills study boxes, clothing pegs and baskets, a garden room, make-up table, entertainment area, a screened porch and yard/balcony. Each interior design installation centers around therapies which engage residents in activities of daily living in behavioral settings that remind them of familiar settings in their own home.

Woodside Place: An Evaluation of a Residential Alzheimer's Disease Facility

M. Silverman (University of Pittsburgh, Pittsburgh, PA).

In response to the need to provide more humane ways to care for persons with middle stage Alzheimer's Disease who can no longer remain in the community, Woodside Place, a residential Alzheimer's facility (RAF) was initiated. In order to evaluate the effectiveness of this setting, researchers at the University of Pittsburgh's Graduate School of Public Health undertook a three-year prospective case-control study. The foci of investigation were the residents, staff and family care givers located in an intermediate care unit in the Presbyterian Medical Center (PMC), a traditional nursing facility located on the same campus and under the same management. A multidisciplinary research team consisting of an architect, neuropsychologist, anthropologist, and medical sociologist, have conducted interviews and used systematic observations to assess the extent to which Woodside Place's program and environment have a positive effect on the well being of the residents, staff, and family care givers. In this presentation we will describe an evaluation design using a multidisciplinary paradigm in the study of residential facilities for Alzheimer's Disease sufferers and some of the trends suggested by data from the first year's research efforts.

LOUIS FEINSTEIN ALZHEIMER'S DAY CARE CENTER

G.D. Weisman, Institute on Aging and Environment, School of Architecture and Urban Planning, University of Wisconsin, Milwaukee, WI 53201-0413.

The Louis Feinstein Alzheimer's Day Care Center is a day care environment for 50 residents with Alzheimer's Disease and related dementia. This facility is set up like a contemporary home to create a normalized environment where participants can feel comfortable and unintimidated so they can function at their highest possible level. Based upon environmental gerontological research, design guidelines were developed to maximize the flexibility of the space; enhance participant independence and autonomy; promote therapeutic interaction—social as well as occupational therapy; and provide opportunities for meaningful wayfinding. The case study inquiry utilized behavioral observation, interviews and photographic analysis to document the impact of these interventions on the resulting milieu. Suggestions for future work will be presented.

81

ETHICS IN CONSUMER DIRECTION: ISSUES FOR RESEARCH AND PRACTICE

S. R. Kunkel, Scripps Gerontology Center, Miami University, Oxford, OH 45056.

Participants:

M. B. Kapp (Office of Geriatric Medicine & Gerontology, Wright State University School of Medicine, Dayton, OH 45401-0927) Testing Consumer-Directed Models of Care: Ethical and Legal Considerations.

K. Mahoney & L. Simon-Rusinowitz (University of Maryland Center on Aging, College Park, MD 20742) Ethical Issues in a Large Controlled Experiment: The Case of the Four State Cash and Counseling Demonstration.

M. A. Scala & S. R. Kunkel (Scripps Gerontology Center, Miami University, Oxford, OH 45056) Who Decides?: The Conflict between Professional Practice Standards and Consumer Autonomy.

Discussant:

L. Velgouse (National Council on the Aging, Washington D.C. 20024)

The trend toward consumer direction in home and community-based services offers younger and older people with disabilities more choice and control over the management and delivery of their services. However, it also presents practitioners and researchers with a unique set of ethical and legal challenges. This symposium will explore issues of ethics, autonomy, and risk management within the context of existing research on consumer direction and the experiences of two Robert Wood Johnson Foundation grant-funded programs (the Cash and Counseling Demonstration Project and the Independent Choices Project). An overview of ethical and legal considerations within consumer-directed service models will be provided. Presenters will also discuss the ethics of randomization, issues of consumer screening and surrogate decision-making, and the roles of consumers and professional staff in decisions about service management.

TESTING CONSUMER-DIRECTED MODELS OF CARE: ETHICAL AND LEGAL CONSIDERATIONS

M. B. Kapp, Office of Geriatric Medicine & Gerontology, Wright State University School of Medicine, Box 927, Dayton, OH 45401-0927.

Current research and demonstration projects testing out various models of home and community-based care involving different kinds of consumer choice and direction raise a number of difficult, and largely unprecedented, ethical and legal considerations. This presentation identifies and analyzes potential rights

134

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and responsibilities of participants in these projects (including IRBs, researchers, care providers, consumers, and decision-making surrogates) in terms of such issues as informed consent, confidentiality, equitable allocation of risks and benefits and selection of human subjects, and liability for neglect and abuse in the event of problematic decisions and outcomes.

ETHICAL ISSUES IN A LARGE CONTROLLED EXPERIMENT: THE CASE OF THE FOUR STATE CASH AND COUNSELING DEMONSTRATION

K. Mahoney & L. Simon-Rusinowitz, University of Maryland Center on Aging, Rm. 1240 HHP Bldg., College Park, MD 20742

The Cash and Counseling Demonstration, slated to get underway in AR, FL, NJ, and NY in early 1999, is a policy-driven evaluation of one of the ultimate forms of consumer direction. Medicaid recipients are given a choice between traditional agency-delivered personal assistance services and their cash equivalent. Those opting for the cash allowance are then randomly assigned to the cash treatment group or the control group where they continue to receive traditional services.

A large number of ethical issues (e.g., whether to randomize based on "choice" or "the desire for the cash option", screening criteria, whether to allow representative decision makers, and even randomization itself) needed to be tackled during the planning stages of this demonstration. All of the key decision makers felt that cash should be an option, and consumers should be able to return to the traditional system at any time; but there were varying thoughts about what limits would be placed on the uses of cash, what monitoring was needed and how to measure and manage quality. This presentation will discuss those ethical dilemmas and the approaches that were used to resolve them.

WHO DECIDES?: THE CONFLICT BETWEEN PROFESSIONAL PRACTICE STANDARDS AND CONSUMER AUTONOMY

M. A. Scala & S. R. Kunkel, Scripps Gerontology Center, Miami University, Oxford, Ohio 45056

Consumer direction presents a challenge to many home services professionals who work with older adults. This challenge is often the result of a conflict between the fundamental ethical principles of autonomy and non-maleficence (protecting others from danger). Indeed, professional practice standards and prevailing regulatory definitions of quality care have emphasized safety and security of older service recipients over autonomy and self-direction. This presentation will focus on attitudes and perceptions of case management staff in a traditional home services program facing the introduction of consumer-directed options into their program. Themes identified through focus groups and project work group discussions include: embracing consumer choice and control at the conceptual level; concern about monitoring and quality assurance with assumptions that professionals can best define and assure quality; and apprehension about giving up control yet feeling (and possibly being held) responsible for older consumers' well-being.

82

AN UPDATE ON ASSISTED LIVING COAST TO COAST: POLICY AND PRACTICE IN CALIFORNIA, FLORIDA, OREGON, AND WASHINGTON.

J. Franks, Retirement Center, University of Washington, Box 351277; Seattle, WA 98195-1277.

Participants:

M. Hernandez (Assisted Living Concepts; Portland, OR)

M. Lopez (California Department of Social Services, Sacramento, CA)

M. Williams (Heritage House; Seattle, WA)

M. Wilson (Florida Dept. of Elder Affairs, Tallahassee, FL).

Discussant:

J. Franks (Retirement Center, University of Washington, Seattle, WA 98195-1277).

The dramatic increase in the life span and growing numbers of older people with disabilities have spawned a new model of long-term care—assisted living, which also has grown rapidly. Knowledge in the "post-genome era" may further extend the life span and the need for long-term care options.

Costs, policies, regulations, and practices vary widely from state to state, and indeed within states. There is still much to be learned from each other.

This symposium will focus on some of the social, political and economic implications of assisted living and what the policy and practices are in California, Florida, Oregon and Washington. These four states are often considered to be in the vanguard of offering privately-paid assisted living, as well as some Medicaid-funded assisted living.

Comparing the different interpretations of this important long-term care option will provide greater understanding of the variability of how assisted living is being provided, regulated, and funded.

83

Home Care Data Collection in Canada,

L. McDonald, L. McCleary; J. Daciuk; University of Toronto, 246 Bloor Street West, Toronto ON M5W 1A1

In the 1990s, Health Canada identified the lack of a national standard data set as a barrier to conducting research on home care in Canada. As a result, a national survey of home care providers was carried out by the authors in May 1998 to determine the data collection practices of these agencies (profit and non-profit). In consultation with Health Canada, a stratified random telephone survey of 152 providers collected information about home care agencies and their data collection practices concerning clients and their families, paid staff, volunteer staff, management practices and procedures for data collection. The findings indicated that 49 data elements were recorded by 80 percent of the respondents. Information about volunteer staff was the least likely collected while most data was collected in the financial and management categories. This survey showed that relatively few agencies collected client outcome or clinical data and, if they did, functional status or illness severity was based on professional judgement, not standardized measures. Barriers to standard data collection were also identified. The findings point to a national blueprint for data collection for home care in Canada.

CARE PROVISION IN HOUSING WITH SUPPORTIVE SERVICES: THE IMPORTANCE OF INDIVIDUAL CHARACTERISTICS AND CARE SITE.

C.D. Phillips, K.M. Spry, C. Hawes, A. Greene. Myers Research Institute, Menorah Park Center for the Aging, 27100 Cedar Road, Beachwood, OH 44072

Housing with supportive services or residential care is becoming an increasingly important sector of long-term care services. Unfortunately, information about care provision in these settings to the frail elderly is largely unavailable. The role played by individual characteristics and site of care in determining how care is provided is completely unexplored. This study presents time study data on care provision to over 900 residents residing in 60 facilities. The results indicate that ADL needs and cognitive function play important roles in determining the amount of direct care tome a resident receives from facility staff. The results also indicate that the importance of the facility in determining care patterns varies, depending on the type of care being provided. The amount of personal care received is heavily dependent on resident needs, while cueing for residents with dementia is largely determined by the identity of the facility in which the resident resides.

THE RELATIONSHIP BETWEEN NURSING HOME CHARACTERISTICS AND INFECTION

S.I. Zimmerman, A.L. Gruber-Baldini, P.D. Sloane, J.R. Hebel, J. Magaziner. Cecil G. Sheps Center for Health Services Research, The University of North Carolina, Chapel Hill, NC 27599.

To the extent that modifiable nursing home (NH) characteristics are associated with the incidence of adverse health events, opportunities for intervention and prevention exist. This study obtained comprehensive observational and interview data regarding the structure and process of care in 59 NHs (e.g., physical and social environment, staffing, programming), and related them to incident infections and hospitalizations for infections for an admission cohort (N=2017) through two years of follow-up. The risk of infection was greater in Medicare-certified facilities (RR=1.52; 95% CI = 1.27, 1.82), those with more RN turnover (RR = 1.08; 95% CI = 1.04, 1.11), and those with more medical, therapeutic and activity services. The risk was lower in those with more physician hours (RR = .94, CI = 0.90 - 0.97). The risk of hospitalization for infection was greater in urban facilities (RR = 4.29, CI = 1.84 - 9.98) and those with more activity services. It was lower in facilities that employ physician extenders (RR = 0.44, CI = 0.25 - 0.79) and have more favorable physical environments. Case-mix adjustment did not alter the patterns observed. This study found that while many facility characteristics did not relate to infection outcomes, many of the medically-oriented characteristics did. Furthermore, structural components of the facility, such as safety and maintenance, may relate to other protective factors not yet identified. Assessment of which facility characteristics are associated with better outcomes can help inform treatment and provide direction for regulating long-term care and improving quality and outcomes.

HOME VS. HOSPITAL: COMPARATIVE ARCHITECTURAL DESIGNS IN BRITISH AND US NURSING HOMES.

M.Duffy, Dept. of Educational Psychology, Texas A&M University, College Station, Tx 77843 and J.A. Duffy, Dept. of Mgmt. Sam Houston State University,

Behavioral effects of nursing home design is a relatively unresearched area even although residents are more captive and vulnerable in these environments. Our recent crossnational study of resident satisfaction in British and US nursing homes revealed a more positive view among British elderly. This presentation will present this data in relationship to the distinctly contrasting designs of units in the two countries. Whereas the US homes in our study were purpose-built, hospital-like facilities the British homes were literally "homes"-frequently converted "stately homes" with elegant architectural designs. This presentation will include a series of slides which portray both inside and outside views of the buildings and illustrate the contrasting psychological and esthetic environmental experience.

FACTORS CONTRIBUTING TO INSTITUTIONAL BIAS IN MEDICAID LONG-TERM CARE PROGRAMS.

Enid Kassner, AARP, 601 E St. NW, Washington, DC 20049 and L. Shirey, National Academy on an Aging Society.

Despite the preference that older people express for receiving long-term care (ltc) services in their own homes, the vast majority of Medicaid-funded ltc is provided in institutions. The purpose of this research was to determine whether the financial eligibility criteria used for nursing home admission and those used for home and community-based waiver recipients contribute to institutional bias. A mailed survey was sent to state Medicaid officials. This paper reports that states' differential use of spousal impoverishment provisions may contribute to institutional bias. The research also found enormous state variation in the determination of maintenance needs budgets for waiver participants – a factor that can contribute to an individual's inability to remain in his or her own home.

THE SATISFACTION MIRROR.

J.A.M. Duffy, Management & Marketing Department, Sam Houston State University, Huntsville, TX 77341. M. Duffy, Educational Psychology Department, Texas A&M University, College Station, TX 78743.

Factors influencing nursing home resident and employee satisfaction were the focus of this qualitative study. Thirty residents and twenty-nine nursing home staff were included in this study. Data was collected through unobtrusive observations and semi structured interviews. Data analysis followed the guidelines for qualitative data analysis set forth by Miles and Hubeman. The data revealed that the sources of satisfaction of residents mirrored the sources of satisfaction of employees. However, the pattern of caregiving affecting satisfaction differed from the pattern of caregiving that resulted in dissatisfaction. Caregiving centered on providing for physical needs reduced dissatisfaction but did not relate to satisfaction. On the other hand, caregiving centered on providing for emotional needs did relate to increased satisfaction. The data also illustrated that the timing of caregiving is a moderating factor in how a person reacts to what is done. The findings point out what aspects of the encounter between resident and service provider need to be supported by administrators. The results also indicate what the focus of employee training and employee utilization plans should be to ensure quality of life in nursing homes. Finally, the findings demonstrate the advantages of using an anticipatory caregiving style rather than a responsive style.

84

VIRTUALITY MEETS REALITY: PRACTICAL APPROACHES TO DISTANCE COMMUNICATIONS FOR ELDERS

M. H. Parker, MKHP Associates, L.L.C., 112 South Pitt Street, Alexandria, VA 22314
Participants:
D. Lansdale, (Stanford University, Palo Alto, CA.) Frail Elders: Promoting Interdependence Through E-mail and the Internet
D. McConatha, (West Chester University of Pennsylvania) Open Learning Systems: A Pivotal Role for Elders
M. H. Parker, (MKHP Associates, L.L.C.) Distance Training to Improve the Quality of Palliative Care
Discussants:
S. Kwon, (Berlin Center of Public Health, Berlin Germany)
S. Keller, (Gerontology Center, Penn. State Univ., University Park, 16802)

The World Wide Web and developments in audiovisual communications provide new ways to provide training which can improve care for older persons and to provide ways even frail, home-bound elders can maintain their involvement in the wider community. New programs and technologies to make it easier for elderly users to learn how to access the world-wide web, without extensive computer training. New training methods utilize distance learning applications, web-based educational programming for "non- traditional" users, such as the CADRe Model of Distance Learning for Older Adults, used with older migrant farm workers, and palliative care training for paraprofessional health care workers, volunteers and family caregivers. Presenters will discuss their own research and demonstration projects which utilize these new technologies, presenting evaluation data, case studies and anecdotal material. Discussion will explore the advantages and pitfalls of distance training and present teaching modules which illustrate how to effectively utilize these challenging new ways to benefit even isolated elders, even in the most remote areas, to contact family, friends and obtain useful health and other information.

FRAIL ELDERS: PROMOTING INTERDEPENDENCE THROUGH E-MAIL AND THE INTERNET

D. Lansdale, Stanford Faculty Development Program, Geriatrics in Primary Care, Stanford University, Palo Alto, CA. (94304-1812).

A pilot project at Palo Alto Commons, the Silver Surfer Monday Night Live program, introduced a Web-TV set in a support group setting to teach 12 residents (average age 85) to use e-mail and the Internet. The instructional method was informal, interactive and hands-on, with participants encouraged to ask questions and to pursue learning at their own speed. Based on this experience, a train-the-trainer model was developed based on the concept of self efficacy developed by Albert Bandura, and the diffusion of innovations work of Everett Rogers. A core group of facilitators was taught through practice (mastery), modeling, and social persuasion (pressure from peers and family) to learn the e-mail and the Internet. Once trained, several residents then became teachers of others in the assisted living community where they live. The success of this model is founded on the trust and comfort participants feel in working with each other to learn and progress at their own level of interest and motivation. Preliminary results from this Pilot project suggest that group learning using e-mail provides a unique opportunity for building community, both real and virtual, between isolated elders and their families, friends, fellow residents, and health care providers.

OPEN LEARNING SYSTEMS. A PIVOTAL ROLE FOR ELDERS

D. McConatha, (West Chester University of Pennsylvania)

The revolutionary changes now apparent in the field of information science and more particularly Internet based knowledge systems offer both opportunity and challenge for the older population. In recent years my research team has attempted to introduce web-based educational programming to what might be called "non-traditional" users of these services. In 1995 I completed a study of the impact that access to a commercial Internet service had on a group of residents in a skilled nursing facility. The results of this study have helped to establish the positive impact this approach can have on depression, ADLs and life satisfaction (McConatha et al., 1995, 1994)). More recently I have expanded this approach to a small population of older migrant farm workers who would otherwise find themselves on the far side of the digital divide (McConatha et al., 1999). In both of these studies I have noticed a remarkable enterprise which I believe relates to the vast potential open learning systems have to transform the lives of older adults and those around them. It is to the issue of this new information enterprise of Open Learning Systems that I address my comments.

M. H. Parker, (MKHP Associates, L.L.C.) Distance Training to Improve the Quality of Palliative Care

Under a grant from the National Cancer Institute, 2R42CA73284-03, MKHP Associates, LLC, and Northern Virginia Community College are collaborating to produce a multimedia training program for paraprofessional, volunteer, and family caregivers. The program incorporates recent research in pain management and palliative care and provides caregivers with techniques to assist patients to improve their functioning, more effectively manage their symptoms, and enhance the quality of their lives in the psycho-social and spiritual domains, as well as the physical domain. The training has three levels. Level I provides basic knowledge in palliative care, suitable to entry level staff and family caregivers. Level II will enable caregiving staff to extend their knowledge of specific care problems under the guidance of a member of the Interdisciplinary Team. Level III will guide selected paraprofessional caregiving staff to achieve a certificate in palliative care, including an examination evaluating knowledge and achievement of specific skills. Over 70 caregivers were trained in distance learning presentations. Over 90 percent had never attended distance learning, said they liked the training format "very much", and said they would like to participate in another distance learning in-service.

85

NET WORTH IN OLD AGE: BLACK-WHITE DIFFERENCES. M.N. Ozawa & H.Y. Tseng, George Warren Brown School of Social work, Washington University, St. Louis, MO 63130-4899. As the movement to privatize social security and other programs accelerates, it is important to investigate the racial differences in net worth in old age. This paper presents findings from a study on the differences in net worth held by white and black elderly people who were at 72 years or older, using two regression models. In one model, the following variables were included in addition to race: demographic variables, the number of children raised, education, occupation, and the labor forth attachment. In the other model, the variable lifetime earnings replaced education, occupation, and the labor forth attachment. We further ran regression analyses for black and white elderly people separately, and also for black men and black women, separately. The major findings were as follows: (1) Black elderly people's net worth was 95 percent smaller than that of white elderly people. (2) The regression models had considerably weaker explanatory power of black people's net worth than of white people's net worth. (3) For black elderly people, lifetime earnings are more important to determine the level of net worth in old age than human capital variables, whereas the reverse is true for whites. (4) For black men, almost nothing--not even lifetime earnings--matters in determining their net worth in old age. The authors conclude that for black elderly men, the American dream ("play by the rule, then you will be rich in old age") does not come true in old age. The data source is the New Beneficiary Survey Data System.

DETERMINANTS OF ENGAGEMENT IN PAID WORK FOLLOWING SOCIAL SECURITY BENEFIT RECEIPT AMONG OLDER WOMEN. N CHOI. School of Social Work. SUNY at Buffalo. Buffalo. NY 14260

Work behavior among older men approaching or following their retirement has received considerable research attention over the past two decades. but research on older women's work behavior is still in its incipient stage. Based on data from the 1982 New Beneficiary Survey and the 1991 New Beneficiary Follow-up. this study analyzes the extent and determinants of employment among women who received their first Social Security benefits between 1980 and 1981 as retired workers. wives. widows. divorced wives. or surviving divorced wives (n=4.565). More than one fourth of these women beneficiaries continued to work or (re)joined the labor force after they received Social Security benefits. The median duration of post-Social Security employment was 4 years. and the median weekly hours of work was 15. Financial need was found to be the primary reason for and the most significant determinant of women's continuing work or (re)entry into the labor force. Level of education. health. spouse's work status. and previous work history were also found to be significant determinants of the likelihood of their continuing work following receipt of Social Security benefits. Those who received retired-worker benefits at age 62 ("early retirees") were less likely than those who received retired-worker benefits at age 65 or older to have worked following the receipt of benefits. Of the workers. however. the "early retirees" were likely to have worked longer years than the latter group. The most significant determinant of the duration of post-Social Security employment was the spouse's work status. Policy implications of the findings include provision of supportive services such as vocational skills training and retraining and job placement services for older women who need to work out of economic necessity

Knowing that an older woman has investment income in the absence of a measure of asset value. B. Yoo. K.D. Frick. Department of Health Policy and Management. Johns Hopkins University, Baltimore, MD 21205

The Women's Health and Aging Study's (WHAS) primary purpose is to trace the changes in health and functional status of a cohort of moderately to severely disabled older women. Income and assets are potentially important determinants of opportunities for coping with disabilities. However. income and assets are not a primary focus of WHAS. For assets, the baseline survey asked only about the presence of income from investments or housing wealth. This indicator of investment income still can be used in at least two ways: (1) in income imputation—income often has substantial missing data even when ranges are allowed as in the WHAS—or (2) as a proxy for having any wealth if this expected to be an important predictor of behavior. In a linear regression with the natural logarithm of income as the dependent variable, the coefficient on the indicator of having investment income was positive and significant ($p<0.001$). Other explanatory variables included other source of income indicators and measures of race, education, and living arrangements. Thus. the measure of having investment income is useful for the first purpose above. As a predictor of behavior. the investment income indicator may not yield statistically significant results because of high multicollinearity with a combination of other variables that are included in most behavioral analyses, i.e. those included in the income regression. However, any effects of having some wealth may be identifiable; based on logistic regression results. many who have investment income are not predicted to have investment income. Thus, a measure of the presence of investment income could serve two purposes in analyses of older populations even without an exact measure of assets.

(SRPP-19)

WHICH WOMEN RETIRE EARLY OR LATE AND WHY. R.O'Grady-LeShane, Boston College, Graduate School of Social Work & J. B.Williamson, Boston College, Sociology Department, Chestnut Hill, MA 02167.

The 1994-96 Advisory Council on Social Security could not reach agreement on a plan to offset the projected deficit in the Social Security Trust Funds. Three fundamentally different approaches were proposed. Raising the retirement age is a component of one proposal.

Burkhauser, Couch, and Phillips (1996) analyzed beneficiaries who claim Social Security at age 62 and found that the majority of beneficiaries who claimed early retirement benefits were in good health and could afford to retire early. Hence, they concluded that raising early retirement age would not negatively affect the majority of early beneficiaries. Although they did analyze male and female beneficiaries separately, gender differences were not large.

As part of a larger, two-year project funded by the Social Security Administration to assess different approaches to increase the financial stability of Social Security on the economic well-being of women, this paper extends the work of Burkhauser, Couch and Phillips. Utilizing the Health and Retirement Survey (HRS), it compares married and non-married women who claim early retirement benefits and those who delay retirement. Whereas married women receive economic protection from their marital status marriage, non-married women are more vulnerable and are, hence, more adversely affected by raising the retirement age.

PARTICIPATION IN FORMAL RETIREMENT PLANS: SELF-EMPLOYED VERSUS WAGE WORKERS
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As workers age, an increasing proportion are choosing to be self-employed as a bridge to retirement. A high rate of small business failure could mean that self employed workers will be unprepared for retirement. Data from the 1995 Survey of Consumer Finances were examined using Heckman's two step selection model. First, probit regression was used to predict the decision to be self-employed or a wage worker. In the second step, probit regression was used to predict participation in an IRA or Keogh account for the self-employed or an employer plan for wage workers. Those who were older, well educated, professionals, males, white, with a larger household size, and with higher incomes were more likely to be self-employed. Those who were younger, less educated, female, non white, with lower incomes, and with a smaller household size were more likely to be wage workers. In the second step, the self-employed were more likely to participate in IRAs or Keogh plans if they were older, well educated, white, married, with higher risk tolerance, and with longer working hours. Two variables relating past and future income to prices were also related to participation in IRA or Keogh plans. These suggest that if past income is good, participation will increase and if future income is expected to be poor, participation will decrease. There was no self-selection for the self-employed. Predictors of retirement plan participation for wage workers included: professional status, in good health, longer job tenure, with disability insurance, union membership, and larger firms. There was a positive self-selection for wage workers meaning that the unobserved factors which influence people to select wage work are also likely to increase plan participation.

WHO SAVES FOR RETIREMENT?: A PANEL STUDY OF UNIVERSITY EMPLOYEES

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Among the questions asked about individual retirement saving behavior are what factors lead to more savings and whether increases in employer retirement contributions result in decreased employee savings (substitution) I explore these issues using administrative data covering all employees of a university (faculty and staff) in each of two academic years (1993-94 and 1996-97) as well as a panel of 5416 who were employees in both years. Among the factors considered are salary, age, length of employment at the university, marital status, faculty status, whether a child is in college, and ethnicity. Changes in employee savings are measured to assess the impact of an increase in university retirement contributions that occurred between the two years.

THE RELATIONSHIP BETWEEN BIOPSYCHOSOCIAL FACTORS AND HEALTH STATUS OF CAREGIVERS OF A SPOUSE OR LIFE PARTNER WITH ALZHEIMER'S DISEASE

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This descriptive study examined the health status of American and Canadian spousal/life partner caregivers of persons with Alzheimer's disease. Blum's (1983) biopsychosocial paradigm of well-being provided the conceptual framework that guided the study. A mail survey assessed caregiver and care recipient characteristics as they relate to caregiver health. Sixty-six caregivers affiliated with the Alzheimer's Association of Northeastern Pennsylvania (Wilkes-Barre, PA), the Alzheimer Society of Kingston (Kingston, ON), and the Alzheimer Society of Ottawa-Carleton (Ottawa, ON) returned useable surveys. Caregivers generally rated their physical health as fair to excellent and exhibited fewer than expected physical symptoms. However, on average a doubling of physical symptoms was noted when comparing pre- and post-caregiving data. In addition, caregivers were experiencing moderate to severe depression and burden. A bio-psychosocial interaction of stressfulness of behavioral dysfunction and caregiver satisfaction with leisure significantly predicted caregiver health within the sample. Other singular predictors of caregiver health included frequency of behavioral problems and gender. The identification of the impact of these characteristics offers important suggestions for community-based education and respite services to improve caregiver health.

Blum, H. (1983). Expanding health care horizons (2nd ed.). Oakland, Ca: Third Party Publishing Company.

INCOME GROWTH AND INEQUALITY AMONG AGED AND NONAGED COHORTS, 1975-96

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Increased attention has been focused in recent years on the relative economic well-being of older and younger generations. The aged population has benefited from reduced poverty rates but has historically exhibited a higher degree of income inequality than the population under age 65. However, the working age population has experienced wage stagnation and increased wage inequality since the 1970s. Using annual Current Population Survey data over 1975-96, we analyzed income growth and inequality among aged and non-aged populations. We find that income has grown significantly faster over the past 20 years for aged households than non-aged households. Income inequality has converged for the aged and non-aged populations, so there is now relatively little difference in income inequality between the age groups, and almost no difference after adjusting for family size. Wages and salaries have been the biggest contributor to overall inequality, not just among non-aged but among aged families as well. Social Security is the main factor equalizing incomes after age 65, even more so than other income transfers. In addition, inequality has increased over time at given ages, and income inequality appears to increase with age until about age 65, after which it holds steady or declines slightly. SRPP-13

86

REPETITIVE QUESTIONNING: A CAREGIVER TRAINING VIDEO FOR HIV-ASSOCIATED DEMENTIA AND RELATED COGNITIVE DISORDERS

One (14 minute)/ Color videotape/1998. (Both Spanish and English translations)
Produced for I.D.E.A.S., Inc. (Innovative Designs in Environments for an Aging Society) by Cinecraft Studios.

This prototype video (the first of a set of six) geared for caregivers of people with HIV-associated dementia and related cognitive disorders, focuses on AIDS patients from a variety of settings (e.g. long term care facilities, group homes, and homes in the community). The video, incorporating AIDS patients and caregivers from different races and of a range of ages, is available in English or Spanish. Both patients and caregivers in the video (and associated study) range in age from 19 to 65 years. Although there are different manifestations, there are symptoms of HIV-associated dementia which often parallel behaviors common to Alzheimer's dementia. As the presence of other dementias is positively correlated with aging, the experience of HIV-associated dementia (HAD) for that population will present its own set of problems. In this video, repetitive questioning is addressed by offering strategies for both mobile and immobile patients, and both sighted and visually impaired patients. The rationale behind all of the interventions is based on understanding *why* the behavior is happening. The video demonstrates a process for caregivers to understand and then help a person with dementia who is consistently repeating questions.

NIMH Grant #: MH58952-01 R43

Contact: Rebecca Meehan, Ph.D., I.D.E.A.S., Inc., 8055 Chardon Rd., Kirtland, OH 44094.

87

Emerging Comparative Perspectives of Aging in Developing Countries

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Participants
G. Andrews (United Nations Programme on Ageing)
M Weinstein (Population Studies Center. Georgetown U)
A. Hermalin (Population Studies Center. U. Michigan)

Worldwide increases in the elderly population have raised fundamental questions regarding the extent of family responsibility toward older family members The ongoing decline in old age mortality has outpaced the ability of most societies in the developing world to provide health care solutions Rapid shifts in economic infrastructures and individual aspirations throughout the developing world have resulted in changes in the way families and households interact with each other and the world around them Research on these areas has emerged rapidly in the past decade and new information has sharpened the theoretical focus of this work in a way that more realistically portrays the life of the elderly in the developing world

This symposium identifies major issues emerging in the study of aging in developing countries The goal of this symposium is to suggest theoretical frameworks that will lead to meaningful research to guide policy and thinking about these issues as we enter the new millennium The presenters will draw on their research experiences to illustrate some of the challenges affecting the lives of the elderly in the developing world to provide useful insights on mechanisms people in the developing world are developing to cope with the increasing needs of the growing elderly population

88

EFFECTS OF PAROMOMYCIN ON HUMAN CELLULAR SENESCENCE IN VITRO

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The aminoglycoside antibiotic, paromomycin (PM), reduces the fidelity of translation by eukaryotic ribosomes in vitro and has been shown to induce premature senescence in eukaryotic cells as measured by a shortened cumulative population doublings (CPDs) and an increased fraction of heat-labile G6PD. However, it has not been shown to date whether various other cellular parameters of premature senescence induced by paromomyin are similar/dissimilar to those of control cellular senescence in vitro. In this study, paromomycin (1mg/ml) was added to BME (Eagle's Basal Medium) and human fibroblasts (WI-38) senescing in this medium were compared to the cells senescing only in BME (control) in terms of CPDs, average no. of nucleoli/cell, total nuclear and nucleolar volumes and % of cells with irregular nuclear morphology. LSD ANOVA analysis showed that cells senescing in PM-supplemented BME differed from control senescent cells in having a 27% reduction in CPDs and significantly smaller average number of nucleoli/cell. For other variables, Linear Regression Analysis showed that there were no significant differences between the PM-treated senescent cells and the control senescent cells. Thus, it appears that PM induces premature cellular senescence in vitro without significantly altering the usual process of changes in nuclear and nucleolar volumes as well as nuclear morphology generally associated with normal cellular senescence in vitro.

LIVER CANCER: A TARGET FOR LUTEINIZING HORMONE RELEASING HORMONE (LHRH)?

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The development of hepatocellular carcinoma may be related to certain growth factors or their receptors. In the present study we are reporting on the specific LHRH binding to plasma membranes isolated from this liver tumor in old humans. Differential centrifugation on discontinuous sucrose gradient was used to obtain the membrane preparations. For the binding studies biologically active ^{125}I-LHRH was used. Following a 30 min. incubation in 0.1m Tris-HCl buffer, the binding to the tumor membranes was calculated to be 0.62 ± 0.04 fmol/μg protein. Comparatively, the binding to human liver membranes was 0.18 ± 0.02 and to pituitary 1.78 ± 0.08 fmol/μg protein. The binding characteristics were studied further for concentration and time dependence. These data support the presence of LHRH receptors in this liver tumor that are structurally or functionally altered. Their pathogenetic significance in unclear, but their function could be related to signs of feminization observed in some male patients with such tumors.

GLUCOSE TRANSPORT IN SKELETAL MUSCLE OF AGING SPRAGUE-DAWLEY RATS IS ENHANCED BY METFORMIN TREATMENT

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Although the blood glucose lowering effect of metformin is well-known, its effect on skeletal muscle glucose metabolism is not clearly established. Our study employed adult male Sprague-Dawley rats, which have a documented insulin resistance in skeletal muscle. Rats were treated with metformin for 20 days (320 mg/kg/day) in the drinking water. Metformin completely prevented the increase in food intake ($p < 0.01$) and decreased adiposity by 30% ($p < 0.01$). Metformin also reduced, by 37%, insulin secretion following an i.p. injection of glucose ($p < 0.01$). Finally, metformin enhanced transport of $[^3H]$-2-deoxyglucose in isolated strips of soleus muscle. Metformin substantially increased insulin-stimulated transport ($p < 0.05$), while having no effect on basal transport. In control rats, a maximal concentration of insulin stimulated transport 77% above basal. In metformin-treated rats, insulin stimulated transport 206% above basal. We conclude that in the Sprague-Dawley rat model, metformin reverses muscle insulin-resistance.

HOST AGE INFLUENCES THE HISTOLOGIC SPECTRUM AND BIOLOGICAL BEHAVIOR OF SPONTANEOUS NEOPLASMS IN PET DOGS. D.M. Cooley, D.W. Hayden, D. J. Waters, Department of Veterinary Clinical Sciences (DMC, DJW) Purdue University, West Lafayette, IN 47907 and Department of Veterinary PathoBiology (DWH), University of Minnesota, St. Paul, MN 55108.

Pet dogs provide a mammalian model to determine how organismal aging and the *in vivo* accumulation of senescent cells influence the spontaneous development of lethal cancers. Pet dogs and humans share a 25-40% life time risk for cancer-related mortality. In humans, the histologic spectrum of cancers that develop in early life (e.g. childhood cancers) differ significantly from the cancers that affect adults. Clinical observations also suggest that tumors which develop in young adults may have more aggressive biological behavior than those tumors that develop in elderly individuals. The purposes of this study were: (1) to compare the histologic spectrum of cancers that develop in young pet dogs and children; and (2) to determine if older dogs are more likely to develop benign or malignant neoplasms compared to young dogs. The pathology records of the University of Minnesota Veterinary Diagnostic Laboratory (1990-1998) were reviewed for tumors affecting the youngest (≤2 years) and oldest (>10 years) subsets of pet dogs. Similar to the cancer spectrum of children, 89% of the 198 malignant tumors of dogs ≤2 years were non-epithelial malignancies. The relative frequency of epithelial malignancies in pet dogs increased with advanced age. Breast tumors accounted for very few (1%) of the neoplasms diagnosed in young dogs compared to 385 of 3334 (11.5%) of tumors diagnosed in dogs >10 years old. The relative incidence of malignant versus benign breast tumors was not significantly different between the youngest and oldest dogs. In contrast, vascular tumors of young dogs were 4X more likely to be benign than the vascular tumors that developed in elderly dogs (p=0.006). These data indicate a tissue-specific influence of host age on the relative frequency of benign and malignant tumors and raises intriguing questions regarding the mechanisms by which aging influences the development and biological behavior of cancer.

CHANGES IN GLYCOLYTIC METABOLITES AND KETONE BODY CONCENTRATIONS IN TISSUES FROM CONTROL AND CALORIE-RESTRICTED MICE.

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The influence of caloric restriction (CR) on intermediary metabolism is not well understood. Levels of glucose, pyruvate, lactate and ketone bodies (KB) were determined in skeletal muscle, heart, liver and brain from calorie-restricted (CR) and control male mice of the C57BL/6JNIA strain. CR mice had higher levels of KB and lower levels of glucose than controls in all four tissues. KB can be utilized by different tissues as alternative oxidative substrates. The increase in KB levels in CR mice may indicate that the low energy intakes may be compensated by an increase in KB levels. Our preliminary results also showed that the activity of glutamate dehydrogenase was higher in the CR mice than in controls, which may indicate increased glutamate entry into Krebs cycle and conversion to glucose via gluconeogenesis. Several Krebs cycle enzymes in liver were also assayed and results showed slightly lower activities in CR mice, with the greatest decrease (24%) seen in aconitase activity. These samples are being further studied to clarify the influence of CR on intermediary metabolism.

CHARACTERIZATION OF APOPTOSIS-RELATED GENE EXPRESSION IN THE OLDEST OLD. H.Riol, B. Jeune, L. Bathum, C. Lacelle and Eugenia Wang. Bloomfield Ctr. for Res. in Aging, Lady Davis Inst., Jewish General Hosp. and Dept. of Med., McGill Univ., Montreal H3T 1E2, Canada.

Apoptosis, whose function is to maintain cell homeostasis, may play an important role in successful aging, since its dysregulation contributes to health decline in the elderly by leading to age-dependent disorders. We hypothesize that extremely long-lived individuals may inherit a "beneficial" apoptotic program as part of the determinants for their longevity. Therefore, we examined their apoptotic profile in the immune system, using as markers gene expressions of two key regulators of apoptosis, caspases 1 (ICE) and 3 (CPP 32). Total RNA and proteins were isolated from peripheral blood mononuclear cells (PBMC) of a well-characterized population of Danish nonagenarians and centenarians, as well as younger individuals (22-85 years old). Semi-quantitative RT-PCR analysis of caspase 1 and 3 mRNAs indicated that while about 75% of the nonagenarians and centenarians have levels of these mRNAs similar to that of younger individuals, the remaining 25% have increased levels of both mRNAs. In addition, Western-blot analysis showed that this latter group had a significant decrease of poly (ADP-ribose) polymerase levels, a protein substrate cleaved by caspase 3 during apoptosis. Our data suggest that these 25% of the elderly have an enhanced rate of physiological apoptosis in their PBMC compared to other elderly and younger individuals. Examination of caspases 1 and 3 at the protein and cellular levels using Western-blot, fluorogenic activity and flow cytometry methods is underway to test our hypothesis further that regulation of apoptosis is key to survival. Correlation of these results with the mortality rate of these individuals will shed light on whether their distinct apoptotic profile is beneficial or detrimental to their longevity.

DECREASED VISCERAL FAT AFTER EXERCISE AND CALORIC REDUCTION IS RELATED TO IMPROVED GLUCOSE TOLERANCE IN 57-77 YR OLD OBESE MEN AND WOMEN WITH IMPAIRED GLUCOSE TOLERANCE (IGT).

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To determine the effects of decreased body fat on glucose tolerance, 18 older obese men and women ($BMI=35\pm1$ $kg \cdot m^{-2}$) with IGT participated in a 12 wk exercise/weight loss program. The program included supervised exercise (5 d/wk, 60 min. treadmill/cycle

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ergometry @ 85% of heart rate max), and moderate caloric restriction (1930±158 vs 1537±166 kcal, $P<0.001$). Fat mass (FM) and fat free mass (FFM) were assessed by hydrostatic weighing. Abdominal fat (AF) and visceral fat (VF) were measured by CT scan. A 75 g oral glucose tolerance test was administered before and after the program. The exercise/weight loss program resulted in an increase in VO_{2max} (35.8±1.0 vs 39.7±1.1 mg kg FFM^{-1} min^{-1}, $P<0.01$). Body weight (BW; 94.9±3.8 vs 88.9±3.3 kg, $P<0.001$), FM (39.9±2.0 vs 35.0±2.1 kg, $P<0.001$), AF (577±44 vs 540±39 cm^2, $P<0.02$) and VF (228±22 vs 204±20 cm^2, $P<0.001$) were reduced while FFM was conserved (55.0±2.9 vs 53.9±2.6 kg) after the program. Area under the glucose response curve (AUC; 627±44 vs 547±44 mM·min, $P=0.05$) and plasma glucose concentrations at 120 and 180 min were also decreased ($P<0.02$) following exercise and weight loss. Changes in AUC were positively correlated with decreases in BW ($r=0.54$, $P<0.03$) and VF ($r=0.51$, $P=0.05$) but not total FM. Thus, in older obese men and women with IGT, a reduction in VF after exercise and weight loss appears to be a stronger determinant of glucose control than either total abdominal fat, or total body fat.

URINARY ANDROGEN METABOLITES FOLLOWING LONG-TERM DIETARY RESTRICTION IN RHESUS MONKEYS

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Various lines of evidence indicate that nutritional status influences reproductive endocrinology. Even missing a single meal reduces LH and testosterone levels in male rhesus macaques. We have been studying a group of adult male rhesus macaques restricted in caloric intake by 30% for approximately 10 years (n=30). In a preliminary noninvasive study of the effects of this intervention on reproductive function, we collected consecutive 12-hour urine samples (corresponding to the light/dark cycle) after 84 and 90 months of dietary restriction for measurement of androgen metabolites by HPLC with UV detection. As expected, levels of androgen metabolite excretion were greater during the dark phase than the light phase of the daily cycle. Light-phase values were frequently undetectable, so the statistical analysis was limited to the dark phase. Total excretion of androgen metabolites at 84 months was 37% lower in restricted (R) than in control (C) animals but this difference did not achieve statistical significance. At 90 months, the total excretion of androgen metabolites was 65% lower in R than in C animals ($p<0.02$). Etiocholanolone accounted for 76% of the urinary androgen metabolites detected and was significantly lower in R compared to C animals. These data suggest reduced urinary excretion of androgen metabolites following long-term dietary restriction in rhesus monkeys. Additional assessments will be necessary to address mechanism. The functional consequences of these differences are unclear at this time. (Supported by NIH grants AG11915 and RR00167.)

TEMPORAL ACCRUAL OF COMPLEMENT PROTEINS IN AMYLOID PLAQUES IN DOWN SYNDROME WITH ALZHEIMER'S DISEASE

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The complement system constitutes a series of enzymatic steps involved in the inflammatory response and is activated in Alzheimer's disease (AD). Using Down syndrome (DS) brains as a temporal model for the progression of AD, we examined complement deposition and its relationship to other principal events in AD pathology: $A\beta_{42}$ deposition, neuritic changes, neurofibrillary tangles (NFTs) and gliosis (reactive astrocytes, activated microglia). Adjacent sections of frontal cortex from 24 DS subjects ranging in age from 12 to 73 years were immunohistochemically examined for immunoreactivity (IR) of three classical complement proteins (C1q, C3, C9), apolipoprotein J (apo J), and markers of AD pathology. $A\beta_{42}$-containing plaques were first detected in a 12 year-old DS subject. IR for C1q, C9, and apo J, as well as reactive astrocytes, activated microglia, and dystrophic neurites were first detected in a 15 year-old DS brain and colocalized with $A\beta_{42}$ plaques. NFTs were first observed in a 29 year-old DS subject. C3 IR was first detected in the brain of a 36-year old DS patient, where C3 IR colocalized with $A\beta_{42}$ plaques. C5b-9 (membrane attack complex; MAC) IR was observed in association with $A\beta_{42}$ plaques in several older DS cases where briefly-fixed tissue was available. These data suggest that the classical complement cascade is gradually activated after initial $A\beta_{42}$ deposition and may ultimately progress to the development of the MAC as a response to Aβ deposition in DS and AD.

ASSOCIATION BETWEEN OXIDATIVE STRESS INDUCED HEMORHEOLOGICAL CHANGES AND CAROTID BLOOD FLOW PARAMETERS DURING HUMAN AGING

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The purpose of this study was to investigate to the role of altered hemorheological parameters on age dependent changes in carotid artery blood flow parameters. 147 healthy men and women were studied from the Baltimore Longitudinal Study of Aging (ages 30- 95 years). A fasting blood sample was taken to measure lipid peroxidation(LPO), fibrinogen(FIB) and mean cell volume(MCV). Right and left common carotid artery flow velocity (RCCAFV and LCCAFV) were measured by Doppler ultrasonography and the Pourcelot Index (PI) was computed , as an index of resistance. Linear regression and partial correlations were used to analyze the data. LPO, MCV and FIB showed significant relationships with RCCAFV(-0.22; 0.01, -0.29; 0.002 and -0.22; 0.01), LCCAFV(-0.2; 0.03; -0.27; 0.005 and -0.3; 0.001), with PI of right common carotid artery(0.27; 0.004; 0.36; 0.0001, 0.21; 0.01) and with PI of left common carotid artery(0.3; 0.001, 0.2; .04, 29; 0.001). We also found a significant rise in LPO(0.37; 0.0001), FIB(0.55; 0.0001), MCV(0.41; 0.0001), RCCAPI(0.24; 0.007) & LCCAPI(0.26; 0.003) and a decrement in RCCAFV(-0.43; 0.0001)and LCCAFV(-0.42; 0.0001) as a function of age. Regression models found that among FIB, MCV and LPO, the FIB had the largest affect on the flow parameters. However when including age in the model the impact of LPO, MCV and FIB is masked by age. These results suggest that effects of LPO, MCV and FIB on flow parameters are mediated by age.

CHRONIC DIETARY RESTRICTION SUPPRESSES HYPOTHALAMIC GHRH BUT NOT SRIH IN MALE RATS

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Dietary restriction (DR) may exert, at least, some of the anti-aging powers by modulation in the hypothalamic-pituitary axis for secretion of GH. We investigated effects of chronic DR on expression of hypothalamic GHRH and SRIH in male F344 rats at 6 and 24 months. Control rats were fed *ad libitum* (AL) throughout life; dietary restricted (DR) rats received 70% of the mean diet intake of group AL from 6 weeks of age. mRNA levels in microdissected tissues including the arcuate nucleus (ARH) or the anterior periventricular nucleus (PVa) were measured by the reverse transcription-polymerase chain reaction method. The immunostained peptides in the median eminence (ME) were also evaluated by computer-assisted image analyses in tissue sections. The present study demonstrated that DR reduced GHRH-mRNA levels and -immunostained area, although not significantly minimize the aging-dependent reductions, and that DR showed no significant effect on mRNA levels or immunostained area of SRIH. The present study have suggested that chronic DR suppresses the synthesis or secretion of GH by modulating hypothalamic GHRH rather than SRIH.

INCREASED BLOOD LEVELS OF ANTI-OXIDANT MOLECULES IN ALZHEIMER'S DISEASE (AD) PATIENTS

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Between the etiologic hypothesis of neurodegeneration in AD, a role is certainly played by the oxidative stress. Some studies suggested that it involves different tissues in AD, not only brain. The aim of this research was to evaluate the stability and reproducibility of selected peripheral oxidative stress markers and their possible relationship with cognitive performances in AD patients. Eleven patients with probable AD (5F, 6M, mean age: 78±2y, mean GDS: 5.6±0.3) and 11 non demented controls (9F, 2M; mean age: 74±2y; MMSE>26) were followed for four weeks and 3 different blood samples were taken with a 7-10 day interval. Serum levels of α-1-antichymotrypsin (ACT), C reactive protein (CRP), glutathione peroxidase (GSH-Px), superoxide dismutase (SOD), lactoferrin (LTF) and total lipid peroxidation (LPO) were assessed in three different blood samples from the two groups. Blood levels of ACT and GSH-Px were higher in AD patients than in controls. No difference was found in the blood levels of LTF, CRP and LPO between AD and controls. Plasma SOD protein levels were extremely low in both AD and controls. SOD activity from red blood cells was increased in AD. Blood levels of ACT positively correlated with scores of the global deterioration scale (GDS) in AD patients. Our findings suggest that serum levels of ACT and GSH-Px may be used as markers of oxidative stress in longitudinal studies on AD, aiming to an anti-oxidant therapeutic intervention.

ANTI-TUMOR CYTOTOXICITY MAY BE ADVERSELY AFFECTED BY THE HIGH γ-IFN AND IL-4 PRODUCED BY ACTIVATED AGED $CD8^+$ T CELLS

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With age the function of $CD8^+$T cells is altered. Polyclonal activation of $CD8^+$ T cells derived from young mice results in production of high levels of IL-2 and TNF with little γ-IFN or IL-4. However aged T cell populations produce cytokines in a distinctly different ratio, with lower IL-2 and higher IL-4 and γ-IFN. As these cytokines are potent modulators of lymphocyte function, we hypothesize that the high γ–IFN plus IL-4/IL-2 cytokine production ratio characteristic of the aged, negatively affects the generation of anti-tumor CD8-mediated cytoxicity. This hypothesis was tested using a syngeneic lymphoma model in which it was verified that tumor-specific killing by aged lymphocytes is reduced and that this reduction is accompanied by limited proliferation and expansion of the $CD8^+$population. T cells derived from young mice were activated with the tumor cells in the presence of IL-4 and γ–IFN to mimic the cytokine ratio found in aged lymphocyte cultures. In support of the hypothesis, the presence of either cytokine sharply reduces the generation of tumor-specific CTL. These cytokines appear to inhibit CTL generation by distinct mechanisms. Despite a similar effect on cytotoxicity, IL-4 enhances proliferation, while γ-IFN is inhibitory.

G-PROTEIN RECEPTOR KINASE EXPRESSION INCREASES WITH AGE IN RAT AORTA.

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The age-related decrease in beta-adrenergic receptor (β-AR) mediated vasorelaxation is associated with a desensitization of β-ARs. The primary mode of β-AR desensitization is via G-protein receptor kinase (GRK; also known as βARK). Phosphorylated β-ARs are targets for β-arrestin, an adapter protein that facilitates desensitization. Upregulation of this desensitization pathway is also seen in congestive heart failure. Therefore, we investigated whether expression or activity of GRK or β-arrestin increased with age in rat aorta. Protein extracted from aortic tissue of 6 week, 6 month, and 12 month old male Fischer-344 rats (n=5 per group) were probed with specific antibodies to GRK-2 and β-arrestin-1, and quantified using computer-aided densitometry. Purified protein extracts were also examined for their ability to ^{32}P-label rhodopsin, a generic substrate for GRK. Results show a significant ($p<0.01$) increase in GRK2 expression with age – 0.55±0.08, 0.96±0.05 and 1.19±0.04 for 6W, 6M and 12M old animals respectively (compared to heart in arbitrary units). There were no significant differences in β-arrestin-1 expression with age. Preliminary data also show an increase in GRK activity in 6M old vs. 6W old animals. These results suggest that age is associated with increased GRK2 expression and activity. This increase

likely results in enhanced phosphorylation and desensitization of β-ARs. These biochemical changes are consistent with the observed aging physiology.

AGE AND DIETARY STARCH SOURCE CAN INFLUENCE GLUCOSE TOLERANCE IN DOGS.

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Aging has been associated with a loss of glycemic control in dogs. This study was conducted to determine if starch source modulates the glycemic response in 18 young (0.7 ± 0.2 y; Y) and 18 old (9.6 ± 0.2 y; O) dogs. Dogs were randomized by age and assigned to one of two diets for 90 days. Both diets contained equal amounts of starch but differed in starch source: corn / grain-sorghum / rice (CSR) or corn / grain-sorghum (CS). At the end of the feeding period, animals underwent a frequently sampled intravenous glucose tolerance test and data were analyzed using Bergman's Minimal Model. Body composition was also determined. Food intake and body weights were not different between diets. CSR tended to increase G(0), (324 ± 25 vs 391 ± 25 mg/dl, CS and CSR diet respectively, $p<0.1$). Old dogs had lower Sg (0.09 ± 0.01 vs 0.07 ± 0.01 min^{-1}, Y and O dogs respectively, $p<0.05$) and tended to have a lower G(0) (389 ± 24 vs 326 ± 26 mg/dl, Y and O dogs respectively, $p<0.1$), with elevated AIRg (198 ± 23 vs 253 ± 25 μIU/ml, Y and O dogs respectively, $p<0.1$). O had a higher percentage of body fat (16.8 ± 1.2 vs 30.4 ± 1.2%, Y and O animals respectively, $p<0.0001$). Si, Sg and G(0) were negatively correlated and AIRg was positively correlated with percent body fat. Elevated blood glucose fluctuations, are associated with a higher G(0). Therefore the absence of rice may beneficially modify glucose metabolism, independent of body composition. Clinical consideration should be given for both age and diet when assessing glucose metabolism.

AGINGWORM, an aging database for the nematode *Caenorhabditis elegans*.

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The cloning and sequencing of longevity genes that extend the life-span of *Caenorhabditis elegans* has increased interest in the use of animal models for studying delay of aging. Nearly 30 years of studies have produced a great deal of information on the longevity and aging of *C. elegans*. A database, AGINGWORM, is being developed to assemble all published *C. elegans* aging and life-span information in an organized and convenient way for aging studies. AGINGWORM is structured as a series of relational database tables including strain, genetic, environment, life span, life table, aging biology, reproduction, and reference. The database allows selection of aging and life-span features including age-specific survival, life expectancy, mean life span, post-fecundity life span, maximum life span, development, mortality, fertility, and culture details. The assembled data also provide information on environmental manipulation of life span, and the phenotypic expression of longevity genes. The database, with user-friendly Query and Report components, is distributed in a Microsoft Access format.

USE OF TETRACYCLINE-REGULATABLE PROMOTER SYSTEMS TO EXOGENOUSLY CONTROL THE EXPRESSION OF GENES RELATED TO AGING.

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Since they permit an activation or inactivation of the expression of genes at will, exogenously regulatable promoter systems, particularly when used in combination with traditional transgenic or gene knockout approaches, provide a new and potentially very powerful tool for studying the effect of selected genes on aging. One of my goals is to determine the feasibility of using the tetracycline (TET)-regulatable promoter system to exogenously control the expression of genes of interest to aging during selected stages of the life span of transgenic animals. Since aging-related genes are often ubiquitously expressed, one aim is to identify powerful promoters which will drive the expression of the TET-repressible transactivator protein (tTAr) in as many mouse tissues as possible. We have linked the human cytomegalovirus (hCMV), the human retinoblastoma (RB), the mouse phosphoglycerate kinase (Pgk) or the human ubiquitin C promoter to the coding sequence of the tTAr. We have used these chimeric genes to generate transgenic mice in a C57BL6 background. Founder lines, which pass the chimeric gene in the germline, were mated to transgenic indicator mice. The latter carry a fusion gene which uses a transactivator dependent minimal promoter to drive the expression of E. coli β-galactosidase (β-gal). Both enzymatic assays and histocytochemical assays are being used to compare the relative abilities of these different promoters to drive the expression of β-gal in a ubiquitous fashion.

THE GOMPERTZ-PLOT ILLUSION

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The semilogarithmic plot of death rates against age (the Gompertz plot) is widely used for studying age variations of mortality. If the mortality pattern follows the Gompertz model, the curve connecting the data points (the log-mortality curve) is straight, i.e., the slope of the curve is constant. However, the Gompertz plot is often misleading because the log-mortality curve may appear fairly straight for some mortality data that deviate from the Gompertz model systematically and significantly. We will show some examples, explain the trigonometry-based mechanism of the visual illusion, and suggest ways to avoid misinterpretaion of the Gompertz plot.

daf-16 AND HORMESIS

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Stress resistance and life span are modulated both by environmental factors as well as genetic. For example, in *C. elegans* a mild heat stress at four days of age results in a strong increase in their subsequent stress resistance as well as a modest increase in life span. This phenomenon is an example of hormesis, which can be broadly defined as an increase in function resulting from treatment with low levels of a toxin. The term "toxin" should be construed to include environmental stressors such as heat and irradiation as well as chemical species. Mutations in individual genes such as *age-1* or *clk-1* convey increased resistance to environmental stress and extended life span in the nematode *Caenorhabditis elegans*. However, an additional mutation in the *daf-16* gene suppresses both these phenotypes for most, if not all, gerontogenes. Given the central roles played by both gerontogenes and *daf-16* in aging, we hypothesized that the hormetic phenotypes of animals carrying mutations in *daf-16* might be altered. We will report on the hormetic benefits for stress resistance and longevity in several gerontogene mutants, *daf-16* mutants and *daf-16* over-expressing transgenics. Evidence so far is consistent with a hormesis pathway similar to that known to specify longevity and stress resistance.

Medial temporal lobe asymmetry and behavioral disturbances in Alzheimer's disease.

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Modifications of brain asymmetry have been described in pathologic conditions featuring behavioral symptoms as the core of the disease such as autism, schizophrenia, and Pick's disease. Behavioral symptoms often accompany Alzheimer's disease (AD). Aim of the study was to test the hypothesis that changes of brain asymmetry are associated with behavioral symptoms in AD patients. We studies psychotic symptoms (delusions and hallucinations as detected by Cummings' NeuroPsychiatric Inventory) and atrophy of the anterior medial temporal lobe (AMTL) in 51 consecutive AD subjects with NINCDS-ADRDA probable or possible mild AD (MMSE≥18). Twenty-eight AD patients did not show psychotic symptoms, while 23 had delusions or hallucinations. The two groups did not differ by age (75±8 vs 77±8); gender (females 68% vs 74%); education (6±3 vs 5±2 years of schooling), disease duration (31±16 vs 42±22 months), degree of cognitive deficit (MMSE score 21±3 vs 21±2). Atrophy was assessed by linear measures taken on CT films. CT was performed in a standardized fashion, images being taken on the temporal lobe plane (approximately 20° caudal to the orbito-meatal line). Measures of temporal horn size (width of the temporal horn, WTH) were standardized according to a landmark represented by a line in the coronal plane tangential to the origin of the choroid fissure. Indices of WTH asymmetry were computed as a) R/L ratio and b) R/L difference normalized for intracranial size. AD patients without psychosis showed similar involvement of the AMTL on the two sides (right WTH=5.8±2.5 vs left=6.3±3.1; p=n.s.), while significantly greater right involvement was evident in those AD with psychosis (right WTH=6.4±2.0 vs left=5.4±1.8; p=.03). The analysis of asymmetry indices confirmed this pattern. In AD patients without psychosis, the R/L ratio was lower than in those with psychosis (1.0±0.2 vs 1.3±0.5, p=.01) as well as the R/L difference (-0.4±2.0 vs 1.1±2.2, p=.02). These data indicate that at least part of the expression of behavioral symptoms of AD can be due to organic pathologic changes in the brain. Of note, these are represented by an unbalanced involvement of the temporal regions with predominance of atrophy on the right side.

SENESCENT F344 RATS: RELATIONSHIP OF NEUROPEPTIDE Y (NPY) TO SERUM LEPTIN & CARCASS FAT.

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Aging Fischer 344 (F344) rats exhibit a spontaneous rapid weight loss associated with decreased food intake near the end of life. We examined if this anorexia of senescence reflected inappropriately high levels of serum leptin (an inhibitor of NPY expression) and/or low levels of NPY (a feeding stimulant) in the paraventricular hypothalamus (PVN). Leptin decreased significantly (64%) in 22–26-mo-old senescent (SEN, weight-loss) females averaging 18% less adiposity than 26-mo-old presenescent (PRE, weight-stable) rats. In SEN males with 26% lower adiposity than PRE males, leptin decreased significantly (47%) in 8 of 10 rats, and was high (~25 ng/mL) in 2 of 10 rats. PVN-NPY decreased significantly in SEN vs PRE females (13.8 ± 0.4 vs. 8.2 ± 0.8 pg/μg protein) despite their reduced leptin levels; whereas in SEN males, it was unchanged (9.1 ± 1.2 vs. 11.3 ± 0.8 pg/μg protein). These data suggest that an altered leptin-NPY pathway may contribute to the anorexia of senescence, but via different mechanisms in females and males. In SEN females, less adiposity is accompanied by decreased serum leptin but not increased PVN-NPY, suggesting blunted NPY synthesis which could contribute to their anorexia. In SEN males, less adiposity with no change in PVN-NPY raises the possibility that their anorexia may involve reduced sensitivity to NPY. [NIA grant: AG06665].

EFFECTS OF MATERNAL AGE ON ADULT OFFSPRING MORTALITY RATE IN *DROSOPHILA VIRILIS*.

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The purpose of this project was to determine the effects of maternal age on the mortality rate of adult offspring in *Drosophila virilis*. The same parents were placed in fresh vials for two days of egg-laying at maternal ages of 3-4 days, 10-11 days, 17-18 days, and 24-45 days. Thirty flies from each cohort were placed in three vials, ten flies in each. Cohorts were counted daily and transferred to fresh vials every ten days. 741 vial counts were recorded, and life tables were constructed for each cohort. Comparison of survivor numbers showed the cohorts with the youngest mothers as lowest at each age level. Logarithmic survivorship curves also began to indicate a difference in the shape of the curves between the two cohorts with the youngest mothers at age nine weeks. Apparent mortality curves showed the greatest number of deaths in Cohort 1 early and late in the study, with peaks at age three and nine weeks. Proportional mortality of the two cohorts with the youngest mothers was highest during the third week of age, while the mortality of the cohorts with the older mothers was low across all observed age levels. Variance ratio tests showed significant differences at the p=.05 level of confidence between the fly deaths at ages one, two, and three weeks. The results of this study indicate that offspring mortality in *Drosophila virilis* is higher early in

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the life span for cohorts produced from eggs of younger mothers than those from older mothers.
Finalist in Gerontology, 1999 Intel International Science and Engineering Fair.

ALZHEIMER'S DISEASE AND ICAB.

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Intracellular amyloid-beta peptide binding protein (ICAB) is present at high levels in the brains of patients with Alzheimer's disease. In addition to binding the amyloid beta-peptide (Aß) and contributing to Aß-induced cell stress, ICAB has enzymatic activity, functioning as an alcohol dehydrogenase. The goal of the current work was to determine the role of ICAB enzymatic activity in Aß-mediated cytotoxicity. This question was addressed by site-directed mutagenesis in the catalytic domain of ICAB, replacing residues 168 and 172 with glycine. The mutant form of ICAB was expressed in *E. coli*, purified to homogeneity, and demonstrated to be devoid of enzymatic activity, although Aß-binding capacity was intact. In order to compare the effect of wild-type or mutant ICAB on Aß-induced cytotoxicity, cotransfection experiments were performed with a mutant form of ß-amyloid precursor protein (ßAPP(V717G)) and wild-type or mutant ICAB. Overexpression of ßAPP(V717G) changes the cellular environment, resulting in higher levels of intracellular Aß. Cells expressing both wild-type ICAB and ßAPP(V717G) showed increased DNA fragmentation compared with mock-transfected controls, based on an ELISA (enzyme-linked immunoadsorbent assay) for cytosolic histone-associated DNA fragments and a TUNEL (terminal deoxynucleotidyl transferase-mediated dUTP [deoxyuridine triphosphate] nick end-labeling) assay. In contrast, cells overexpressing mutationally-inactivated ICAB along with ßAPP(V717G) showed no DNA fragmentation, although levels of each protein were the same as in the experiment where wild-type ICAB was employed. Based on these observations, it is concluded that the enzymatic activity of ICAB is central to the cytotoxicity observed in an Aß-rich environment. ***First Place Winner in Gerontology, 1999 Intel International Science and Engineering Fair.***

Assessing Propentofylline's Effect on Disease Progression in Alzheimer's Disease and Vascular Dementia With A Combined Randomized Start/Withdrawal Trial Design

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BACKGROUND: Prior phase II and III trials have demonstrated that propentofylline produces improvements in cognitive performance and global function in patients with Alzheimer's disease (AD) and/or vascular dementia (VaD). Propentofylline's ability to slow the progression of dementia was indicated by a phase III trial in which treatment effects were maintained for up to 8 weeks following cessation of active drug therapy. Two trials (MN 304 and MN 305) featuring a combined delayed-onset/withdrawal design were conducted to further investigate propentofylline's effect on the underlying disease process of dementia. **METHODS:** Study 304 enrolled patients with mild-to-moderate AD; study 305 enrolled patients with probable or possible VaD. In segment I (48 weeks in study 304, 24 weeks in study 305), patients were randomized to receive propentofylline or placebo. In segment II (24 weeks in both studies), 50% of the propentofylline recipients in segment I were switched to placebo (withdrawal segment) while the other half stayed on propentofylline. Similarly, 50% of the placebo patients from segment I were switched to propentofylline (delayed-onset segment) while the remaining half continued on placebo. If treatment differences accrued by the end of segment I are maintained during segment II (continuous placebo vs. propentofylline-to-placebo for withdrawal analysis; continuous propentofylline vs. placebo-to-propentofylline for delayed-onset analysis), an effect on disease progression can be inferred.
RESULTS AND CONCLUSIONS: Results and conclusions will be reported at the meeting. *Supported by:* Hoechst Marion Roussel, Inc.

A 48-Week Study Assessing Propentofylline's Safety, Efficacy, and Impact on Disease Progression in Patients With Vascular Dementia

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BACKGROUND: Propentofylline's safety, efficacy, and ability to slow the progression of dementia were examined in a multinational, double-blind study involving 444 patients with probable or possible vascular dementia (VaD).
METHODS: For the first 24 weeks (segment I), patients were randomized to propentofylline or placebo. During the final 24 weeks (segment II), 50% of the propentofylline recipients in segment I were switched to placebo while the other half stayed on propentofylline. Similarly, 50% of the placebo patients were switched to propentofylline while the other half continued on placebo. An effect on disease progression can be inferred if the treatment differences accrued during segment I are maintained during segment II. **RESULTS:** At the conclusion of segment I (24 weeks) and up through week 44, there were significant improvements in global function (CIBIC-Plus) and cognitive performance (ADAS-cog) in propentofylline-treated patients. Withdrawal Analysis: ADAS-cog treatment differences favored the propentofylline-to-placebo group over continuous placebo recipients at the end of segment I; these differences were maintained until the end of the study. A similar trend was observed for CIBIC-Plus scores until week 36. Delayed-Onset Analysis: After 24 weeks, CIBIC-Plus scores favored the continuous propentofylline group over placebo-to-propentofylline patients; these treatment benefits were only partly diminished at the end of segment II. ADAS-cog scores did not support the CIBIC-Plus data. **CONCLUSION:** Propentofylline provides clinical benefits for VaD patients and may arrest the progression of dementia. Propentofylline was well tolerated.
Supported by: Hoechst Marion Roussel, Inc.

AGE-ASSOCIATED DECLINE IN GALT IMMUNOBLAST MIGRATION

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The mucosal immune response is compromised during aging in animals and humans. In an effort to identify the cause, 4 (young) and 24 (old) month old Fischer 344 rats were intraduodenally immunized with cholera toxin (CT) at day 0 and boosted at day 14. At different intervals (5, 7, 14, 19 days) after immunization, blood (BD), spleen (SP), mesenteric lymph nodes (MLN), Peyer's patches (PP) and lamina propria (LP) lymphocytes were isolated. The % of total IgA and anti CT-IgA secreting cells (SC)/10^6 cells were determined by ELISPOT and the anti CT-IgA titer in the culture medium by ELISA. The % of total IgA SC/10^6 cells is 50% higher in the PP of old animals compared to young rats. At day 5, the % of anti CT-IgA SC/10^6 cells is lower in BD (-70%) and in MLN (-70%), but higher in PP (+32%) from old rats. At day 7, the % of CT-IgA SC/10^6 cells are comparable in BD and MLN in the two age groups, but lower in PP (-50%) and LP (-40%) from old rats. These differences are no longer apparent at day 14. In contrast, at day 19, the % of CT-IgA SC/10^6 cells is higher in the BD (+90%) and MLN (+20%) of old rats, although there are fewer SC in the PP (-60%) and in the LP (-

65%). These results correlate with a lower titer of CT-IgA antibodies in the culture media of PP (-50%) and LP (-40%) cells from old rats at day 19 in comparison to young rats. However, the CT-IgA titers are higher or no different in BD and MLN. Diminished mucosal immune responsiveness in old rats may reflect a decline in the number and a delay in the migration of immunoblasts from the PP to the LP.

APOLIPOPROTEIN E ε4 AND 5-YEAR CHANGE IN NEUROBEHAVIORAL FUNCTIONING IN ASYMPTOMATIC, COMMUNITY-DWELLING OLDER MEN AND WOMEN

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Recent population studies have shown that Apo E ε4 is associated with greater decline in cognitive functioning in the absence of clinically recognized dementing disease. The present investigation seeks to extend these previous findings through an analysis of 5 year change on several tests of psychomotor speed and verbal memory in 237 men (M_{age} = 79.3 years; $M_{education}$ = 15.7 years) and 119 women (M_{age} = 74.7 years; $M_{education}$ = 14.7 years) free of a history of stroke and without impaired cognitive functioning (Mini Mental State ≥ 23) at baseline. Raw five year change scores on Digit Symbol Substitution, Color Trails, Trail Making, Stroop interference, and the verbal memory subscales from the California Verbal Learning Test were calculated for individual participants in both exams (baseline exam in 1992, follow-up exam in 1997). Participants provided blood samples which were then genotyped according to the method of Hixon et al. (1990). Observed allele frequencies were in Hardy-Weinberg equilibrium. After exclusion of 5 individuals with the 2/4 haplotype, 49 men (20.6%) and 21 women (17.6%) were classified as being positive for at least one of the ε4 alleles. The relationship of change scores to ε4+/ε4- status was examined after adjustment for age, education, and baseline cognitive performance and done separately for men and for women. Independently of ε4 status, significant 5 year decline in psychomotor speed was observed in both men and women and, in men only, in verbal learning and memory. Independently of gender, significant 5-year decline in psychomotor speed and verbal memory was observed for ε4+ individuals as compared to ε4- individuals. Within men, compared to those without ε4, ε4+ individuals experienced significantly larger decline on several indices of psychomotor speed and verbal memory. Within women, ε4+ individuals experienced significantly greater decline on several indices of psychomotor speed only. Men positive for ε4 exhibited significantly greater decline in verbal memory than women positive for ε4. These results indicate that the Apo E ε4 allele is associated with greater decline on several indices of cognitive aging and further suggest the presence of a complex interaction between genotype, age, and/or gender.

BLOOD-BRAIN BARRIER TRANSPORT OF ß-AMYLOID ANTISENSE OLIONUCLEOTIDE

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Amyloid beta protein (Aß) is implicated in the dementia of Alzheimer's disease and the learning impairment of SAM P8 mice. We have shown that injection into the brain of antisense oligonucleotide directed at Aß reduces amyloid precursor protein expression and reverses the learning impairment in SAM P8 mice. Here, we determined whether this oligonucleotide labeled with ^{32}P (P-On) can cross the blood-brain barrier after intravenous injection (iv). Multiple-time regression analysis showed that P-On was taken up by brain from the blood at a moderate rate with a unidirectional influx constant of 1.4 ± 0.4 µl/g-min. Radioactivity recovered from brain and serum showed intact P-On. The capillary depletion method showed that 30 min after iv injection most of the P-On taken up by brain tissue had completely penetrated the BBB to reach brain parenchymal tissue. Transport was saturable, being inhibited by unlabeled oligonucleotide but not by adenosine or uridine. We conclude that iv administration may be a viable route by which to deliver oligonucleotides to the brain.

CHARACTERIZING THE MORF4-RELATED GENE ON CHROMOSOME X (MRGX)

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Normal human cells in culture have a limited division potential, which has been proposed as a model for cellular aging. Fusion of normal with immortal cells has demonstrated that the senescence phenotype is dominant, indicating that cells become immortal due to recessive defects in senescence related genes. Further cell fusions between immortal cell lines demonstrated that there are four complementation groups for indefinite division (A-D). Subsequently, a normal human chromosome 4 was shown to specifically induce senescence in Group B immortal cell lines. Our lab has cloned the gene MORF4 (MORtality Factor on chromosome 4) and determined it is a member of a family of expressed genes named MRG (for MORF4-Related Genes). The MORF4 and MRG proteins contain and share the following predicted motifs: a nuclear localization signal, an ATP/GTP binding site, a helix-loop-helix domain, and a leucine zipper. MRG15 has a chromodomain at the N terminus, a protein motif known to affect DNA structure through interactions with protein complexes. Studies are underway to determine the functional role of these novel genes. This work was supported by NIA grants R37AG05333 and T32 AG00183. **CM-9**

RELATIONSHIP BETWEEN QUALITY OF LIFE AND SERUM CYTOKINES IN GERIATRIC PATIENTS

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Objective: Elevated certain cytokine levels is associated with cancer and HIV cachexia. Levels of these cytokine, quality of life measurements (QOL) in geriatric cachexia were evaluated before and after weight gain. **Methods**: A double-blind, placebo-controlled study of megestrol acetate oral suspension to treat geriatric weight loss in 69 patients (66 male, 3 female) ages 55-95 years old (76±1.2 years, mean ±SE) for 12 weeks was conducted. IL-6 (Biosource International, Camarillo, CA), TNF p-55 receptor, TNF p-75 receptor and IL-2 receptor (Roche Diagnostics, Basel, Switzerland) levels were measured using enzyme immunoassay kits run on the Roche COBAS Core II (Roche Diagnostics, Basel, Switzerland) at week one and week 12. **Results**: Elevated levels of IL-6 (median 11.8

pg/ml, nl<4.17pg/ml)were detected at baseline in all patients. There was a correlation between a decrease in the IL-6 levels (r= -0.57, p=0.02); the decreased TNFRp75(r= -0.49, p=0.04) with improvement in sense of well-being. There was also a correlation between increased prealbumin with decreased IL-6 (r = -0.46, p=0.001), decreased TNFRp 55 (r = -0.35, p=0.02), and decreased sIL-2R (r = -0.33, p=0.02). Likewise, there was a correlation between increased albumin with decreased IL-6 (r = -0.52, p=0.0002), decreased TNFRp55 (r = -0.31,p=0.03); increased fat free mass correlated with decreased IL-6 (r = -0.50, p=0.0003), and decreased sIL-2R (r = -0.35, p=0.02). **Conclusions**: Reduction in these cytokine levels is associated with improved QOL, increasing ablumin, prealbumin and fat free mass.

NEUROPROTECTION BY C2 CERAMIDE IN AGING IS INDEPENDENT OF NFκB ACTIVATION.

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Compared to youthful controls, dorsal root ganglion (DRG) neurons from aged (22-28 m) Fisher 344 x BN F1 hybrid rats had decreased ceramide, and increased susceptibility to apoptotic death induced by nerve growth factor (100 ng/ml NGF) withdrawal and tumor necrosis factor alpha (20 nM TNFα). Apoptosis was significantly reduced by 24 h pre-treatment with C_2 ceramide, but not inactive dihydro-C_2 (dhC_2). A significant decrease in DRG IκB expression (quantitative Western immuno-blotting; n=3) occurred 24 h after exposure to TNFα + NGF withdrawal in untreated (2487 ± 528 pixels/band; p<0.01), C_2-treated (2754±602, p<0.01) and dhC_2-treated (1893 ± 825, p<0.005) DRGs, compared to NGF-treated (6320 ± 721). Activation of NF-κB following NGF withdrawal was transient, with similar nuclear: cytoplasmic NF-κB p65 subunit immuno-fluorescent ratios observed in all groups at 24 h. DRG p65 subunit expression (fluorescent immuno-staining pixels/μm^2; n=3) was significantly decreased at 24 h by NGF withdrawal with or without C_2 (NGF- 73±11, p<0.05; C_2NGF- 71±15, p<0.05; dhC_2NGF- 48±8, p<0.01), compared to NGF+ (NGF+ 94±13). In this aging model, apoptosis was associated with activation of NFκB. In contrast to other reports, the neuroprotective effect of C_2 ceramide appeared independent of NFκB activation.

FAS MEDIATED APOPTOSIS OF PROLIFERATING, TRANSIENTLY GROWTH ARRESTED AND SENESCENT NORMAL HUMAN FIBROBLASTS

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Previous studies suggest that apoptotic signaling may require proteins that are critical to cellular proliferation and cell cycle regulation. To further examine this question proliferating, transiently or permanently growth arrested normal human fibroblasts (NHF) were induced to undergo apoptosis in response to ligation of the Fas/APO-1 receptor. In the presence of actinomycin D or cycloheximide ligation of the Fas receptor results in apoptosis of proliferating cell, cells transiently growth arrested by irradiation or in G_0 by serum starvation and permanently growth arrested senescent cells. Apoptosis is evidenced by morphological changes associated with apoptosis (characterized by a shrunken appearance with increased refractility, a pyknotic nuclei and ultimately detachment form the dish) and caspase 8 cleavage. In addition, ligation of the Fas receptor in G_0 arrested cells does not result in the activation of p34^{cdc2} kinase, arguing that activation of p34 ^{cdc2} is not essential for Fas mediated apoptosis of NHF. These studies indicate that proliferating, transiently growth arrested and senescent cells are susceptible to apoptotic signals, and that apoptosis is not necessarily linked to the cell cycle or the proliferative state of the cell.

Modulating Mitochondrial Matrix DNA Repair

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Mitochondrial respiration provides a major source of metabolic energy for eukaryotic cells. The energy producing processes generate reactive oxygen species which in turn damage mitochondrial DNA found in the matrix. Due to its locale, mitochondrial DNA is more susceptible to oxidative damage than nuclear DNA. Correlations have been demonstrated between increasing age and decreasing mitochondrial function as well as increasing age and increased levels of oxidative damage and mitochondrial DNA mutations. Phenotypes from heritable mitochondrial diseases resulting from mitochondrial DNA mutations show striking similarities to normal aging phenotypes. Together, these observations have led to the hypothesis that aging may result from mitochondrial DNA damage/mutation. Our goal is to more directly test the role of mitochondrial DNA damage/mutation in aging. Accordingly, our primary objective is to test the hypothesis that DNA repair of oxidized purine bases in mitochondria can be increased by targeting formamimidopyrimidine-DNA glycosylase (FPG) to the mitochondrial matrix. A mouse Leydig cell line, TM3, and a mouse myoblast cell line, C_2C_{12}, were transfected with a vector which over-expresses FPG protein. The human cytochrome c oxidase subunit VIII mitochondrial targeting sequence was fused in frame with the *fpg* coding DNA and has been shown to target FPG to mitochondria. Clones exhibit an increase in FPG activity using crude, whole-cell, protein extracts in a FPG activity assay. These experiments have provided the foundation to test the effects of increased DNA glycosylase levels in mitochondria on specific DNA lesions.

CALORIC RESTRICTION DELAYS CATARACTS AND TELOMERE LOSS IN RAT LENS CELLS

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Cataract is a common age-related morbidity affecting humans and domestic animals. Photo-oxidative damage is held to be a major contributer. We have shown that lens epithelial cells (LECs) reduce *in vivo* replication, produce smaller clones *in vitro*, and suffer greater damage *in vitro* from H202 in old mice ad libitum (AL) fed as compared to young. We also showed that long term caloric restriction (CR) protected against all of these events. For technical reasons we now chose to work with short lifespan F344 rats and long lifespan BN Norway rats. Both strains develop severe cataracts in late life. CR delayed cataract by about 25% in the BN (corresponding to a similar lengthening of lifespan). Interestingly, CR did not delay cataracts in the albino pink-eyed F344, although it did extend their lifespans. We are now examining the shortening of LEC telomeres, using a fluorescent telomere probe by in situ hybridization. Comparisons of 5 sets of BN lenses (5 young AL, 5 old AL and 5 old CR) for telomere lengths gave the following results to-date: Longer telomeres in young AL than old AL ($p<.06$); longer telomeres in old CR than in old AL ($p<.05$). This may be a key to the LEC slowed replication rate. We believe that the time of occurrence of rat cataracts represents a group biomarker of aging and a model for the human condition. Further, the rat cataract model allows us to search for the mechanism involved in cataract and a possible mechanism for CR protection.

BS-1

EFFECT OF AGE ON SURFACE EXPRESSION OF CD11B AND CD69 IN HUMAN POLYMORPHONUCLEAR LEUKOCYTES

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Vesicle exocytosis is an important plasma membrane process responsible for cell function. We determined age effects on vesicle exocytosis by determination of surface CD11b and CD69 expression on activated human polymorphonuclear cells (PMN). Whole blood from 21 healthy young (mean 30; range 25-35 yrs, 11M) and 17 healthy elderly subjects (68.63-77 yrs, 10M) was incubated with 100 ng ml^{-1} phorbol myristate acetate (PMA) or 10 M formyl-methionyl-leucine-phenylalanine (fMLP), direct and indirect activators of protein kinase C (PKC) respectively. Binding of anti-CD11b and anti-CD69 monoclonal antibodies were analysed by flow cytometry with anti-CD45 binding identification of PMN. Following PMA stimulation a proportion of PMN expressed either CD11b or CD69 at high levels. Elderly subjects had a reduced proportion of PMN expressing high levels CD69 (44% vs 55%, P=0.01) but not CD11b (68% vs 74%, P=0.15) or the number of molecules of CD69 or CD11b expressed per cell. Stimulation with fMLP or low PMA concentrations resulted in full CD11b expression in all cells but minimal CD69 expression in both groups. Cells which expressed CD69 had no CD11b expression, while those cells expressing CD11b had minimal CD69 expression. CD11b expression appears to be mediated by a separate pathway from CD69 expression and requires a lesser degree of PKC stimulation. The age associated reduction in PMA stimulated CD69 expression may contribute to age-associated impairments in PMN function.

EFFECT OF AGING ON GLOMERULAR MORPHOMETRY IN RHESUS MONKEYS WITH AND WITHOUT TYPE 2 DIABETES

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Glomerular morphometry, including the glomerulosclerosis score, glomerular volume, percentage occluded glomeruli, glomerular basement membrane (GBM) thickness, and glomerular tuft volume, was determined by light and electron microscopy, and related to data identifying the monkeys as to their metabolic status: normal (N=13, age range 4.6-28.7 yrs), prediabetic (N=7, age range 11.9-30.2 yrs) or diabetic (N=18, age range 15.4-31.1 yrs). Renal functional changes, including increased proteinuria and increased glomerular filtration rate, develop in hyperinsulinemic prediabetic monkeys. We examined whether renal structural abnormalities were also present at this early stage prior to hyperglycemia, and found that glomerular hypertrophy began at this prediabetic stage, and that normal aging processes are likely to play a role in glomerular remodeling (age vs GBM width, r=0.620, p=0.0002. The pathologic changes in the kidneys of diabetic monkeys, described previously in only a single case report, were extraordinarily similar to those of humans with long standing type 2 diabetes mellitus.

FAMILIAL TRANSMISSION OF HUMAN LONGEVITY IS A FUNCTION OF PARENTAL AGE AT REPRODUCTION

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Familial resemblance in life span between children and parents was studied by many researchers for a century, but no attention was paid so far to the possible effects of parental age at childbirth on familial transmission of longevity. In this study we have tested the hypothesis that familial resemblance between offspring and parental longevity is higher for children born to younger parents as expected both for genetic reason (higher genetic diversity of younger parents) and for cultural reasons (higher overlapping between parental and offspring life cycles). For this purpose the high quality data (more than 15,000 records) on European royal and noble families (more than 900 families) were collected computerized and analyzed.

We have found that familial transmission of human longevity is a function of parental age at childbirth. In particular, both daughters and sons born to older mothers (above age 35) do not demonstrate any inheritance of maternal life span. The regression slope of sons' life span on maternal life span is 0.11 ± 0.05 ($n = 3,274$ cases, $p<0.05$) when mother is young (15-34 years) and statistically insignificant (-0.01 ± 0.12, $n = 707$, $p = 0.95$) for older mothers (35 years and above). The regression slope of daughters' life span on maternal life span is 0.22 ± 0.08 ($n = 1,479$ cases, $p < 0.01$) when mother is young (15-34 years) and statistically insignificant (-0.05 ± 0.17, $n = 306$, $p = 0.77$) for older mothers (35+ years). These estimates were calculated for the range for maternal life span of 75-95 years. The scientific importance and practical implications of this observation are discussed. This study was supported by NIA grants P20 AG12857, AG13698-01 and AG16138-01A1.

DEMARCATION OF THE BOUNDARIES FOR HUMAN LONGEVITY

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Recent scientific debates on the future of human longevity and its possible biological limits has revealed a great need for direct biological evidence for such longevity limit if it really exists (Gavrilov, Gavrilova, 1998, *Science*, 281: 1611-1615). For this purpose the familial transmission of human longevity from parents to daughters (more than 4,000 cases for adult daughters born in 1800-1880) was studied, since daughters did not have high violent losses due to military service.

The familial transmission of human longevity from *mother* to daughter is essentially non-linear with very weak resemblance before maternal life span of 85 years and very high additive heritability after that age. This indicates that age 85 years could be considered as a demarcation line for women longevity. Women who live above this age are fundamentally (genetically?) different from other women in the sense that their daughters live significantly longer. Thus life expectancy at 85 years could be a biological limit for validity of extrapolative approach in forecasting of human life expectancy for women.

Similar study of familial transmission of human longevity from *father* to daughter revealed a demarcation point at 80 years, suggesting that this age might represent a limit for validity of extrapolative approach to male life expectancy.

These results are also consistent with the predictions of evolutionary theory of aging and mutation accumulation theory in particular that the additive genetic variance for human life span should increase with parental longevity (Gavrilova et al., 1998, *Human Biology*, 70: 799-804). This study was supported by NIA grants P20 AG12857, AG13698-01 and AG16138-01A1.

DECREASES IN BODY SIZE AS A FUNCTION OF AGE AND PROPOSAL OF ADULTHOOD PHASES

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C. elegans is an exquisite developmental model system, but there are gaps in our knowledge of this system with regard to the aging adult. For example, it is unknown whether the 959 cells of the adult hermaphrodite change throughout adulthood. To refine adulthood events more than the generally used ones of cessation of reproduction and death, we have designed a method of following individuals as they age and made body size measurements. Size was determined for wild type and 12 long-lived mutant alleles of *daf-2*. Population level analysis demonstrated that individual strains exhibit differences in length and decrease in body size after the cessation of egg laying. This gross pattern could be the result of multiple patterns at the level of individuals. Longitudinal analysis of individuals of five selected strains, demonstrated that all individual worms decrease in size regardless of genotype. The strains do not significantly differ in size on the first day of adulthood. The strains do differ in maximum size, but they do not differ in size just before death. We hypothesize that increased nutrient uptake and/or assimilation efficiencies early in life, coupled with alterations in metabolic partitioning and increased maintenance functions combine to increase life span.

In the long run, to understand how the *daf-2/age-1* pathway functions in longevity, it will be necessary to model it in the context of the passage of time as an adult. Classification of stages within adulthood does not currently exist. The timing of events contributing to aging is not fixed as developmental events are, so we propose using a time frame that is relative to the individuals' adult life span and call them phases. To follow convention for the larval stages, the series to be added to complete the life course of the animal are called M1-maturation, M2-maintenance, M3-moribundity, and M4-mortality. The current criteria for distinguishing the adulthood phases are reproduction, body size and motility.

CHANGES IN B AND T CELL TOLERANCE WITH AGE IN MOUSE MODELS OF AUTOIMMUNE MYASTHENIA GRAVIS.

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Changes in the immune system with age have been reported to favor development of certain autoimmune responses. In fact, some autoimmune disorders, like myasthenia gravis, can appear with late onset in a subset of patients. To study changes occurring in the B and T cell compartments with age which may impact on development of autoimmunity, we have used the murine model of myasthenia gravis (EAMG). EAMG is induced by immunization with the acetylcholine receptor from an electric ray, *Torpedo califomica* (T-AChR). Interestingly, after either primary or secondary immunization with T-AChR, the antibody titer was significantly lower in older mice than in younger animals. This age-associated decrease was partly ameliorated by a tertiary immunization. The isotype profile was studied after primary immunization; the predominance of Th2-related isotypes was unaffected by age. Interestingly, in some older animals, there was a narrowing in the anti-AChR repertoire. By contrast, AChR-responsive T cells from young and old mice showed no difference in peptide reactivity profiles. Continuing studies using this model are focusing on the subset of autoreactive antibodies and on cytokine profiles. In the murine model of EAMG discussed above, T cell tolerance cannot be evaluated since the predominant response is against an epitope of the T-AChR that is not present in the murine AChR. Thus, in order to ask whether T cell tolerance is affected by age, we generated a new mouse model in which the T-AChRα is expressed in muscle tissue as a "self" antigen. T cells from these T-AChR-immunized transgenic mice were in fact shown to be tolerized in young animals. So far, T cell tolerance appears to be maintained in the older animals, thus providing an exciting new model for studying changes in T cell tolerance with age.

THE EFFECTS OF GH AND/OR SEX STEROID ADMINISTRATION ON BONE DENSITY IN HEALTHY ELDERLY INDIVIDUALS.

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Aging is associated with decreased GH, IGF-I, sex steroids (SS), and bone mineral density (BMD). Treatment of non-elderly GH deficient or hypogonadal adults with GH or SS, respectively, for >1 yr increases BMD. We employed a double-masked, placebo-controlled, randomized design to assess the effects of 26 weeks of administration of GH alone, SS alone (Estraderm®+Provera®=HRT in women or testosterone enanthate in men), GH+SS, or placebo on total body calcium (TBCa), and total body, hip (femoral neck+trochanter), AP spine (L1-4) and proximal+distal radius BMD (by DEXA), in healthy elderly women (n=49) and men (n=68) aged 65-88 yr, with age-related reductions in IGF-I and SS levels. By repeated measures ANOVA, TBCa decreased after GH, with no sex difference. In women, total body and spine BMD increased after GH+HRT; femoral neck, spine and distal radius BMD increased after HRT; and trochanteric and proximal radius BMD were unchanged. GH+HRT effects on total body and spine BMD exceeded those of GH, but not of HRT. There were no significant hormone effects on BMD in men. These results suggest that short-term treatment of healthy elderly individuals with GH fails to increment BMD, and that there are sex

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differences in BMD responses to SS, in the absence and presence of added GH. The long-term effects of these homone intereventions on BMD remain to be elucidated.

ASSOCIATION OF ANGIOTENSIN-CONVERTING ENZYME GENE INSERTION POLYMORPHISM WITH STRENGTH IN THE WOMEN'S HEALTH AND AGING II COHORT

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Purpose: The insertion allele of the ACE gene has been associated with lower levels of ACE activity, and individuals homozygous for the insertion polymorphism have been reported to have a greater anabolic muscle response to physical training. The purpose of this study is to assess the impact of the angiotensin-converting enzyme gene insertion/deletion polymorphism on muscle strength in an aging cohort.

Methods: The Women's Health and Aging Study II (WHAS II) is a prospective study of physical function in a cohort selected to be representative of the highest functioning two-thirds of 70-79 year old women living Baltimore, Maryland. We divided the subjects into strength quartiles based on a combined hip, knee, and grip strength score measured by dynamometer, and then genotyped them for the angiotensin-converting enzyme gene insertion/deletion polymorphism, using a three-primer genotyping system.

Results: 36% (24/66) of the strongest group and 19% (14/75) of the weakest group of the WHAS-2 population were homozygous for the insertion polymorphism with an odds ratio of 2.49 (95% confidence interval 1.14-5.43). The overall insertion allele frequencies between the two groups [strongest, 0.50; weakest, 0.48] were similar.

Conclusion: There is a significant correlation between the insertion polymorphism and the level of strength in the WHAS-2 cohort. This genotype may confer some protection against the development of sarcopenia.

ADENOSINE AI-RECEPTOR (A1R) GENE EXPRESSION IN LEFT VENTRICULAR HYPERTROPHY (LVH)

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During ageing a progressive LVH is evident both in humans and experimental animals; therefore the aged heart is assimilable to a clinical condition of pressure-overload hypertrophy (POH). Interstitial level of adenosine (Ado), an endogenous nucleoside of the heart, is increased in POH as in aged hearts. We aimed at investigating wheter the metabolism of Ado, mediated via A1R activation, has important cardioprotective actions in POH. Six weeks-old Sprague-Dawley rats were subjected to abdominal aortic banding (B) or sham operation (S). 1, 2 and 14 weeks later, LV systolic pressure (LVP, mmHg) and weight (LVw mg/100g body weight) were obtained. mRNA expression of A1R and atrial natriuretic peptide (ANP), a genetic marker of ventricular hypertrophy, were evaluated by RT-PCR and Northern blot. Compared to S, B caused an increment in LVP (108 ±10 vs 142 ±13, 110 ±11 vs 153 ±14, 113 ±15 vs 148 ±9 respectively after 1, 2, 14 weeks; $p<0.05$). LVw and ANP expression increase significantly after 1 and 2 weeks of B (LVw: 2.05 ±0.03 vs 3.12 ±0.19 and 2.09 ±0.05 vs 2.93 ±0.17 $p<0.05$; ANP: 0.13 ±0.06 vs 0.89 ±0.14 and 0.11 ±0.03 vs 0.47 ± 0.11 $p<0.05$) but without statistical significance after 14 weeks (LVw: 2.06 ±0.10 vs 2.56 ±0.26; ANP: 0.35 ±0.14 vs 0.67 ±0.19). After 1 week, the mRNA of A1R was 22% higher in B than in S rats, further increased after 2 weeks (72% $p<0.01$) and returned like to the basal level after 14 weeks of surgery. Early in the course of POH, the expression of the myocardial A1R appears to be increased suggesting that the activation of the synthesis of this receptor may represent a cardioprotective mechanism in this condition.

Age-Related Alterations in Mitochondria Isolated from Tissues of MnSOD (Sod2$^{+/-}$) Knockout Mice.

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We are studying age-related alterations in mitochondrial function in liver, heart and skeletal muscle in heterozygous MnSOD (*Sod2*$^{+/-}$) knockout mice. The activity of MnSOD in mitochondria isolated from liver, heart and muscle in *Sod2*$^{+/-}$ mice is reduced 45 to 50% while the activity of glutathione peroxidase is unchanged. The decrease in MnSOD activity is correlated to an increase in oxidative stress confined to the mitochondrial compartment. The activities of aconitase and NADH-oxidoreductase are decreased from 30 to 60% in mitochondria from these three tissues. In contrast, cytosolic aconitase and glutamine synthetase activities are unchanged. Mitochondrial respiration was altered in the young *Sod2*$^{+/-}$ mice. A significant decrease in the respiratory control ratio was observed for substrates metabolized by complexes I, II, and III for liver mitochondria and complex I for heart mitochondria isolated from *Sod2*$^{+/-}$ mice compared to wild type mice. In addition, we observed that the induction of the mitochondrial permeability transition by t-butylhydroperoxide was greater in mitochondria isolated from tissues of the *Sod2*$^{+/-}$ mice compared to the wild type mice. Preliminary experiments suggest that the cells from the *Sod2*$^{+/-}$ mice are more sensitive to the induction of apoptosis through the mitochondrial pathway than wild type cells. We are currently measuring mitochondrial oxidative stress and mitochondrial function in liver, heart and skeletal muscle of 28 to 30 month old mice to determine whether mitochondrial function is increasingly altered with age in *Sod2*$^{+/-}$ mice. (Supported by grant P30AG13319 and VA Merit Review Grant)

ORGAN SYSTEM AND GLOBAL RATES OF HUMAN SENESCENCE FROM AGES 30 TO 70 YEARS: MAPPING FROM LINEAR LOSS OF PHYSIOLOGICAL CAPACITY TO EXPONENTIAL GROWTH IN RISK OF MORTALITY

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We calculated rates of loss for changes which occur with age in 13 structural and functional systems. We reviewed many cross-sectional and some longitudinal studies, and restricted our analysis to healthy, nonsmoking human subjects of both sexes. Each set of data was fitted to our linear model of loss, and changes were expressed as % per year change referenced to its value at age 30 years, the age at which the baseline value (100%) of a capacity occurs (development is finished, and senescence begins). The linear loss rates were distributed with a partial Gaussian shape from 0% to -3.4% per year with mean and median values of -0.65

and -0.5% per year, respectively. From population data, it appears that different individual organ systems have different rates of loss. These results provoked the development, by collaborator Steven Pincus, of a mathematical model of mortality dynamics, which shows that, for any given average loss rate, the greater the dispersion of rates within an individual, the greater the risk of death. We conclude that healthy aging must be both slow (low average loss rate) and uniform (small dispersion of rates).

GENETIC DETERMINANTS OF TIMING OF MULTIPLE DEVELOPMENTAL TRAITS.

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The antagonistic pleiotropy theory of aging predicts that the same alleles that increase life span may reduce early fitness. One of the possibilities is that the rate of aging and rate of development are affected by the same, clock genes so that animals that age slower also develop slower. In an F2 cross of the C3HeB/FeJ and CAST/Ei strains, we tested whether timing of various developmental milestones, such as ages at vaginal opening, first adult hair cycle and first litter correlated with each other. All correlations were positive and significant at $P<0.0001$, but moderate in magnitude with R from 0.25 to 0.35. These correlations were not related to body size, measured as body weight and tail length, as indicated by the stepwise regression model, and may point to a genetic factor affecting multiple developmental events. While the distributions for the ages at the vaginal opening and the first adult hair cycle could be approximated by a normal function, the distribution for the age at the first litter was skewed towards late births. It was much broader for the F2 than for the F1 cross clearly showing a significant genetic component. We have recently identified a putative locus whose CAST/Ei allele significantly increased maximal life span. We will test whether any of the loci affecting developmental rates, and especially the age at the first litter, overlap with the longevity locus.

NUTRIENT INTAKE IS ASSOCIATED WITH COGNITIVE FUNCTION. THE NORMATIVE AGING STUDY.

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Dietary intake is a potentially modifiable risk factor for cognitive decline. Several B vitamins are thought to protect against vascular disease; others may have direct effects on the nervous system.Antioxidants may protect tissue maintenance. We hypothesized that these vitamins would be associated with better cognitive function among 448 men, 50-90 y, who completed both a detailed cognitive exam in 1993-96 and a food frequency questionnaire 3-6 years earlier. We regressed cognitive measures on reported usual intake of vit B1, B2, B6, B12, folate, C, E & carotene, adjusting total energy intake, age and education level. Verbal fluency (VF) was significantly associated with intake of vit B1, B2, folate & carotene; spatial copying (SC) with B1, B2 & folate; and pattern comparison (PC) with folate. When separated by intake source, supplemental intake of B1, B2, B6, folate, C and E were each associated with improved SC and delayed recall (DR) suggesting a beneficial effect from multivitamins. After adjustment for supplement intake, dietary B12 was associated with backward digit span (BD); and dietary folate and vit C with VF. For 184 men, plasma concentrations were available for folate, B6 and B12. Using similar equations, plasma B6 status was sig. associated with DR; and plasma folate with mini-mental state exam. The results are all in the expected direction and together suggest that multivitamin supplements and diets containing these B vitamins (and possibly vit C and carotene) may be protective against cognitive decline.

NEUROINFORMATICS: COMUPTERIZED PHYLOGENETIC ANALYSIS OF BETA AMYLOID PROTEINS (BAP) FROM ALZHEIMER'S AND PRION DISEASES (PRP)

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Both BAPs and PrPs belong the amyloid protein superfamily. The search for regions of structural homology between BAPs and PrPs that could correlate with neurodegeneration. Acquisition of sequences of BAPs and PrPs was made from *GenBank, EMBL* and *SwissProt.* Family alignments, consensus sequences and phylogenetic trees were made in *Clustal X* and *Phylip Neighbor-Joining* (NJ) program. Comparison of consensi was done by pair-wise alignments. Thirty BAPs and 95 PrPs were classified. Phylogenetic analysis is represented in NJ trees. Consensi for BAP and PrP were used for pairwise alignments. Two regions of interest were identified: The first aligning PrP a.a.119-136 to BAP a.a. 40-55 over the range of 35-42% of homology on a window of 5a.a. The second was aligning PrP residues 181-195 with BAP a.a. 63-77. Homology PrP 119-136 and BAP 40-55 includes motifs with interesting characteristics. PrP GAVVG (124-128) lies in the most genetically stable stretch of PrP which, also has high potential for beta-plate configuration. Finally GAIIG (BAP 29-33) is 100% conserved across all species, and in a region of high amyloid aggregation/polymerization (*Forloni et.al.,1996*), and neurotoxicity

Mutagenesis and DNA Base Excision Repair in Germ Cells of Young and Old Male Mice.

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Using lacI transgenic mice, we have previously determined that all spermatogenic cell types tested maintained a lower spontaneous mutation frequency than the average somatic mutation frequency. An approximate 10-fold increase in mutation frequency was observed in late pachytene spermatocytes and post-mitotic spermatogenic cells obtained from old versus young mice. This increase was nonlinear over time suggesting it may result from an age-related breakdown of a mechanism operating in germ cells.

Due to the size of the *lac*I transgene (1.2kb) and the number of mutants isolated, direct sequencing of the entire transgene for characterization of mutations would be time consuming and costly. Consequently, a non-isotopic RNase cleavage assay (NIRCA) has been developed to localize mutations for subsequent DNA sequence analysis of a small

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region of the gene. Preliminary results indicate a majority of mutations are base substitutions with the remainder being small insertion or deletions. Twenty-six germ cell mutants have been characterized by DNA sequencing and 7 were C T transitions with 4 at CpG dinucleotides. Four C T transitions have been identified in liver mutants, but none are located at CpG dinucleotides. Notably, more mutants must be sequenced to determine if there is a higher frequency of C T mutations in germ cells relative to liver.

Many base excision repair (BER) genes are maximally expressed in the testis and the BER pathway is responsible for correcting the bulk of spontaneous base damage. To measure BER activity in defined spermatogenic cell types and somatic tissues, a quantitative assay has been developed. A fluorescently labeled oligonucleotide containing a G U mismatch is incubated with appropriate nuclear extracts and the incorporation of radioactively labeled dCTP is measured. Preliminary results indicate that BER is significantly greater in a mixed germ cell population prepared from seminiferous tubules compared to liver, which is consistent with gene expression data. Spermatogenic cell types from young and old mice, as well as somatic tissues, will be assayed to determine if there is an age related change in BER activity.

A GENERALIZATION OF THE STREHLER-MILDVAN CORRELATION

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WITHDRAWN

The Strehler-Mildvan model of mortality predicts a negative correlation between the level and slope parameters of the Gompertz curve. This relationship, known as the Strehler-Mildvan correlation, is a key empirical finding in [illegible]dies of mortality for humans [illegible] humans alike. The SM correlation [illegible] perhaps counter-intuitive [illegible] a reduction in mortality leve[illegible]iated with an increase in [illegible] of aging. However, this corre[illegible]pends on the Gompertz model an[illegible]er been explored in other contexts. [illegible]efine a generalization of the SM corr[illegible]ation that does not depend on Gompertz or any parametric mortality model. The core idea is that two quantities must be inversely related: change in age-specific mortality rates along some dimension and change in the life table aging rate (LAR) along the same dimension. The specific goals of this analysis are to 1) define a generalization of the SM correlation, 2) assess the empirical generality of inverse changes in mortality level and the rate of aging in humans, and 3) use the generalization of the SM correlation as a means of assessing competing models of mortality change.

GENETIC PREDISPOSITION TO THE ISCHEMIC HEART DISEASE IN THE ELDERLY

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Ischemic heart disease (IHD) is known to be one of the most prevalent age-related pathology. Lipid metabolism disturbances, thrombosis, fibrinolytic abnormalities and hypervasoconstriction underlie basicly the disease. Genetic predisposition to the pathological processes is known. To study genotype of the people reached 80 years old and suffering from IHD, the following genetic determinants have been investigated: apolipoprotein (a) (+93) - Apo (a), plasminogen-activator inhibitor-1 (-675)- PAI-1, angiotensin-converting enzyme (insertion/deletion, intron 16) - ACE, apolipoprotein E (Cys112Arg, Arg158Cys) - Apo E, factor V (Arg506Gln) - FV. Amplification of DNA was carried out by polymerase chain reaction.

The prevalent genotype was: Apo (a) (CC); PAI-1 (4/5); ACE (DD); Apo E (3/3); FV(Arg506).

Results of the investigation let us conclude that in the elderly in the majority of cases ischemic heart disease correlates with genetically determined angiotensin-converting enzyme and plasminogen activator inhibitor -1 hyperactivity as well as elevated level of Apo (a). Thus, fibrinolytic abnormalities might play one of the most important role for IHD in the elderly.

Influence of Aging and Dietary Restriction on Calcium Regulating Enzymes in T cell.

M.A. Pahlavani. GRECC, VA Hospital, and Department of Physiology, University of Texas Health Science Center San Antonio, Texas 78284.

Transcription factors NFAT (nuclear factor of activated T cell) plays a major role in IL-2 transcription, which declines with age. Because the transactivation (dephosphorylation and nuclear translocation) of the NFAT-c (cytoplasmic component of the NFAT complex) is mediated by the calcium/calmodulin-dependent calcineurin (CaN), and because CaMK-II and IV/Gr play important role in calcium signaling in T cells, it was of interest to determine what effect aging or dietary restriction (DR) has on the activation and the levels of these calcium regulating enzymes. The induction of CaN phosphatase activity and IV/Gr activities were studied in splenic T cells isolated from 6, 15, and 24 months old AL rats and 24 month old DR rats. In addition, the changes in the protein levels of these enzymes were measured by Western blot. The induction of CaN activity by anti-CD3 and by calcium ionophore (A23187) declined 65% and 55%, respectively, between 6 and 24 months of age. The induction of CaMK-IV activity but not CaMK-II activity by anti-CD3 was significantly less (by 54%) in T cells from old rats compared to T cells from young rats. Additionally, our data show that CaN phosphatase activity, but not CaMK-IV activity was higher ($p<0.05$) in caloric restricted old rats than in age-matched control rats. The changes in the activation of these enzymes with age or DR was not associated with changes in their corresponding protein levels. These results indicate that decrease in CaN and CaMK-IV activation may lead to the age-associated decline in T cell function, and that DR has a differential effect on activation of the calcium-regulating enzyme. (Supported by NIA grants AG00677 and AG14088)

SEARCHING FOR LONGEVITY GENES IN THE FOUNDER POPULATION OF ASHKENAZI JEWS: A ROLE FOR AN OFFSPRING COHORT.

N. Barzilai, N. Iankowitz, M. Gabriely, Y. Maaravi, J. Stessman. Divisions of Geriatrics, Jerusalem Hadassah Hospital, & Albert Einstein College of Medicine, Bronx, NY, 10461

Our project's main hypothesis is that longevity is determined by specific genes that may function by slowing the aging processes and/or by protecting against common causes of death. The genetic analysis will be performed by candidate gene approach, as well as with micro-array technology. We study individuals in US and Israel >95 years of age. These individuals are all from the founder population of Ashkenazi Jews, in which successful searches for genes have been demonstrated. In addition to obtaining data from the proband of the "oldest old", data is obtained from their offspring for genetic haplotyping, and because they may be enriched with longevity genes. Among the data obtained were lipid profiles from the following groups: Proband (n=8)- healthy and functional women >95 with no history of arteriosclerotic disease; Daughters (n=10); Daughter-in-laws control (n=7):

(* P<0.001 vs. others)	Proband	Daughters	Daughters-in-laws
Age	99±2	71±3	72±3
HDL (mg/dl)	61±12	78±8	46±7*
LDL (mg/dl)	106±11	124±7	162±9*
Triglycerides (mg/dl)	110±15	126±16	191±15*
Non HDL/HDL	2.0±0.2	2.1±0.2	4.5±0.5*

(average±S.E.M.) Based on these results we hypothesize: 1) Because HDL was expected to be much lower with age (Framingham study), relative cardiovascular protection is necessary (although not sufficient) to obtain very advanced age; and 2) The daughters high HDL suggests that the mothers HDL may have been even higher ~30 years ago. This emphasizes the great importance of obtaining prospective data from the longevity-gene-'enriched' offspring.

INCREASED FAT ACCOUNTS FOR AGE-DEPENDENT PERIPHERAL INSULIN RESISTANCE.

G. Gupta, X-H. Ma, L. She, N. Barzilai. Division of Geriatrics & Endocrinology, Albert Einstein College of Medicine, Bronx, NY, 10461

Increased fat mass (FM) and changes in body composition may account for the age-associated decrease in peripheral insulin sensitivity. We wished to examine whether preventing the associated increase in FM abolishes the defects in peripheral insulin action with aging. We studied (n=24) F1 hybrids of BN/F344 NIA rats at 8mo and 20mo. In order to prevent the age-dependent growth in FM, rats were caloric restricted (CR) at 2 mo by decreasing their caloric intake by 40%. As designed, their FM (by ^3H_2O) and visceral fat (VF) remained unchanged through aging (8mo and 20mo). Conversely, *ad lib* fed rats had 3-4 fold higher FM; 20mo had 3-4 fold more FM and VF than 8mo and 20 mo CR rats, while lean body mass (LBM) was unchanged.

Peripheral insulin action was determined in CR rats by Insulin clamp (3 mU/kg min; ^3H-glucose). Glucose uptake (Rd; 29±2 and 31±4mg/kg LBM/ min), glycogen synthesis (GS; 12±1 and 14±2mg/kg LBM/ min), and glycolysis (GLY; ^3H-glucose into ^3H_2O; 17±1 and 17±1mg/kg LBM/ min) were similar in 8mo and 20mo CR rats; respectively. These levels were significantly increased (p<0.01) as compared with age-matched *ad lib* fed rats (Rd-22±1 and 22±2, GS-7±1 and 8±2, and GLY-15±2 and 14±2mg/kg LBM/ min, in 8mo and 20mo respectively). In addition to the ~50% increase in GS, accumulation of ^3H- count into glycogen increased by ~40%, and the Km of glycogen synthase decreased by ~50% in both CR groups (p<0.01). In summary: a) chronic CR designed to prevent fat accretion maintained peripheral insulin action at youthful levels; however, b) this effect was not affected by aging. We conclude that the decrease in peripheral insulin action with aging is solely determined by body composition.

Normalization of Telomeres to Sub-senescent Lengths in Fibroblasts Immortalized by Limiting Amounts of Telomerase. Woodring E. Wright, M. Ouellette, M. Liao, S. Holt and J. Shay. Dept. Cell Biol., UT Southwestern Med Ctr, 5323 Harry Hines Blvd., Dallas, TX

Six normal human fibroblast clones expressing a telomerase (hTERT) cDNA have been followed for 250-400 doublings. Telomerase activity gradually declined, as expected after long-term culture of plasmid based stable transfectants. Average telomere length shortened while the size of the shortest telomeres was maintained, indicating that under conditions of limiting activity cis-acting signals likely recruit telomerase to act on the shortest telomeres. Clones with 4 kb telomeres continued to proliferate, in spite of being several kb shorter than the 6-8 kb found in senescent parental cell cultures. This argues against the hypothesis that the M1 mechanism of cellular senescence is regulated by telomere positional effects, in which subtelomeric loci silenced by long telomeres become expressed when telomeres become short. At least 20 additional doublings occurred after inhibiting telomerase activity with a dominant-negative hTERT, showing that catalytically active telomerase was not required to provide a protein-capping role at the end of very short telomeres.

89

DEMENTIA RESEARCH: INFORMED, PROXY, AND ADVANCE CONSENT: THE DRIPAC MULTIDISCIPLINARY COLLABORATION.

Chair:

GA Sachs, University of Chicago, Dept. of Medicine (MC 6098), 5841 S. Maryland Ave., Chicago, IL 60637-1470.

Participants:

GA Sachs (Univ. of Chicago, Chicago, IL) Consent After NBAC: Unanswered Questions.

GW Hougham (Univ. of Chicago, Chicago, IL) A Randomized, Controlled Trial of an Advance Consent Process for Dementia Research.

DN Ripich (Case Western Reserve Univ., Cleveland, OH) Conversational Analysis of Consent Encounters in Patients with Dementia.

WV Friesen (Univ. of Kentucky, Lexington, KY) Nonverbal Signs of Attending, Comprehension and Assent in Patients with Dementia.

Discussant:

PJ Whitehouse (Case Western Reserve Univ., Cleveland, OH)

The National Bioethics Advisory Commission's recent report on research involving subjects with impaired decision-making capacity proposes new regulations that would require capacity assessments of potential subjects, endorse proxy consent for some types of research, and allow advance consent. Many of these recommendations, while sound in theory, are not well supported by empirical evidence. There are no universally accepted methods for assessing decision-making capacity; capacity to appoint a proxy has not been well studied; and no prospective studies of advance consent for research have been conducted.

This symposium will describe an innovative, NIH-funded study of consent for dementia research that is attempting to address many of these gaps in our empirical knowledge. This study involves components in which we will assess the capacity of subjects with dementia to consent to various types of research and to appoint a proxy; conduct a randomized controlled trial (RCT) of an advance consent process, examining the impact of the process on subsequent research enrollment decisions; and videotape hypothetical and actual consent encounters for multidisciplinary analysis. This analysis involves looking at the same encounters from the perspectives of verbal communication, nonverbal communication, and an ethical/legal framework. It is hoped that this "triangulation" will provide greater insight into the consent process and capacity assessments than prior efforts from single disciplines. In addition, we will correlate the results of specific neuropsychological testing with both real-time clinician and later expert capacity assessments. Symposium participants will describe the rationale for the study, describe its structure and components, and discuss the planned multidisciplinary analyses and implications of some early findings being presented separately in greater detail.

(Supported by NIH R01-AG15317)

CONSENT AFTER NBAC: UNANSWERED QUESTIONS

GA Sachs University of Chicago, Dept. of Medicine (MC 6098), 5841 S. Maryland Ave., Chicago, IL 60637-1470.

The National Bioethics Advisory Commission's (NBAC) recent report on research involving subjects with mental disorders that may impair decision-making capacity proposes several new regulations that would affect research on dementia. NBAC's recommendations, if carried forward into regulations, would require researchers to routinely perform capacity assessments of many potential subjects, endorse proxy consent for some types of research, and allow advance consent. Many of these recommendations, while sound in theory, are not well supported by empirical evidence. First, there are no universally accepted methods for assessing decision-making capacity; most studies on instruments for capacity assessment have had limitations such as single sites, small numbers of subjects, no subjects with dementia, or utilizing hypothetical vignettes in place of actual research enrollment decisions. Second, while many experts believe that the capacity required to appoint a proxy differs from that for research enrollment decisions, the capacity to appoint a research proxy has not been studied. Few studies have directly examined the choices made by proxies, nor have they reported comparisons between proxies' choices and those made by patients while competent. Third, no prospective studies of advance consent for research have been conducted. The literature on advance directives for clinical care raises serious questions about whether prospective research subjects will execute research advance directives and whether such documents will be used and respected in the future.

This NIH-funded study, "Dementia Research: Informed, Proxy, and Advance Consent" (DRIPAC) is designed to provide empirical information that will either support or refute these approaches suggested by NBAC and others.

A RANDOMIZED, CONTROLLED TRIAL OF AN ADVANCE CONSENT PROCESS FOR DEMENTIA RESEARCH.

GW Hougham University of Chicago, Dept. of Medicine (MC 6098), 5841 S. Maryland Ave., Chicago, IL 60637-1470.

Advance directives for participation in research were suggested soon after they were proposed for making decisions for life-sustaining treatment. These research advance directives were thought to be especially likely to be helpful for conditions in which decision-making capacity fluctuates or is predictably declining, as is the case for dementia. Studies of advance directives for clinical care, most coming after well-intentioned laws and policies were already promoting their use, often raised serious questions about the effectiveness of these documents. Many experts have suggested focusing on an advance care planning *process*, a process that uses documents as a starting point for inclusive and open communication between patients, family members and clinicians, rather than the documents alone. Lessons learned from this literature have shaped this ongoing, prospective study of an advance consent process for dementia research that we outline here.

Centers: Univ. of Chicago, Univ. of Kentucky, Case Western.
Subjects: Patients with dementia and their identified proxies.
Design: Randomized controlled trial of patient-proxy pairs (½ to intervention, ½ to usual care).
Intervention: Researcher facilitated conversation between patient and proxy regarding patient's wishes for future research participation, anchored by hypothetical research vignettes initially presented to each separately.
Outcome measures: Actual research enrollment rates over next two years; reported ease of enrollment decisions; satisfaction with research enterprise; extent to which subsequent decisions reflect patients' initially articulated preferences.

CONVERSATIONAL ANALYSIS OF CONSENT ENCOUNTERS IN PATIENTS WITH DEMENTIA: THE DRIPAC* COLLABORATION.

DN Ripich, PJ Whitehouse, MB Patterson, J Gute. Case Western Reserve University, Univ. Alzheimer Center, 12200 Fairhill Rd., Cleveland, OH 44120

Verbal components of the advance consent process will be examined using methods of discourse analysis, including linguistic components and speech acts. After collecting discourse samples of both hypothetical and actual consent encounters on audio and videotape, samples are transcribed orthographically into Systematic Analysis of Language Transcriptions (SALT) format (Miller & Chapman, 1991). SALT is a method of quantifying linguistic and coded elements of discourse using a standardized notation system to obtain computer generated data in 12 categories including total utterances, total words, turns, statements, questions, abandoned utterances, interruptions, partly intelligible utterances, completely intelligible utterances, utterances containing mazes, ratio of different words used compared to total words, and mean length of utterances per speaker.

In addition, the intention of the utterances for each speaker is coded (Dore, 1979; Ripich, Eckelman, Stickler, & Heath, 1991). Each utterance is identified as one of five research types of conversational acts, such as Requestives ("Do you want to participate in this research study?"), Assertives (I'm not happy about this."), Responsives ("OK; yes, I'll sign it."), Performatives ("I'm first to sign.") and Regulatives ("Please," or, "By the way."). Off topic remarks are also coded. We will discuss these approaches to discourse analysis, how discourse relates to stages in dementia, and how these methods can help us understand the nature of the consent encounter.

(*DRIPAC: Dementia Research: Informed, Proxy and Advance Consent)

NONVERBAL SIGNS OF COMPREHENSION AND ASSENT.

WV Friesen, DD Danner, D Layman, K Victory, D Oakley, K Hatcher, & D High, Sanders Brown Center on Aging, 800 S. Limestone, University of Kentucky, Lexington, KY 40536.

Informed consent to participate in research requires the ability to attend to and comprehend the risks and benefits of the study and to communicate a decision regarding participation. However, patients with progressive neurological diseases often lose the capacity to indicate verbally that they understand what is being requested and to indicate preferences to participate. Because nonverbal behavior is usually less affected than verbal capabilities, understanding the intentions and desires of the patient can be enhanced by carefully attending to nonverbal cues that accompany the person's attempts to verbalize.

In this session, we will describe nonverbal behaviors that serve as indicators of comprehension and assent and the methods for measuring them. Based on the Facial Action Coding System (FACS) (Ekman and Friesen, 1978), and using videotapes of consent encounters, we recommend a methodology for examining nonverbal behaviors including facial expressions and head and eye movements in the context of determining the dementia patient's competency to consent to participate in research.

(*DRIPAC: Dementia Research: Informed, Proxy and Advance Consent. Supported by NIH RO1-AG15317)

90

STROKE IN THE ELDERLY

W.S. Aronow, Hebrew Hospital Home, 801 Co-op City Blvd., Bronx, NY 10475

Participants:

W.S. Aronow (Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475) Risk Factors for Stroke

D.D. Tresch (Medical College of Wisconsin, Milwaukee, WI 53226) Antithrombotic Therapy for Atrial Fibrillation

E.A. Stemmer (University of California School of Medicine at Irvine and VA Medical Center, Long Beach, CA 90822) Management of Carotid Disease

Discussant:

W.S. Aronow (Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475)

Risk factors for stroke include hypertension, atrial fibrillation, carotid disease, aortic plaques, prior stroke or transient cerebral ischemic attack, cigarette smoking, left ventricular hypertrophy, diabetes mellitus, recent myocardial infarction, coronary disease, mitral stenosis, heart failure, age, male gender, black race, mitral annular calcium, left ventricular thrombus, mechanical cardiac valves, infective endocarditis, dilated cardiomyopathies, decreased serum HDL cholesterol, increased serum LDL cholesterol, increased plasma homocysteine, obesity, atrial myxoma, and marantic endocarditis. Older persons with atrial fibrillation and risk factors for stroke should be treated with oral warfarin to achieve an INR between 2.0 to 3.0. Older persons with atrial fibrillation at low risk for stroke or who have contraindications to anticoagulant therapy should be treated with oral aspirin 325 mg daily. Persons with carotid disease should stop smoking. Hypertension, dyslipidemia, and diabetes mellitus should be treated. Aspirin 325 mg daily should be given. Persons unable to tolerate aspirin or who develop cerebrovascular events on aspirin should be treated with ticlodipine 250 mg twice daily to reduce the risk of stroke. Carotid endarterectomy should be considered in symptomic persons with 70% to 99% carotid disease.

ANTITHROMBOTIC THERAPY FOR ATRIAL FIBRILLATION IN THE ELDERLY

Donald D. Tresch, Medical College of Wisconsin, Milwaukee, WI 53226

Atrial fibrillation is a strong independent risk factor for thromboembolic stroke, especially in elderly persons. Older persons with nonvalvular atrial fibrillation who are at increased risk for thromboembolic stroke include women older than 75 years of age and person with hypertension, prior arterial thromboembolism, congestive heart failure, echocardiographic left ventricular systolic dysfunction, echocardiographic left ventricular hypertrophy, echocardiographic left atrial enlargement, coronary artery disease, diabetes mellitus, and mitral annular calcium. Older persons with nonvalvular atrial fibrillation and risk factors for thromboembolic stroke should be treated with oral warfarin therapy to achieve an INR between 2.0 to 3.0. Older person with nonvalvular atrial fibrillation who are at low risk for developing thromboembolic stroke or who have contraindications to oral warfarin therapy should be treated with oral aspirin 325 mg daily. The efficacy of oral warfarin therapy and of oral aspirin in reducing thromboembolic stroke in older persons with atrial fibrillation will be discussed. Adverse effects from oral warfarin therapy and from oral aspirin therapy will also be discussed.

RISK FACTORS FOR STROKE IN THE ELDERLY

Wilbert S. Aronow, Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475

Risk factors for stroke in the elderly include hypertension, atrial fibrillation, extracranial carotid arterial disease, prior stroke or transient cerebral ischemic attack, left ventricular hypertrophy, cigarette smoking, diabetes mellitus, recent myocardial infarction, congestive heart failure, rheumatic mitral stenosis, protruding atheromas of the aortic arch, coronary artery disease, age, male gender, black race, mitral annular calcium, mechanical cardiac valves, left ventricular thrombus, infective endocarditis, dilated cardiomyopathies, decreased serum high-density lipoprotein cholosterol, increased serum low-density lipoprotein cholosterol, increased plasma homocysteine, obesity, atrial myxoma, and marantic endocarditis. The contribution of these risk factors on the incidence of stroke will be discussed.

MANAGEMENT OF EXTRACRANIAL CAROTID ARTERIAL DISEASE IN THE ELDERLY

Edward A. Stemmer, University of California School of Medicine at Irvine and Long Beach Veterans Affairs Medical Center, Long Beach , CA 90822

Older persons with extracranial carotid arterial disease should stop smoking. Hypertension and diabets mellitus should be treated. Older persons with carotid disease and a serum low-density lipoprotein cholesterol > 125 dl should be treated with statin drug therapy to reduce the incidence of stroke and coronary events and to slow the

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progression of carotid atherosclerosis. Asperin 325 mg daily should be administered. Persons unable to tolerate aspirin or who develop cerebrovascular events on aspirin should be treated with ticlodipin 250 mg twice daily to reduce the risk of stroke. Carotid endarterectomy should be considered in symptomatic person with 70% to 99% extracranial carotid arterial disease.

91

THE QUALITY OF NURSING CARE OF HEART FAILURE & STROKE PATIENTS IN ACUTE HOSPITALS.

B.L. Chang, J.L. Lee, M.L. Pearson, K.L. Kahn, L.V. Rubenstein. UCLA School of Nursing Factor Bldg. 5-238, Box 956918 Los Angels, Ca. 90095-6918

To assess which aspects of nursing care process for hospitalized elderly patients with heart failure (HF) or cerebrovascular accident (CVA) most need improvement, we examined data from a larger RAND-HCFA study evaluating the effects of the introduction of DRG-based prospective payment. We studied the quality of nursing care delivered to 581 patients >age 65 with HF and CVA using nurse structured implicit review (SIR) of patient records. Records were randomly selected from 297 acute hospitals in five states. Reviewers were practicing nurses with expertise in a relevant specialty. We measured the quality of nursing assessment, clinical management, and identified aspects of nursing care processes where care was most likely to be reported below standards for acceptable care.

Wide variations were seen in the quality of nursing processes. Nurses performed best in the area of clinical assessment. For example, only 13.4% of the functional status assessments of HF patients were rated as "below acceptable." In contrast, 79.4% of HF patients received below acceptable nursing care in goal-setting for psychosocial problems. Suggestions are provided for nursing education and hospital quality improvement.

CM-10

PATTERNS OF USE AND WAITING TIME IN THE EMERGENCY DEPARTMENT: DIFFERENCES ACCORDING TO AGE AND GENDER.

Nancy J. Martin, Research Director, Grand River Hospital, P.O. Box 9056, Kitchener, Ontario, N2G 1G3, nancy_martin@grhosp.on.ca, Christine Knight, Dept. of Health Studies and Gerontology, University of Waterloo.

In Canada, a number of initiatives have recently been undertaken to address issues associated with emergency services utilization, including reducing the length of time to be seen by a health care professional within the emergency department (ED). This study describes the baseline rates of utilization of emergency services by older adults in a community-based acute care hospital. Data was abstracted from the hospital's computerized database. Any individual utilizing emergency services from January 1, 1998 to December 31, 1998 was included. Over the one-year period there were 4139 visits by patients over the age of 65 (Range = 65.0 - 98.7 years, X=75.9, SD=7.0), representing 9.8 % of all visits to the ED. Fifty-seven percent of older patients were women, and 81% of visits were classified as urgent. Average time to see a physician was 1 hour and 8 minutes. After controlling severity and intensity of the presenting symptoms, results included: (a) patients aged 65 years and older had a significantly longer waiting time to be seen by a physician (X=6 minutes longer), compared with adults aged 18-64 years; and (b) females waited an additional three minutes on average to see a physician. The rationale for these differences is not understood. However, the results raise important questions regarding equal access to health services by older adults.

ACUTE CONFUSION IN HOSPITALIZED ELDERLY: AN EXPLORATION OF EXPERIENCED NURSING PRACTICE

Karen L. Dick, Beth Israel Deaconess Medical Center, Boston, MA 02215.

There has been a lack of exploration into the actual practice of acute care nurses in regards to the assessment, recognition and management of acute confusion in hospitalized elderly. Little is known as to (a) how the nurse first assesses and identifies acute confusion, (b) how these actions influence patient outcomes and (c) what factors influence this process. This descriptive, qualitative study used a combination of written exemplars, in-depth interviews and participant observation with a sample of seven acute care medical nurses with baccalaureate degrees or higher with experience ranging from 7-19 years. A generalized process consisting of three phases (observing and gathering information, meeting the patient, and providing nursing care) was identified. Overarching goals for this process included maintaining the patient's safety, comfort, dignity, and restoring normalcy. Specifically, factors in the nurse, the patient, and the environment all influenced the nature of the process in each of the three phases. The process that emerged in this study can now be used to theoretically link specific patient outcomes with variations of the process. This description is also useful as a framework for exploring theoretical linkages between nursing domains for the advancement of nursing knowledge.

Preventing Pressure Ulcers in Connecticut Hospitals

Courtney Lyder,ND,GNP, Yale School of Nursing, New Haven, CT 06536; Deepak Mathur,MPH & Thomas Meehan,MD,MPH Qualidigm,Middletown, CT.

The purpose of this study was: 1) to identify hospitalized older adult patients at high risk of developing pressure ulcers and 2) to prevent pressure ulcer development in these high risk patients. The prevention of pressure ulcers remains a major initiative of the U.S.Health Care Financing Administration and Qualidigm, the Peer Review Organization for the State of Connecticut. All 32 hospitals in Connecticut participated in this two year statewide quality improvement study. Twenty hospitals served as the intervention group with the remaining 12 hospitals as the comparison group. Six quality indicators related to pressure ulcer prediction and prevention were developed to evaluate the 32 hospitals. The Plan-Do-Study-Act (PDSA) model was implemented in the 22 intervention hospitals while performance feedback alone was provided to the Feedback hospitals. The pre-post process of care data revealed greater improvement in the PDSA hospitals. The identification of high risk patients increased by 16.3% in PDSA hospitals in comparison to a 1.7% increase in Feedback hospitals (p<0.001). Moreover, Stage I pressure ulcer development increased by 0.5% in PDSA hospitals compared to a 7.3% in Feedback hospitals (p<0.02). Thus, we concluded that the PDSA model can be utilized successfully to increase the identification and prevention of pressure ulcers in hospitalized older adults. (CM-17)

DEMOGRAPHIC CORELATES OF DIASTOLIC DYSFUNCTION AMONG OLDER ADULTS. A Ahmed, RM Allman, J DeLong, & E Bodner. Univ. of Alabama at Birmingham, VA Medical Center and Alabama Quality Assurance Foundation. 933 19th St. South, Suite 219, Birmingham, Alabama 35294-2041.

Heart Failure (HF), associated with Diastolic Dysfunction (DD) has been reported to be common among older adults. The study investigated if prevalence of DD increased with age among persons aged 65+ years. Retrospective chart reviews were obtained at 11 Alabama hospitals. Patients were Medicare beneficiaries ≥65 years, discharged in 1994 with a diagnosis of HF. DD was defined by an ejection fraction of ≥55% or left ventricular function described as normal on left ventriculogram, multiple gated scan, or echocardiogram, among these HF patients. Patients (n= 545) had a (mean ±SD) age of 78 ±7years (58% Female & 19% Black). DD was present in 19%. There were age-related differences in the prevalence of DD (22%, 14% and 25% respectively for age categories 65-74, 75-84 and 85+ years; p=0.02). Women were more likely to have DD (26% vs. 10%; p < 0.001), but no race-related differences were noted. After adjusting for age group, gender, race, and admission systolic blood pressure (≥140mmHg), using multivariate logistic regression analysis, only age-group 75-84 years (OR=0.49; CI=0.29,0.83) and female gender (OR=3.31; CI=1.98-5.55) appeared to be independently associated with DD. The prevalence of DD did not increase with age among these older hospitalized HF patients.

93

SCREENING FOR DEPRESSION IN THE ELDERLY: HOW MANY QUESTIONS ARE NEEDED? K. Blank, C. Gruman, K. Doyle, N. Dumaguing, G. Kerins, J. Robison, L. Curry, Braceland Center for Mental Health and Aging, Institute of Living/Hartford Hospital, 400 Washington Street, Hartford, CT 06106.

The need for improved detection and treatment of late life depression by primary care practitioners has been well documented. Although major depression is common and treatable, primary care doctors recognize less than 50% of cases. While many rating scales reliably detect depression, their use is limited. The specific aim of this study was to determine the optimal brief depression screening instruments in elderly patients.

Data from three populations over the age of 60 will be presented: ambulatory primary care patients (n=150), hospitalized medical patients (n=150), and nondemented nursing home residents (n=150). Depression screens including the GDS (long & short), CES-D (long & short), Yale (1-question), Prime-MD (2-question) and the suicide probe from the Hamilton-D were compared with DIS derived DSM-IV diagnoses. Demographic, health, functional status, religion and social variables were also collected.

The average age of the subjects was 77.7±13.3 years. Rates of positive screening for depression varied widely depending on the instrument with the highest rates from the Prime-MD (43%), GDS long (39%); and Yale (30%) and lowest from the CES-D (19%). Nursing home residents and patients with greater comorbid medical conditions had the most positive screening exams. The performance of each screen (including sensitivity, specificity, likelihood ratios and ROC) compared with the criteria standard DIS diagnosis will be presented.

THE GERIATRIC PAIN MEASURE: VALIDITY, STABILITY AND FACTOR ANALYSIS B.A. Ferrell, W.M. Stein, J.C. Beck, Greater Los Angeles VA GRECC, 16111 Plummer St, Sepulveda, CA 91343.

Comprehensive geriatric assessment should include screening for pain. The Geriatric Pain Measure (GPM) is a simple 24 item survey designed to assess pain among ambulatory elderly people. The validity, stability, and factor analysis of GPM was tested among 188 elderly subjects (age 84.7± 6.0) attending 2 geriatric clinics. Subjects were mostly female (64%), with 7.6± 2.7 medical problems and 11.8±5.7 medications and nutritional supplements. 73% had chart evidence of pain. Internal consistency revealed a standardized alpha = .9445; homogeneity ratio .457; average inter-item correlation r=.415. A sub-group of 50 subjects, showed validity compared to the McGill Pain Questionnaire (Pearson's r =.6269; p<.0000) and test-retest stability over 48-72 hrs (r =.9018; p<.0000). Factor analysis revealed 5 unique clusters of items indicating components of Pain Severity, Disengagement, Pain with Ambulation, Pain with Strenuous Activities, and Pain with Other Activities. Validity was also demonstrated by statistically significant subscale score correlations with number of medical problems (r=.2771; p=.001), number of medications (r=.255; p=.0005), depression (r=.201; p=.007), gait (r=-.207; p=.007, and IADLs (r=.146; p=.04). The GPM is valid and stable for pain assessment during routine evaluation of ambulatory elderly patients.

Psychometrics for the Task Self-Efficacy Scale Beverly L. Roberts, Mary Dolansky, Bryan A. Weber, Shirley Moore Case Western Reserve University, Cleveland, OH

The Task Self-Efficacy Scale is a measure of a person's confidence in his or her ability to perform 19 tasks of daily living drawn from the self-care and independent living literature. Experts evaluated the content validity. Subjects indicated whether they did the task (yes/no) and rated on a 100-mm line their confidence in doing it (0-not at all to 10-completely). Subjects also rated perceived exertion and fatigue experienced while performing the tasks, and ratings were used to establish criterion validity. 328 subjects (75% female and 25% male; ages 55 to 101) were surveyed (89% healthy community dwelling elders, 8% hospitalized with CHF, and 3% assisted living dwellers). Principal component factor analysis with varimax rotation resulted in a 2-factor solution

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explaining 72% of variance: Self-care (washing, dressing, toileting, getting in and out of bed, dish washing, sandwich making, and answering the door), and Mobility (vacuuming, stair climbing, walking distances and in a crowded mall, and carrying heavy loads). Four items (getting into a bathtub, washing hair, walking in house, and reaching onto a shelf) did not load on either factor. Answering the telephone had low item to total correlations (r = .56) and did not load on either factor. Factor analysis for fatigue and exertion items had exactly the same factor structure as for the task Self-Efficacy Scales, and explained 73 and 66 per cent of the variance, respectively. As theoretically expected, both had significant correlations with Self-care (r > .90 and -.77, respectively) and Mobility (r = .93 and -.84, respectively) factors which supports the criterion related validity of the Task Self-efficacy scale. As theoretically expected, the Task Self-Efficacy Scale discriminated between those with and without impairments in walking, bending, and falling. The total Task Self-Efficacy Scale, the Self-care and the Mobility factors had good internal consistency (α = .95 and .94 for both factors). The instrument takes 10 minutes to complete and is easy to use in the clinical setting. (NR04012) CM-1

Reliability and Validity of a Physical Performance Test for Nursing Home Residents (NH-PPT).

L. Ball, J. Hirst, A. Georges, & E. Binder. Washington Univ. School of Medicine, St. Louis, MO 63108.

Performance-based functional measures are an important component of geriatric assessment, yet few performance measures have been developed for use in the nursing home (NH) setting. The NH-PPT includes 11 tasks designed to allow structured observation of movements and ADL tasks performed in the NH setting: scooping and eating applesauce, putting on a sweater, face washing, telephone use, flipping cards, stacking checkers, chair transfer, sit-to-stand, standing balance, and walking or wheelchair locomotion. Tasks are timed, and the level of assistance required for completion is rated.

Reliability and validity were assessed in 94 NH residents (Age $\bar{x}$ =85.4 yrs, Blessed Test Score $\bar{x}$ =13.8, Katz Score $\bar{x}$ =12.8). Intra-class correlations (ICC) between independent raters were high for timed measures (ICC=.82-.99) and level of assistance scores (ICC=.38-1.0). Test-retest reliability for individual items ranged between .58-.96. Internal consistency among items was high (Cronbach's alpha=.88). Convergent validity is evident by strong Pearson correlations between the NH-PPT total score and the Katz Score (r=-0.63, $p<0.001$), MOSES Scale (r=-0.74, $p<0.001$) and the MDS ADL scale (r=-0.66, $p<0.001$).

The NH-PPT demonstrates promise as a brief physical performance measure for the NH setting, and may be useful for the identification of NH residents at risk for progression of mobility and functional impairments.

Using self report to demarcate phases of a continuum of disability: Difficulty and task modification.

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There is increasing interest in identifying stages prior to dependence or frank disability in ADLs. Older adults' reports of task difficulty and modifications of the frequencies or methods used to perform a task have been used as indicators of preclinical disability. The present research examined the relationships of self reports of performance difficulty and modifications on 3 related tasks: rising from a chair, a toilet, and getting into and out of a car. The task components common to all is lowering and rising from a seated position. 71 congregate housing residents aged 70-98 were interviewed at home and performed standardized chair rise tasks on site. Based on interview responses, they were classified into 5 groups representing phases of a disability continuum: (1) no difficulty or modifications on any of the 3 tasks, (2) no difficulty on any but modifications on at least one task; (3) difficulty on 1 task; (4) difficulty on 2 of the tasks; and (5) difficulty on all 3 tasks. Significant linear trends (all ps<.05) across the 5 groups were observed in both self-report (SF-36) and performance-based (POMA) measures of physical function and time to rise in 3 chair-rise tasks of varying difficulty: chair 100% knee height (KH) using hands, chair 100% KH without hand use, and chair 80% KH with hand use. Results are compared to those obtained with a simple classification of disability based on a single item.

94

PROMPTED VOIDING SCHEDULES IN NURSING HOMES: IS ONE METHOD BETTER THAN ANOTHER?

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Incontinence is a highly prevalent and odious problem in nursing homes. Programs have been developed and studied to manage incontinence, but the problem still exists. This study compares two types of prompted voiding schedules (PVS) in two nursing homes (NH). In the first NH the PVS was implemented by training all the certified patient aides (CPA), then selecting one incontinent patient for each CPA to perform the PVS. The second nursing home designated a continence aide. The aide was trained to implement a PVS to eight patients on a floor. Mean age of patients in the first and second NH was 82.2 (6.6) and 86.1 (5.8). All patients from both nursing homes were wheelchair-bound, had a diagnosis of dementia and required assistance of one person to get them to the bathroom. Percent dryness at baseline was 53.6 (26.6) and 66.7(19.6). Mean dryness at this time during treatment is 69.5 (18.6) and 77.3 (9.3) for the first and second nursing home, (p=.07),(p=.04) respectively. Though both modalities are effective, using a continence aide appears to be more efficient and effective.

PUBOVAGINAL SLING CYSTOURETHROPEXY IN ELDERLY WOMEN WITH URINARY INCONTINENCE.

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Pubovaginal sling cystourethropexy is a surgical option for many women with genuine stress urinary incontinence (GSUI). This study examined feasibility and clinical efficacy of the procedure in elderly women compared to younger patients. Eighty-five consecutive women who underwent pubovaginal sling cystourethropexy were reviewed. Patients were divided into 2 groups: older (≥ 60 years; n=39) and younger (< 60 years; n=46). All patients underwent preoperative urodynamics to confirm the diagnosis of GSUI. Operative parameters examined included anesthetic risk class, blood loss, anesthetic and surgical times, and length of hospitalization. Complications and continence results were also assessed. Data were compared using Student's t-test. Mean age was 67.3 in the older group (range 60-83) and 47.7 in the younger group (range 22-59). Mean overall followup was 26.7 months. Older patients had higher mean anesthetic risk class, anesthetic time, recovery room time, and length of hospitalization compared to the younger group (all, $p<0.05$). The remainder of the clinical and operative parameters were statistically equivalent ($p>0.05$). The overall complication rate was slightly higher in the older group. Postoperative continence data are summarized:

	Younger (n=46)	Older (n=39)
Dry	34 (74%)	23 (59%)
Improved	8 (17%)	12 (31%)
Failed	3 (7%)	2 (5%)
Lost to followup	1 (2%)	2 (5%)

Pubovaginal sling cystourethropexy appears to be a viable surgical treatment option for both elderly and younger women with genuine stress urinary incontinence.

OLDER ADULTS' FAILURE TO REQUEST TREATMENT FOR POOR BLADDER CONTROL.

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Urinary incontinence (UI) is a common problem for many older adults and has been associated with negative physical and social outcomes. However, screening for poor bladder control in primary care practice settings is less than optimal. This is unfortunate, because effective UI treatments exist. This paper explores reasons why older adults reporting at least one weekly episode of urine loss, and who were not screened for UI, had not sought help from their primary care provider. Data for this study (N=103) were drawn from a clinical trial to determine the effects of AHCPR UI Clinical Practice guideline implementation on patients incontinence status, quality of life, and satisfaction with care. It has been suggested that patients do not seek treatment for UI due to embarrassment or a lack of awareness of treatment options. However, we found that the reasons cited most often for not seeking treatment were: the belief that UI was a normal part of aging (19%) and, the perception that incontinence was not a big problem (45%). The belief that UI was a normal part of aging was significantly correlated with frequency of UI ($r=.32$), and the feeling that UI interfered with life ($r=.24$). The perception that UI was not a big problem was correlated with gender ($r=-.19$), frequency ($r=-.43$) and amount of UI ($r=-.31$), the feeling that UI interfered with life ($r=-.26$), self-esteem impact ($r=-.22$), and life satisfaction ($r=.26$). Interventions to address these barriers to treatment seeking for adults with UI are suggested. #HS 08716-02 **CM-21**

URINARY SYMPTOMS AND INCONTINENCE IN RADICAL PROSTATECTOMY PATIENTS.

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We conducted a study to evaluate the incidence of urinary symptoms and incontinence (UI) post-prostatectomy and the willingness of men to address UI management in the preoperative, asymptomatic state. Twenty-three patients aged 49-76 years old who received a radical prostatectomy (RP) between 4-96 and 10-98 were interviewed. Evaluation revealed 21 (91%) reported no UI preoperatively; 18 (78%) experienced some UI postoperatively and 15 (65%) were still incontinent. Nineteen (91%) men stated they were willing to be evaluated and educated in a Continence Clinic preoperatively as a preventive strategy. Four men had preoperative American Urologic Association (AUA) Prostate Symptom Scores and were postoperatively evaluated in the Continence Clinic. Urinary symptoms for these four men are presented in the table below.

Patient	Preop AUA	Postop AUA	Months post RP
A	5	32	2
B	6	11	2.5
C	11	33	3
D	17	22	6

This study reveals that UI is a common sequelae after radical prostatectomy and men are interested in exploring this issue in the preoperative, asymptomatic state. Voiding symptoms are also prevalent in these men and appear to worsen immediately after RP. The possibility of voiding symptoms having a parallel course to UI post-prostatectomy is raised.

BEHAVIORAL MANAGEMENT STRATEGIES FOR URINARY CONTINENCE: RESEARCH RESULTS AND PRACTICE PERSPECTIVES

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L.E. Kirkhorn (University of North Caroloina at Chapel Hill School of Nursing Post-Doctoral Fellow)

Findings of a five year quasi-experimental research study of older women living in a rural county in North Central Florida (The Nursing Model: Urinary Continence for Older, Rural Women) will be summarized. Based upon this work, similar behavioral management strategies and curricular content may be useful to groups of women in a variety of community settings. The research project established the efficacy of behavioral management strategies for urinary continence within the context of home visits between nurse and rural elder. Training about and applying behavioral management strategies in a group setting is a logical extension. Helping women to incorporate behavioral approaches into their own self-care may be enhanced though group support and feedback. Current federal health policy supports provision of community based programs and services. A key element in the shift to community based care is the emphasis on strengthening

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the abilities of groups to take responsibility for their health. Within this context, there is considerable interest in the implementation of a collaborative practice model in which nurse and group members are partners in development of behaviors conducive to healthy living.

95

HELPING THE ELDERLY STAY ACTIVE: FUNCTIONAL ASSESSMENT IN A GERIATRIC OUTPATIENT SETTING

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PURPOSE: The ability to maintain functional independence is considered an important measure of health for older adults. This study looks at the effectiveness of Functional Disability Screening (FDS) to trigger treatment interventions. It compares physician and nurse practitioner practice patterns. METHODS: Chart review of all new patients seen at Univ. Geriatric Clinic between 1994 and 1998 by established geriatricians and a new graduate nurse practitioner for completion of FDS and resulting treatment interventions within 6 months of screen. FDS targets 10 areas of disability: vision, hearing, arm and leg function, continence, nutrition, mental status, mood, ADLs/IADLs, safety and social support. Chi-square statistics were used to compare physician and nurse practitioner practices. RESULTS: No difference was seen in screen and follow-up of physical problems. The nurse practitioner was more likely to have depression screens done on all patients (p=.02) and was more likely to talk about advanced directives with her patients and to enter the document in the medical record (p=.01). No difference was seen in patient acuity by number of diagnosis or number of orders written. CONCLUSIONS: Further studies identifying barriers to follow-up evaluation and treatment of identified problems triggered by FDS are needed. Repeat of study comparing experienced nurse practitioner outcomes to physician outcomes would contribute to the literature on this subject.

PROGRESSIVE VERSUS CATASTROPHIC LOSS OF ABILITY TO WALK: STUDYING THE PROCESS OF DISABLEMENT

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Loss of mobility is an important functional outcome that can have devastating effects on quality of life and ability to remain independent in the community. We used data from three sites of the Established Populations for the Epidemiologic Study of the Elderly (EPESE) to study the onset of severe mobility disability, defined as the inability or need for help from a person to walk across a room. Those developing severe mobility disability were classified as progressive if they were unable to walk ½ mile in the prior 2 years and catastrophic if they were previously able. The overall incidence of severe mobility disability in the 5,355 persons not disabled at baseline and followed for up to 7 years was 11.6 cases/1,000 person years. Among those developing severe mobility disability, the proportion progressive was 60% in those <85 and over 80% in those 85+. Those with 3+ baseline conditions were much more likely to develop progressive disability. Stroke and hip fracture occurring during follow-up were much more likely to lead to catastrophic disability, and half of catastrophic disability subjects had stroke, hip fracture or cancer in the year immediately preceding this disability. Type of disability did not influence subsequent survival for the first 3 years, but beyond 3 years those with catastrophic disability were only 40% as likely to die.

DETECTING EARLY FUNCTIONAL DECLINE: ARE SELF-REPORTS OF MODIFIED TASK PERFORMANCE COMPLEMENTARY TO PERFORMANCE TESTS?

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Early detection of "subclinical" disability in elders who report no difficulty in performing a task may permit early targeted interventions to prevent further decline. We investigated two methods to detect early disability, performance tests and self-reports of modified task performance, to determine if these two approaches were complementary or redundant. 266 community-dwelling elders without severe cognitive impairment (mean age 77) were studied. Elders responded to a series of questions, including "...do you have difficulty walking...?" and "...do you walk as quickly as you did ten years ago?" Gait speed was measured over a 12-meter distance. One year later, walking ability was assessed by self-reports. At baseline, 18% reported difficulty walking, 55% reported walking more slowly than ten years ago, and the mean (+/-SD) gait speed was 1.1 meters/sec (+/-0.3). Slower gait speed and self-reported slowing in walking speed were only moderately associated with each other (tau-b 0.24, $P<.0005$), and each was independently associated ($P<0.005$) with self-reported difficulty in a multivariable logistic model. In 142 subjects with 1-year followup data, who initially reported no "difficulty" walking, slower gait speed and self-reported slowing at baseline were each independently associated ($P<0.05$) with decline in walking ability. This study provides evidence that measured gait speed and self-reports of slowing provide complementary information about walking status, and that both have predictive value in subjects initially reporting no "difficulty." Both performance testing and self reports of modified task performance may be valuable in detecting early functional decline, before patients perceive difficulty.

PRESSURE ULCERS AMONG NEWLY ADMITTED NURSING HOME RESIDENTS

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Pressure ulcers represent a significant problem in nursing homes, both in terms of patient suffering and cost of care. The goal of this study was to estimate the prevalence of pressure ulcers (stages 2 to 4) among newly admitted nursing home residents and to identify factors associated with the presence of pressure ulcers on admission. We used data from a study of residents aged 65 years and over newly admitted to any one of 59 Maryland nursing homes. Data were obtained from interviews with residents, nursing staff, and significant others, and from medical records. Of the 2,015 residents studied, 208 (10.3%) had one or more pressure ulcers upon admission to the nursing home. In multivariate analysis, admission from hospital (versus home or other settings) was statistically significantly associated with pressure ulcer prevalence (odds ratio 2.3, 95% confidence interval 1.4-3.9). Higher prevalence of pressure ulcers at admission was also significantly associated with non-white race and with being chair- or bedbound, but not with dementia status, number of comorbid conditions, urinary or fecal incontinence, or age. Hospitals and nursing homes may need to develop more intensive interventions to prevent and treat pressure ulcers as frail elderly patients move through the transition between health care settings. **CM21**

Comprehensive Assessment Database for Stroke. P Duncan PhD, V Van Culin PT, L Huang MS, D Clausen BS, D Wallace PhD. University of Kansas, KC, Kansas 66160

Background: Agency for Health Care Policy and Research (AHCPR) recommends standardized assessment of stroke, but compliance is limited. We will display a comprehensive database for clinical evaluation of stroke, stroke outcomes and management. This system may improve compliance with the AHCPR guidelines. Methods: This stroke data system, which can be accessed and utilized online, was developed using AHCPR guidelines, results from the KC Stroke Study and Claude D. Pepper Grant. The system includes; stroke type / onset, patient demographics, modifiable risk factors, comorbidities and social support. Impairment assessments include: Orpington Prognostic Scale (stroke severity), The National Institute of Health Stroke Scale (impairments), Mini Mental Status exam (cognition), and Geriatric Depression Scale (screen), Fugl-Meyer(motor index), Berg Balance Scale, and 10-m. walk (velocity). Disability assessments include: Barthel Activities of Daily Living (prior and current function status), MOS-36 question #3 (limitations in physical activity) and Lawton Index (instrumental ADL'S), Modified Rankin (global rating of stroke disability), American Heart Association Stroke Outcomes Scale (global outcome assessment) and the Stroke Impact Scale (a new stroke specific outcomes measure). Conclusion: This database, a useful resource, will enhance clinical management and provide consistency in stroke assessment among healthcare professionals.

Screening Health Assessment and Preventive Education (SHAPE): Outreach to Minority Older Veterans. S. Dhanani, J. Geisinger, L. Chevalier, J. Damron-Rodriguez, T. Makinodan, N. Harada & S. Castle. GRECC, V A Greater Los Angeles Healthcare System, UCLA, Los Angeles, CA 90073

The Senior SHAPE is a community outreach program that provides a comprehensive geriatric health screening and targeted health education to minority elderly veterans. The multi-disciplinary screening includes an assessment for cardiovascular risk factors, cognitive status, depression, and screening laboratory tests. The sample included 160 veterans with an average age of 70±7 years, of which 27% were African American and 68% Asian American. Variables related to health care access included 84% with a regular doctor, 92% with health insurance, 93% with access to transportation, and the average distance from home to the VA was 18 miles. Self reported health risk factors included 13% smokers, 79% heart disease, 45% hypertension, and 18% diabetes mellitus. After the SHAPE evaluation, an additional 14% were found to have hypertension. A sub-sample of veterans (n=25) who used the VA at least twice during the following year were compared to the rest of the group (n=135) who did not follow up at the VA. The sub-sample of VA users were significantly younger (65 vs 70 years, p=0.002), less likely to have medical insurance (5% vs 25%, p=0.003), or a regular doctor in the community (12% vs 36%, p=0.009). Additionally, other health related risk factors that differed between the two groups were smoking (24% vs 11%) and awareness of their health status regarding diabetes mellitus (12% vs 4%) and hypertension (20% vs 7%). This data show that SHAPE is effective in reaching out to the older minority veterans. A significant percentage of veterans without healthcare access chose to follow up at the VA after being introduced through the SHAPE program.

HOME-BASED COMPREHENSIVE ASSESSMENT FOR RURAL ELDERS: THE CARE PROJECT

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Comprehensive geriatric assessment (CGA) is an effective approach to maximizing older persons' function and independence, yet little work has considered the unique problems and possibilities of CGA in rural areas. We developed a model of rural home-based CGA using a local home health agency and a remote geriatrician participating by teleconference. We conducted 51 in-home assessments. Findings and recommendations were relayed to patients, caregivers, and primary physicians. We analyzed assessment information and obtained feedback using survey instruments and focus groups to generate refinements to the model. The five most common problems encountered were deficient immunizations (56%), unsafe home environment (50%), vision deficit (42%), gait/balance disorder (36%), and depression (32%). The five most common recommendations by the team included vaccination (54%), referral to physician (52%), safety environmental change (50%), special diagnostic test (42%), and stop or change medication (40%). Difficulties included recruiting participants and getting patients to arrange follow-up with their primary physician. Primary physicians found recommendations for vaccination and home safety change helpful, but were skeptical of physical examination findings by the nurse. Conclusion: Home-based CGA identifies home safety hazards and provides an accurate medication inventory. The process raises physicians' awareness of geriatric syndromes and health promotion. However, refinements are necessary for our model to be widely acceptable to rural communities.

GENDER DIFFERENCES IN HEALTH-RELATED QUALITY OF LIFE (HR-QOL) IN OLDER UNLIKE-SEX TWINS IN SWEDEN

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Gender differences in health can impact on quality of life issues. Previous research on our sample of older unlike-sex twins found the sisters with more total health conditions, and more not-life-threatening conditions. The brothers had more very life-threatening conditions, but there was no gender difference in an intermediate category of health problems. The purpose of this study was to examine gender differences in the HRQOL subscales of the Nottingham Health Profile in a subsample of these twins (N=249 pairs). Brother-sister pairs were treated as repeated measures in a General Linear Model, with age parameterized as a between group difference (2 groups: 70-74, 75-80). Results showed the sisters have significantly higher values on the sleep problems subscale ($F=6.71;p=.01$) and the social isolation subscale ($F=4.13;p<.05$) than their brothers. Only the sleep problems subscale indicated a significant age effect ($F=4.89;p<.05$). Results will also be estimated in a multiple group structural equation model, providing a test of the model.

CM-16

Demands of Illness, Medication Regimen Complexity & Mastery of Stress in Persons with Parkinson's Disease and their Family Caregivers

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Parkinson's disease (PD) afflicts individuals over an extended period of time with extensive medication regimens necessary for controlling symptoms. The debilitating effects of the illness necessitates family members to be involved in treatment regimens. The purpose of this study is to determine the impact of the illness on the afflicted individuals and their family caregivers and the relationship of that impact, manifested as demands of illness, to medication regimen complexity and ability to master stress. Subjects were 35 persons afflicted with PD and 35 of their primary family caregivers. Mean for years of illness for PD individuals was 7.4 years. Instruments were Demands of Illness Inventory (Woods, Haberman, & Packard, 1987,1993), Medication Complexity Index((MCI) (Kelley & Taylor1988), and Mastery of Stress Instrument(Younger, 1993). For the PD individuals, demands were related to medication complexity ($r=.38,p<.05$), and reduced mastery of stress, ($r=-.46,p<.05$). For caregivers, demands were related to medication complexity, special instruction medications of the PD individual, ($r=.37,p<.05$) Findings indicate that medication complexity is linked to the demands this illness imposes for patients and caregivers.

COEXISTENCE OF CORONARY DISEASE, STROKE, AND PERIPHERAL ARTERIAL DISEASE IN OLDER PERSONS

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A retrospective analysis of charts from 1,802 patients (pts) (1,328 women and 474 men), mean age 80±8 years, seen in an academic geriatrics practice during 1998 showed that coronary artery disease (CAD) was present in 612 pts (34%), stroke in 351 pts (19%), and peripheral arterial disease (PAD) in 236 pts (13%). CAD alone was present in 328 pts (18%), stroke alone in 128 pts (7%), PAD alone in 50 pts (3%), CAD plus stroke and no PAD in 123 pts (7%), CAD plus PAD and no stroke in 86 pts (5%), PAD plus stroke and no CAD in 25 pts (1%), CAD plus stroke plus PAD in 75 pts (4%), and no CAD, stroke, or PAD in 986 pts (55%). If CAD was present, stroke was also present in 32% and PAD in 26% of pts. If stroke was present, CAD was also present in 56% and PAD in 28% of pts. If PAD was present, CAD was also present in 68% and stroke in 42% of pts. These data showed that CAD or stroke or PAD was present in 816 of 1,802 older pts (45%). If stroke or PAD was present, CAD coexisted in 56% and 68% of pts respectively.

Microalbuminuria (MA) Screening and Angiotensin Converting Enzyme Inhibitor (ACEI) Use in Older Managed Care Organization (MCO) Patients with Diabetes Mellitus (DM)

Kimberlydawn Wisdom, Jerry Varghese, Nitu Saran, Suzanne L. Havstad, Susan P. Steigerwalt, Detroit, MI.

The American Diabetes Association recommends annual MA screening for DM patients, without proteinuria, and the use of ACEI to slow progression of renal disease. The objectives of this study were to determine the frequency of MA testing, use of ACEI and whether MA test frequency differed by race, age, gender, socioeconomic status (SESI), or glycemic control. The cross-sectional, observational study consisted of 1168 continuously-enrolled randomly selected MCO adult members with 2 DM outpatient visits. Subjects (n=407) responding to a DM survey were included. Computerized databases were used to obtain demographic, clinical and pharmaceutical data. Outcome variables of test frequency, test value and ACEI prescriptions filled are descriptively reported. For comparisons between groups-chi-squared, student t-tests and Welch's test were used. Demographic differences between responders and nonresponders of the survey with respect to gender, age, and race could not be detected. Respondents had a higher median income ($p=0.001$). The response rate was 48%. After excluding 77 with proteinuria or renal failure, a cohort of 330 remained: mean age 59.0 (12.3), 51% female and 43% Black and 57 % White. Within a two-year period, 14% had a MA test - 28% had an abnormal MA test and of those with abnormal tests, 62% filled prescriptions for ACEI. No racial, gender, SESI or glycated hemoglobin differences in testing for MA were detected, however, older individuals were tested less often ($p<0.03$). Concerted efforts to screen older patients for early diabetes-related renal disease are indicated.

TILT TEST RESPONSES IN ASYMPTOMATIC HEALTHY OLDER SUBJECTS.

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Prolonged head-up tilt testing (PHUT) followed by nitrate provocation is being increasingly used to diagnose neurocardiogenic syncope. In younger people the data suggest that this test can distinguish normal subjects from those with neurocardiogenic syncope. In normal older people, few data are available on the effects of PHUT. This study assessed the response to tilt testing in normal subjects' aged 60 or over. 60 Subjects {mean age of 70(range 60-84), males=35} were recruited. Following full clinical examination, and a 12-lead ECG, tilt tests were performed using a mechanised table, digital plethysmography and continuous ECG monitoring for 30-40 minutes at 70 degrees. If they remained asymptomatic, 400 micrograms of GTN was administered by sublingual route in the upright position and monitored for a further 15 minutes. The test was considered positive if subjects developed syncope or presyncope with hypotension and or bradycardia. 5(8.3%) subjects had a positive test on PHUT alone and a further 26 (43%) following GTN. These data question the role of GTN provocation following PHUT in the diagnosis of neurocardiogenic syncope, as even in healthy older people with no previous history of syncope the positive rate is high.

IDENTIFYING AND REDUCING MEDICATION VARIANCE IN A VA GERIATRIC CLINIC

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Many geriatric clinic patients may not take medications as prescribed due to misunderstanding, forgetting, pharmacy error, and other correctable factors. PURPOSE: Determine the prevalence of variance between what is prescribed and what is taken, the reasons for the variance, and a system to reduce medication variance. METHOD: At clinic check in, patients met with a pharmacist who noted what each patient was taking, what was prescribed, and reasons for variance. After geriatric clinic, the provider completed a computer template of "Instruction Sheet for Patients" and gave the patient a printed copy. This template automatically inserts name, date, current medications, dose, provider name, phone number, and guidelines for exercise and for monitoring blood pressure and glucose. The template has sections for medications to be stopped or have dosage changed. Information can quickly be modified, deleted, or added. RESULTS: Of 46 patients screened by the pharmacist, 26 (56%) had medication variance. Of those with variance, a medication was not being taken by 27%, not as prescribed by 27%, and 58% were taking medications not currently prescribed. Patients appreciated clear written instructions. CONCLUSIONS: Patients in a VA Geriatric Clinic have a high prevalence of medication variance. We present a system that can prevent variance due to misunderstanding, forgetting or pharmacy error. This system can be adapted for use by any practice with a computerized database.

96

SELF AND SOCIAL RELATIONS: CULTURAL AND HISTORICAL CONTEXTS

Toni C. Antonucci, The University of Michigan, Ann Arbor MI 48106-1248

Participants

K.J. Hyun & H. Akiyama (University of Michigan, Ann Arbor, MI 48109) Culture, Self-Esteem, and Aging: Self-Enhancement in the U.S. and Self-Criticism in Japan

K. Katagiri (Department of Social Psychology, University of Tokyo, Hongo, Bunkyo-du, Tokyo, Japan, 113-0033) Reconstruction of Social Network: A Challenge to Japanese Male Retirees

J.E. Lansford & H. Akiyama (The University of Michigan, Ann Arbor, MI 48106-1248) Social Relationships and Well-being of Japanese and American Adults: A Qualitative Approach

M. Janevic & K.J. Ajrouch (The University of Michigan, Ann Arbor, MI 49106-1248) Social Networks and Social Support: Black-White Differences in Three Age Groups

A.C. Tarnowski & T.C. Antonucci (University of Michigan, Ann Arbor, MI 49106-1248) Social Relationships in the United States: Historical Patterns in Aging across a 35 Year Period

Discussant

Jacqui Smith, Max Planck Institute - Berlin, Berlin, Germany

This symposium examines self and social relationships across culture, age and historical time. The individual's conceptualization of self, adaptation to life transitions, and social interactions are shown to be influenced by cultural milieu or historical period. Findings represent results from different countries, methodologies and analytic strategies. Representative findings include the following: Similar age differences in self-esteem are evident in the US and Japan, Japanese customs influence the most successful adaptation patterns to retirement, both Japanese and US older people recognize both positive and negative aspects of friendships more than younger people, while US Blacks and Whites report an equal number of close relationships, Whites report more people in their network than Blacks. And finally, examination of social networks over historical time periods demonstrates significant changes in the pattern of social interactions over time.

CULTURE, SELF-ESTEEM, AND AGING: A STUDY OF WHITE AMERICANS AND JAPANESE

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A growing body of research indicates that tendencies to possess, enhance, and maintain positive self-views commonly found in the U.S. are greatly attenuated and, in some cases, completely reversed in non-Western, especially East Asian Confucian, cultural contexts. Yet few of these studies have made an effort to understand such cultural differences in self-regard within life-span developmental contexts. We examined how selected self-views such as positive self-regard (common in the U.S.) and critical self-regard (widespread in Japan) vary across the life cycle, with a focus on the developmental effects of culture-bound living and "selving" on older adults' self-esteem. We expected that the hierarchical age-graded social system in Japan would promote a sense of an autonomous self with age, and, in turn, contribute to older Japanese's self-esteem. Data were drawn from a cross-national survey, and included 1,050 White Americans aged 13-93 and 1,641 Japanese aged 13-96. Findings 'indicate that in both countries the patterns of change in level of self-esteem across 6 different age groups were similar. The youngest teen-age group (aged 13-19) had the lowest average level of self-esteem, and the age group before retirement (aged 50-64) showed the highest average level of self-esteem. However, differences in the average levels of self-esteem between age groups were greater for the Japanese than for the White Americans. The hierarchical regression analyses showed that age was a significant predictor of self-esteem for both groups. As predicted, the significant age effect on self-esteem for the Japanese sample was in part mediated by autonomy. Funded by NIA grant T32-AG0017

Reconstruction of Social Network A Challenge to Japanese Male Retirees

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The lifetime employment system of Japanese companies has made the relationship between companies and their employees extremely strong Companies provide them with a wide range of psychosocial resources, as well as economic resources Consequently, many Japanese men experience a great deal of difficulty in adapting to retirement Since little research has been done, this study was intended to generate a model for explaining the adaptation process of Japanese retirees There were two objectives 1) to empirically assess the effect of retirement; and 2) to identify critical factors facilitating successful transition Focus groups were conducted with Japanese male retirees Retirees from white-collar and blue-collar jobs were grouped separately A systematic content analysis was conducted with the tape-recorded statements Negative effects of the retirement on self-esteem, depression and physical condition, much exceeded positive effects Though most gerontological studies have referred to retirement in light of economic problems, role transition and status loss, the focus group data indicate the importance of social network For successful retirement it is critical to reconstruct a new network for making up the old work-related network Some expand an existing network Others join or form new groups It seems to be important for Japanese to belong to groups Japanese retirees may not be able to fully enjoy the freedom from their companies and rather seek new groups, which continue to place them under group restraints

SOCIAL RELATIONSHIPS AND WELL-BEING OF JAPANESE AND AMERICAN ADULTS: A QUALITATIVE APPROACH

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The influence of family relationships on friendships, and the influence of family relationships and friendships on the well-being of adults in the United States and Japan were investigated using data from focus group discussions. Data from 12 groups will be presented--6 from each country, split into homogenous gender and age groups (20- to 30-, 40- to 50-, and 60- to 70-year-olds). Discussions were guided by open-ended questions eliciting participants' thoughts about how their family relationships have influenced their friendships, whether some relationships are able to compensate for others, and how transitions in their lives have influenced their social relationships. Discussion of the findings focuses on comparisons across gender, age groups, and cultures. For example, older women focused on both positive and negative aspects of relationships rather than discussing them in more unidimensional terms as younger women did. In addition to presenting substantive findings, the benefits of using focus group methodology as a means of studying social relationships will be discussed.

SOCIAL NETWORKS AND SOCIAL SUPPORT: BLACK-WHITE DIFFERENCES IN THREE AGE GROUPS

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Black-White differences in network composition and in support provided by network members are not consistent across age groups, and are least evident among those in the oldest group. We report findings from the Survey on Social Relations, which included a representative sample of 1382 respondents age 20-93. Individuals 60 and above were oversampled and African Americans comprised 30% of the total sample. Extensive data were gathered on network structure, type of support, and the perceived adequacy of support. Analyses were conducted on three age groups: 20-39; 40-59; and over 60. Results indicate, for example, that although there are no Black-White differences in the number of people considered closest to the respondent, Blacks do have smaller overall networks in the youngest age group. In the youngest and middle age groups, Whites are more likely to be married, have a lower proportion of women in their networks, and have greater frequency of contact with network members. These Black-White differences disappear, however, in the age group over 60. A similar pattern is present in select measures of social support from close network members. These findings are significant after controlling for education and gender, and suggest a possible age or cohort effect on Black-White differences in social relations.

SOCIAL RELATIONSHIPS IN THE UNITED STATES: HISTORICAL PATTERNS IN AGING ACROSS A 35 YEAR PERIOD

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While patterns of cross-sectional and longitudinal differences in social support have been noted, these findings are best interpreted in the larger context of historical change. This study examines age, cohort and historical differences in social interaction and indicators of successful aging. It has been noted that older individuals report smaller social networks and less social activity than do younger individuals. However, this pattern may be indicative of higher levels of social activity among younger cohorts, individual change across time, historical changes in social relations, or a combination of these influences. Analyses which explore the interaction of age, cohort and historical change are needed in order to examine the multiple influences on social behavior. This study uses data from both waves of Americans View their Mental Health and from the National Survey of Families and Households. Together these samples span a 35 year period. Data from these three studies were used to examine historical and age-related changes in social interaction and the relationship between social interaction and successful aging at each time of measurement. Analyses reveal distinct historical and age-related patterns in social interactions over the 35 year period. Frequency of contact with friends and family declined from 1957 to 1992. This pattern was true for all but the oldest age group for whom frequency of contact did not differ across time. In addition to historical changes, there were age differences in the frequency social interactions. Across each time of measurement young adults reported the highest frequency of contact and frequency of contact was lower for each age group into middle age.

97

QUALITY OF LIFE IN ALZHEIMER'S DISEASE: LONGITUDINAL RESEARCH AND IMPLICATIONS FOR CARE.

R.G. Logsdon, Dept. of Psychosocial & Community Health, University of Washington, Seattle, WA 98195-7263.
S.M. Albert, G.H. Sergievsky Center, Columbia University, New York, NY, 10032.

Participants:

S.M. Albert, C. Castillo-Castaneda, D.M. Jacobs, M. Sano, K. Marder, J. Brandt, M. Albert, Y. Stern (G.H. Sergievsky Center, Columbia University, New York, NY, 10032) Longitudinal Study Of Proxy-Reported Quality Of Life In Alzheimer's Patients.

C.E. Selai, R.J. Harvey, M.R. Trimble, & M.N. Rossor (National Hospital For Neurology and Neurosurgery, Queen Square, London WC1N 3BG). Assessing QOL in Dementia: the Queen Square project.

R.G. Logsdon, L.E. Gibbons, L. Teri, & S.M. McCurry (Univ. of Washington, Seattle, WA 98195-7263) Quality Of Life In Alzheimer's Disease: Longitudinal Perspectives.

K. Ruckdeschel, K. Van Haitsma, M.P. Lawton, & M. Reyes (Philadelphia Geriatric Center, Philadelphia, PA 19141) The Repeated Measurement Of Nursing Home Residents' Emotions During Psychosocial Interventions.

J.A. Teresi[1,2], Xinhua Liu[3], Jian Kong[1], D. Holmes[1], ([1]Hebrew Home for the Aged at Riverdale, Riverdale, NY 10471, [2]Columbia University Stroud Center and New York State Office of Mental Health, Department of Geriatrics [3]Columbia University and New York State Office of Mental Health, Division of Biostatistics) Behavioral Outcomes Associated With Residence In Traditional Units Vs. Special Care Units For Alzheimer's Disease.

Discussant:

Gene D. Cohen (Center on Aging, Health & Humanities, George Washington University, Washington, DC, 20037)

Alzheimer's disease (AD) profoundly affects the quality of lives (QOL) of affected individuals and their caregivers. Recent advances in measurement have led to the availability of tools for assessing QOL in AD, but little is known about changes in QOL over the progression of the disease. This symposium provides an overview of recent American and British longitudinal research on QOL in AD, using a variety of assessment strategies. The first three presenters provide longitudinal data on QOL of community residing individuals with AD across three or more time points. The second two presenters focus on the impact of psychosocial and environmental interventions on QOL of individuals in residential care facilities. The discussant will address strategies for using current and future research to guide the development of treatment and care strategies that enhance QOL for individuals with AD and their caregivers throughout the course of the disease. (Sponsored by the Alzheimer's Disease Research Interest Group.)

LONGITUDINAL STUDY OF PROXY-REPORTED QUALITY OF LIFE IN ALZHEIMER'S PATIENTS

S.M. Albert, C. Castillo-Castaneda, D.M. Jacobs, M. Sano, K. Marder, J. Brandt, M. Albert, Y. Stern, Gertrude H. Sergievsky Center, Columbia University, P&S Box 16, 630 West 168th St., New York, NY 10032.

Proxy-reports of patient activity and affective expression offer insight on the quality of life of people with Alzheimer's disease (AD); however, these reports have not been assessed prospectively. We obtained reports every 6 months from 149 long-term caregivers of patients meeting criteria for AD (mild, n=25; moderate, n=68; severe+, n=51; n=5, unclear). 116 provided 3+ reports, representing 1 year of follow-up. Reports of patient activity (total activities, number of activities outside the home, onset of null activity [0 or 1 activity out of 15]) were strongly related to disease course. Over 4.5 years of follow-up, 80% of patients with initially mild disease performed 2+ activities, compared to only 45% and 40% of those with moderate or severe disease ($p < .05$ and $p < .01$, respectively). The activity measure predicted mortality independently of ADL status. A conjoint measure of affect and activity was also related to disease status in cross-sectional and longitudinal analyses. We conclude that this proxy-reported QOL measure is an important source of information on the course of AD.

ASSESSING QOL IN DEMENTIA: THE QUEEN SQUARE PROJECT.

C.E. Selai, R.J. Harvey, M.R. Trimble, & M.N. Rossor (National Hospital For Neurology and Neurosurgery, Queen Square, London WC1N 3BG).

We have developed a generic, individual, patient-centred quality of life (QOL) assessment technique, the Quality of Life Assessment Schedule (QOLAS) which we have used to assess the QOL of patients with a number of neurological disorders. After pilot testing, we further refined this method for use in patients with dementia. Preliminary results of the psychometric testing, e.g. construct validity, were good. In patients with mild dementia, the QOLAS correlated with the MMSE. We report the results of a prospective, follow-up study to look at changes in QOL over one year. Patients and their main carer are interviewed 3 times: at baseline, at 6 months follow-up and one year from baseline. The interviews have three components: the patients are interviewed about their own QOL, the carer is interviewed about the QOL of the patient and the carer is also interviewed about their own QOL. The interview and questionnaire battery comprises the QOLAS and a number of other measures of QOL/health status. We report our qualitative and quantitative results and discuss a number of methodological issues which arose such as (i) the most appropriate cut-off score of the MMSE at which point patient self-report is no longer possible; (ii) the conceptual and practical problems in assessing 'reliability' and 'stability' of patient self-report and (iii) statistical issues concerning attrition and missing data.

QUALITY OF LIFE IN ALZHEIMER'S DISEASE LONGITUDINAL PERSPECTIVES. R.G. Logsdon, L.E. Gibbons, L. Teri, & S.M. McCurry. Department of Psychosocial and Community Health, University of Washington, Seattle, WA 98195-7263.

Although cognitive and behavioral changes in Alzheimer's disease (AD) are commonly recognized, changes that occur in the quality of life (QOL) of affected individuals are largely unexamined. This investigation is following 170 community residing individuals with AD, assessing QOL and related constructs every six months. QOL-AD scores appear to remain stable at baseline, 6 and 12 month assessments (means=37.9, 38.2, and 37.1 respectively, for patient report, and 32.8, 33.1, and 32.1, respectively, for caregiver report). However, when QOL-AD change scores are calculated, there is considerable variability among subjects, with 20% of subjects showing a decrease in QOL-AD scores of a standard deviation (5 points) or more, and 15% showing a similar increase in scores. Baseline characteristics that predict changes in QOL at 6 months include patient depression, caregiver burden, and patient functional level. Baseline characteristics predictive of changes in QOL at 12 months include patient depression, caregiver depression, patient function, and patient participation in pleasant events. As additional longitudinal data become available, interventions that target the most salient issues can be developed to preserve QOL throughout the course of AD.(Supported by the Alzheimer's Association and National Institute on Aging.)

THE REPEATED MEASUREMENT OF NURSING HOME RESIDENTS' EMOTIONS DURING PSYCHOSOCIAL INTERVENTIONS

Katy Ruckdeschel, Kimberly Van Haitsma, M. Powell Lawton, & Maureen Reyes, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

CNAs from eight nursing home units (N = 100) delivered a 10-minute, one-to-one, psychosocial intervention to demented residents (N = 87), three times per week for two weeks. Each resident received at least five interventions. Residents scored 24 or lower on the MMSE and had a diagnosis of dementia. On four of the units, CNAs delivered a leisure activity intervention that was tailored to their assigned resident's preferences. On the other four units, CNAs conducted an attention-control intervention that was invariant across residents and involved simply making conversation. We observed and recorded information regarding residents' emotions during 516 interventions. An examination of group differences in the trajectory of emotion across the five sessions revealed that residents receiving the individualized intervention demonstrated more pleasure and less sadness over time. Residents receiving the attention-control intervention showed no change in pleasure and a curvilinear pattern of change for sadness. Methodological issues include the reliability of real-time versus estimated affect ratings and the use of mutually exclusive emotion categories. Supported by Alzheimer's Association/ Tacrine Fund Pilot Research Grant #TRG-95-006.

BEHAVIORAL OUTCOMES ASSOCIATED WITH RESIDENCE IN TRADITIONAL UNITS VS. SPECIAL CARE UNITS FOR ALZHEIMER'S DISEASE. Jeanne A. Teresi[1,2], Xinhua Liu[3], Jian Kong[1], Douglas Holmes[1]. ([1]Hebrew Home for the Aged at Riverdale, 5901 Palisade Avenue, Riverdale, NY 10471 [2]Columbia University Stroud Center and New York State Office of Mental Health, Department of Geriatrics [3]Columbia University and New York State Office of Mental Health, Division of Biostatistics)

The National Institute on Aging Collaborative Studies of Dementia Special Care were multi-site studies of quality-of-life outcomes associated with residence in Special Care Units (SCUs) in contrast to traditional units. Behavioral data from the New York State sites will be presented. This was comprised of a probability sample of SCU and traditional residents drawn from a probability sample of 22 nursing homes in New York State. Three waves of longitudinal data were collected using several behavioral sources: observational, nurse informant and chart (Minimum Data Set). Data were collected on 851 people (627 in SCUs and 224 in non-SCUs); the n's were 667 for first follow-up, and 604 at second-follow-up. Two models were applied to the data: an adjacent change model and a variant of a random effects model.

98

GSA PUBLIC POLICY COMMITTEE SYMPOSIUM: HERBAL REMEDIES AND NUTRITIONAL SUPPLEMENTS: CURE-ALLS OR SNAKE OILS? PUBLIC POLICIES ON SAFETY AND EFFICACY.

D. Wilson, Biology, Univ. of Miami, Coral Gables, FL 33124-0421; organizer.
Participants:
J. McDonald, Food and Drug Administration.
M. Doraiswamy, Duke Univ.
Khwaja, PharmaPrint, Inc.
M. Blumenthal, American Botanical Council.

Americans spent almost $12 billion on dietary supplements last year, yet there is little regulation of the industry. Especially appealing to the elderly, claims for such supplements include better memory, lower blood pressure, improved wound healing, control for enlarged prostate, improved immune system function, and reduced cholesterol. In 1994, the U.S. Congress passed the Dietary Health and Education Act, which greatly limited FDA regulation of herbs and other dietary supplements. What can or should be done to assure that these "remedies" are safe and that advertising claims made about them are correct?

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Should the FDA establish a committee to review applications for herbs and nonprescription, over-the-counter drugs? Is it important to purify and test the various ingredients of herbal remedies, as PharmaPrint does? How can NIH trials on herbal remedies help? Presentations by the speakers will be followed by a panel session with questions from the audience.

99

RELIGIOUS FACTORS AND HEALTH/WELL-BEING OUTCOMES: CONCEPTUAL AND METHODOLOGICAL ISSUES IN GERONTOLOGICAL RESEARCH.

L.M. Chatters, Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor, MI 48109.

Participants:

E. Idler, M. Musick and the NIA/Fetzer Working Group (Institute for Health Care Policy and Aging Research, Rutgers University, New Brunswick, NJ 08903) The NIA/Fetzer Measure of Religiousness and Spirituality: Background and Findings from the 1998 General Social Survey.

M. Musick, D.R. Williams (Dept. of Sociology, University of Texas, Austin, TX) Forgiveness and Well-being: Findings from a National Sample.

K.D. Lincoln (Joint Doctoral Program in Social Work and Sociology, University of Michigan, Ann Arbor, MI 48109) Stress, Church Support and Physical Health Among African Americans.

D. Brown (College of Urban, Labor and Metropolitan Affairs, Wayne State University, Detroit, MI 48202) Faith and Fatalism as Religious Predictors of Health Care Among Older African Americans.

Discussants:

L.K. George (Sociology Dept. and Center for the Study of Aging and Human Development, Duke University, Durham, NC 27708-0088).

J.S. Jackson (Psychology Dept. and Institute for Social Research, University of Michigan, Ann Arbor, MI 48106).

The use of religious variables in gerontological research poses a number of important conceptual and methodological issues. Using examples from selected research projects, panel members describe a number of salient issues related to the conceptualization, operationalization, measurement, and analysis of religious involvement variables across diverse samples of the population. Consideration is given to the potential significance of these issues for models of the interrelationships among religion, race, and health outcomes.

RELIGIOUS FACTORS AND HEALTH/WELL-BEING OUTCOMES: CONCEPTUAL AND METHODOLOGICAL ISSUES IN GERONTOLOGICAL RESEARCH.

L.M. Chatters, Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor, MI 48109

Objectives

1. Explore the conceptual, methodological, and analytic issues involved in research on religion and health/well-being.

2. Describe various conceptual and analytic models of the relationships among religion and health/well-being.

3. Explore the significance of various models of these interrelationships for discussions of religion and health in diverse populations.

THE NIA/FETZER MEASURE OF RELIGIOUSNESS AND SPIRITUALITY: BACKGROUND AND FINDINGS FROM THE 1998 GENERAL SOCIAL SURVEY

E. Idler, M. Musick and the NIA/Fetzer Working Group
Institute for Health Care Policy and Aging Research, Rutgers University, New Brunswick, NJ 08903

Progress in studying the relationship between religion and health has been hampered by the absence of an adequate measure of religiousness and spirituality. Reports in the literature frequently rely on one or two items at most, and are often limited to the dimension of attendance at worship services, neglecting more subjective aspects of spirituality. This paper reports on the conceptual and empirical development of an instrument to measure religiousness and spirituality, intended explicitly for studies of health. It is multidimensional to allow for multiple possible mechanisms of effect, brief enough to be included in clinical or epidemiological surveys, inclusive of both traditional religiousness and non-institutionally-based spirituality, and appropriate for diverse Judeo-Christian populations. The measure was tested in the 1998 General Social Survey (N=1445). Nine dimensions have indices with acceptable-to-good internal consistency, including public religious activities, private religious activities, congregation benefits, congregation problems, positive religious coping, negative religious coping, religious intensity, forgiveness, and daily spiritual experiences, and single items tap religious commitment, beliefs and values, religious history, and affiliation. Analysis shows that elderly respondents in this national sample report higher levels of public and private religious activities, watch more religious programming on TV, report more frequent daily spiritual experiences, and are more likely to believe in an afterlife.

FORGIVENESS AND WELL-BEING: FINDINGS FROM A NATIONAL SAMPLE

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D.R. Williams, Institute for Social Research, University of Michigan, Ann Arbor, MI 48106

Although research on religion, spirituality and health has increased considerably over the past decade, several areas of inquiry remain largely unexplored. One such area involves the relationship between forgiveness, mental health and physical health. In the few studies in this area, it is surmised that persons who are more forgiving will have better physical and mental health outcomes. To date, this hypothesis has received little support based on representative samples of adults. This study addresses this gap in the literature by using nationally representative data collected by the Survey of Consumers. The measurement of forgiveness includes fourteen items, tapping concepts such as forgiveness of self, forgiving others, and feeling forgiven by God. Factor analyses of the fourteen items indicate a four-factor structure. Each of these factors has good internal consistency and appear to be valid indicators of forgiveness. This paper will report the psychometric properties of the scales by race and age and will demonstrate how they relate to health and well-being.

STRESS, CHURCH SUPPORT AND PHYSICAL HEALTH OUTCOMES AMONG AFRICAN AMERICANS

K.D. Lincoln Joint Doctoral Program in Social Work and Sociology, University of Michigan, Ann Arbor, MI 48109

A small but growing body of research examines the relationship among stress, religious involvement and health status among African Americans. While studies examining mental health outcomes provide strong evidence for the important relationship between stress and religion in promoting well-being, evidence relating stress and religious involvement to physical health outcomes remains tenuous. This paper will empirically document the role of religion in the stress process by identifying and operationalizing an important function of religion, church-based social support, and investigating its protective functions on health outcomes among African Americans. Specifically, the degree to which support from church members buffers the impact of stressful life events on physical health for African Americans will be examined by testing two theoretical models. Findings reveal that aspects of church support were differentially related to health outcomes.

FAITH AND FATALISM AS RELIGIOUS PREDICTORS OF HEALTH CARE USE AMONG OLDER AFTICAN AMERICANS

D. R. Brown, (College of Urban, Labor and Metropolitan Affairs, Wayne State University, Detroit, MI 48202) Although African Americans tend to express greater religious involvement than their Caucasian counterparts, not a great deal is known about how specific religious beliefs affect the utilization of health care services. A number of studies have suggested that fatalistic health beliefs such as "illness is God's will" serve as a deterrent to the use of the health care system. Yet, some studies have found that African Americans involved in religious activities were more likely than others to engage in health promoting behaviors. The purpose of this analysis is to examine the relationship between specific religious beliefs and the use of health care services among older African Americans. The data come from a probability sample of 500 African Americans, 40 years+ living in a major city. The dependent variables include having a routine physical check-up, engaging in cancer screening, and enrolling in a clinical trial. Findings are discussed with regard to implications for use of health care services by older African Americans as well as for conceptual and methodological issues in studying religious variables.

100

The LINKAGE BETWEEN PARENT-CHILD RELATIONS AND THE MORTALITY RISK OF OLDER PARENTS--EVIDENCE FROM A LONGITUDINAL STUDY OVER 13 YEARS

H.Wang, M. Silverstein, V.L. Bengtson, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191.

In this paper we examine the effects of affectional solidarity and functional support in parent-child relationships on the mortality risk of older parents. We hypothesize that an affectionate relation with children and receipt of functional support from children reduce pathogenic stress among elderly parents, thereby enhancing their ability to survive. We analyze the 13-year survival data for 220 elderly parents in the USC Longitudinal Study of Generations collected in 1985, 1988, 1991, 1994 and 1997. Results from Cox regression models indicate that both the closeness in parent-child relations and the functional support from children significantly reduce the mortality risk of the elderly parents ($p<0.05$), after controlling for gender, age, marital status, education, and health. We conclude that the physical health of older parents is directly benefited from the stress reduction associated with close parent-child relationship and functional support from children.

Assessing the Intergenerational Relationships of Spouses of Lung Cancer Patients. D.King, S.Basler, P.Duberstein, C.Cox, University of Rochester Medical Center, 300 Crittenden Blvd., Rochester, NY 14642.

Family factors are known to influence adjustment to major medical illness, yet little is known about the quality of the intergenerational relationships of older adults facing serious medical illness. We developed three self-report measures of the quality of the relationship between 35 spouses of lung cancer patients and their adult offspring as part of a larger study of factors influencing the mental health of these older adults. The Open Communication (OC) scale assessed the degree to which the spouse and child discussed aspects of the cancer. Filial maturity (FM) assessed the willingness of adult offspring to help their parents, as well as the parents' willingness to accept help. Conflict (CON) assessed the degree of criticism versus acceptance in the relationship. The OC, FM and CON scales were found to have high inter-item reliability (Cronbach's alphas of .76, .74 and .82, respectively). The cancer patients and their spouses tended to agree on ratings of intergenerational OC (r=.39; p=.06) and CON (r=.39; p=.05), even though they frequently disagreed as to which child was most involved with the illness. There were significant correlations between the intergenerational measures and subscales of the Duke Social Support Inventory. We concluded that these scales were useful and valid measures for assessing the quality of intergenerational relationships in the context of serious medical illness.

LONGITUDINAL ANALYSIS OF SIBLING SUPPORT IN PARENT CARE.

J. Caroline Bookout, Adam Davey, & Lisa M. Belliston. Child & Family Development, University of Georgia, Athens, GA 30602-3622.

The life course perspective of human development suggests individuals undergo a sequence of socially defined roles and events that are enacted and recast over time. Sibling relationships are a fluid role, reassuming critical importance in later life, connected to life events such as "empty nest" or widowhood, however, little is known about contact and assistance between siblings around the transition to parent care. Life course theory emphasizes social context and change, but most previous research on family caregiving tends to ignore longitudinal and familial contexts in which care is provided. As part of an ongoing program of research, we examined predictors of sibling support and contact among individuals over a 5-year period for individuals providing parent care. Data were drawn from the two waves of the National Survey of Families and Households on adults with parent-care responsibilities and at least one living sibling (N=630, 63% women, MAge = 41.4 years). Results suggest past levels of support from siblings, contact frequency, and feelings of closeness to sibling(s) are more important in predicting help and contact between siblings following the transition to parent care than are family structure characteristics such as number of siblings or residential propinquity. Findings are consistent with previous studies, which show that sibling assistance is a reflection of prior family histories. Implications for caregiving research and interventions are discussed.

NEEDS, RESOURCES, AND THE NATURE OF PARENT-CHILD RELATIONSHIPS IN LATER LIFE.

Lisa M. Belliston, Adam Davey & J. Caroline Bookout. Child & Family Development, University of Georgia, Athens, GA 30602-3622.

Study of parent-child relationships across the adult life-span has come to full fruition. We are rapidly gaining fuller appreciation for correlates and consequences of routine flows of assistance (i.e., functional solidarity) between generations. Predictors of other forms of intergenerational solidarity, however, have generally received less attention in the research literature. Working from a contingent exchange perspective, we examine the relationship between needs and resources of both older parents and their adult children as predictors of five kinds of intergenerational solidarity: functional, structural, associational, affectional, and normative. Additionally, we examine the role of these forms of solidarity for psychological well-being of both generations, with an eye toward explanatory mechanisms. Longitudinal data from 3,320 adult children (M_{Age} = 43 years, 58% women, 12% African American, 4% Hispanic) and cross-sectional data from their parents (M_{Age} = 65 years, 65% women) were drawn from the National Survey of Families and Households to address our research questions. Results suggest that both needs and resources of both generations are important for predicting each dimension of solidarity, and may serve as partial explanation for the shifting balance in intergenerational relationships across adulthood. Impllications for theory are considered.

PERSONALITY, RELATIONSHIP CLOSENESS AND LONELINESS OF THE OLDEST OLD AND THEIR CHILDREN.

[1,2] M. Valora Long (86 LeBaron, Ames, IA 50010), [1] Peter Martin. [1]Iowa State University, Ames 50100; [2]University of Heidelberg (Germany)

The purpose of this study was to examine parent-child relationships in late life. The first part of the study (i.e., quantitative) consisted of 100 parent-child dyads. Personality, attachment, and dimensions of solidarity were hypothesized to predict loneliness for oldest olds (i.e., 85 years of age and older) and their children. In the second part of the study, data from members of four intergenerational family units (including all children) were used to explore factors that influenced relationship closeness over the life span. Data were analyzed for the first part of the study using bivariate correlations, multivariate analyses of variance to examine generational differences on relationship closeness, and path analyses computed with AMOS to assess the structural relations among the variables. Results from the quantitative study indicated that across generations, children's affective solidarity reduced their parents' loneliness while children's loneliness was not predicted by their parents' relationship to them. Intragenerationally, associative solidarity and good health negatively predicted oldest olds' loneliness. Attachment positively predicted affective solidarity, while anxiety negatively predicted affective solidarity. Personality was a predictor of loneliness for both children and their parents. In addition, children's loneliness was predicted by good health and quality of friendships. Attachment to parents positively predicted affective, associative and normative solidarity. The qualitative study identified life events, education, financial status, friendships, marriage, social roles of parents and children, and individual and environmental factors as influential on relationship closeness between oldest old and their adult children. (BSS-6)

101

PARENT-CHILD RELATIONSHIPS IN OLDER FAMILIES: REPORTS FROM BOTH GENERATIONS

Dorothy Field (University of California at Berkeley)

Participants:

R. Giarrusso & D. Feng (Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089). The influence of Life Transitions on the Intergenerational Stake Phenomenon.

J. E. Jacobs & J. L. Tanner (Human Development and Family Studies, Penn State University, 110 South Henderson, University Park, PA 16802). Stability and Change in Perceptions of Parent-Child Relationships.

D. Field (Institute of Personality and Social Research, 4143 Tolman Hall, University of California, Berkeley 94720). Stability and Change in Relationships Between Older Parents and Their Children: A 36-Year Longitudinal Study.

P. M. Usita (Child Development & Family Studies, Purdue University, West Lafayette, IN 47907). Social Ecological Influences on Perceived Mother-Daughter Closeness.

Discussants:

R. Blieszner (Virginia Polytechnic & State University)

K. Fingerman (Pennsylvania State University)

Quality of the relationships between older parents and their children has been of considerable theoretical and practical interest to gerontologists for many years. Yet studies that examined this relationship by interviewing both parents and children are surprisingly few, and longitudinal studies of continuity and change in parent-child relationships are scarce indeed. Four studies will present new information showing that (1) life transitions can predict change in magnitude of parent-child affection; (2) the experience of being trusted in adolescence predicts greater warmth and closeness in young adulthood; (3) change in relationships is influenced by historical events that can affect even the most intimate family feelings; and (4) cultural differences, even a language barrier, can negatively affect intimacy. Clearly, parent-child relationships do not occur in a vacuum, and the events that influence them are many and varied.

THE INFLUENCE OF LIFE TRANSITIONS ON THE INTERGENERATIONAL STAKE PHENOMENON

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The "intergenerational stake" phenomenon was first discovered over two decades ago: parents and their young adult children differ significantly in their descriptions of their joint relationship--parents consistently report more favorable evaluations of their relationship than their children. Although this finding has been replicated in a number of studies, the reason for this generational bias in perceptions has gone unanswered. The purpose of this study is to use longitudinal data to examine the whether life transitions over a 17-year period influence the degree to which parents and children differ in their reports of mutual affection. The data for this study come from 249 G2-G3 parent-child dyads from the USC Longitudinal Study of Generations (1971-1988). Life transitions, such as a change in marital or health status, as well as demographic characteristics such as the gender of parent and child, are used to predict the magnitude of parent-child differences in ratings of mutual affection in 1988, controlling for the the magnitude of parent-child differences in affection in 1971. The results reveal a significant degree of continuity in the intergenerational stake phenomenon over the 17-year period. Further, residualized change in the phenomenon is significantly influenced by the life transitions and the gender of both parents and children

STABILITY AND CHANGE IN PERCEPTIONS OF PARENT-CHILD RELATIONSHIPS

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Relationships between parents and their children go through major changes as adolescents become more autonomous and make the transition into adulthood; however, little longitudinal data that focuses on the changing nature of the relationship during this critical transition has been available. The goals of this study were to examine 1) young adult-parent relationships as a function of diverse patterns of earlier parent-child relationships and 2) variations across mother-daughter, father-daughter, mother-son, and father-son relationships. 600 children and their parents participated in this longitudinal study. Children were surveyed at ages 13, 14, 15, 16, 17, 18, 22, and 25. Cluster analyses revealed 4 consistent trajectories of trust and respect during adolescence that predicted to warmth and closeness during young adulthood. Children who felt trusted throughout adolescence reported significantly greater closeness to both mothers and fathers during early adulthood and less conflict with mothers than those who experienced long-term lack of trust or changes in perceptions of trust during adolescence. Adult daughters and sons discussed education, job, family plans, and personal problems significantly more with mothers than fathers. Amount of discussion and topics also varied by gender and early relationship patterns, with daughters who had experienced long-term lack of trust during adolescence appearing significantly more alienated from their parents as young adults than sons who had similar experiences.

STABILITY AND CHANGE IN RELATIONSHIPS BETWEEN OLDER PARENTS AND THEIR CHILDREN: A 36-YEAR LONGITUDINAL STUDY.

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Members of the Berkeley Older Generation Study and their children were independently interviewed at three life stages about their relations with each other: Time 1 (1945-1947) when the parents were Middle Aged and the children were Adolescent, Time 2 (1968-1970) when parents were Young-Old and children Young Adults, and Time 3 (1982-1984), when Old-old/Middle Aged. Reports by parents (ratings of friendly relations, bond, closeness, and approval of child) were remarkably stable over three time periods, with very little change in mean level. Reports by children (ratings of friendly relationship, bond, closeness, and involvement) were far more volatile. Contrary to expectations, no "intergenerational warfare" was found in Adolescence, and the expected increase in understanding parents' perspectives was not found in Young-adulthood. By Middle age, however, children had come to terms with their parents and had fashioned new stable and practical relations with them. As expected, parents were more positive than children, yet reports by parents *and* children were rated as average or better at all three time periods. These results will be interpreted in terms of the historical events that affected even the most intimate familial feelings at all three time periods.

SOCIAL ECOLOGICAL INFLUENCES ON PERCEIVED MOTHER-DAUGHTER CLOSENESS.

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Closeness is an important dimension of parent-child relationship quality. Cultural beliefs and practices, language and communication practices, and beliefs about women's roles are social ecological factors that may affect relationship closeness. At Time 1, 20 immigrant mothers raised in Japan and their US-born daughters reported on the influence of these social ecological factors (upbringing in distinct cultures, different native languages and communication practices, and beliefs about women's roles). At Time 2, four mother-daughter dyads participated in intensive interviews. Time 1 results indicated that (a) both mothers and daughters believed that their interchanges would be enhanced by daughters' better understanding of Japanese language and culture. (b) daughters, more than mothers, saw the language barrier as a negative effect on intimacy. (c) mothers and daughters negotiate their beliefs about women's roles. Time 2 results (a) reconfirmed findings from Time 1, and (b) found that changes in daughters' lives (e.g. births of children) positively influenced mothers' perceptions of relationship closeness. This research underscores the need to investigate social ecological influences on relationship closeness and emphasizes the need to examine the role of culture in women's relationships over time.

102

Understandings of successful aging in the context of migration: the case of Iranian immigrants to Sweden

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Cross-cultural gerontological inquiries into elders' understandings of successful aging have been so far characterized by culture-specificity. By this we mean that the understandings in question have only been studied in the specific cultural settings that have given them their meaning. Hence transcultural approaches to successful aging studies are lacking at present. By transcultural we mean approaches that ai[illegible] exploring how the process of migration (i.e. th[illegible]ing in-between cultures that this process pr[illegible]ses) challenges people's understandings of successful aging. The study on which this presentation is based departs from such an approach and from a culturally-relevant theoretical framework that we have designed in order to unveil the connection between value orientations and understandings of successful aging. On the basis of the framework and approach in question, scenario-based interviews have been conducted with 30 Iranian immigrants to Sweden in order to unveil the value orientations and understandings of successful aging regarding activity, relationships, man's relation to nature and time that these immigrants upheld prior to settling in Sweden as well as at present. In regards to the challenges that the process of migration poses to people's understandings of successful aging we have found that understandings regarding activity and relationships seemed to be the ones that are most clearly challenged by the process in question.

CONSEQUENCES OF MIGRATION FOR CUBAN ELDERS IN DADE COUNTY: PRELIMINARY FINDINGS

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In 1994, a study by the Southeast Florida Center on Aging indicated that there was a slightly higher degree of life dissatisfaction among Cuban elders in Dade County than among any other ethnic group. Concurrently, a needs assessment at a local hospital in a predominantly Cuban neighborhood of Dade found a high number of unnecessary hospitalizations of older persons due to apparent psychosomatic illness. Factors associated with mental wellbeing among the elderly, such as the maintenance of social ties and roles, often diminish or are lost among older immigrants. In addition, Cuban elders experience loss of country and social status, as well as different degrees of acculturation with younger generations. The purpose of this research is to investigate the cultural and social factors confronted by older Cuban immigrants in South Florida and how these affect their mental health. This paper reviews the preliminary findings of 12 months of fieldwork at the Pan American Hospital "Generations Club," which was opened to address some of the needs of elders in this community. Both quantitative multiple regression analysis and qualitative textual analysis of extended and structured interviews are being employed to identify the significant factors relating to the emotional well being and their articulation among older Cubans in this community. Several factors affecting the mental health of Cuban elders are investigated, including the lack of knowledge of the English language or American culture, and social service delivery in the United States, as well as, social isolation and loneliness experienced by many immigrants. Thus far, extended interviews indicate that depression, as well as anxiety disorders, are prevalent in this community. The probable social factors associated with these include widowhood, childlessness, intergenerational conflict and poor physical health.

TRANSNATIONAL ELDERS

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Elders from the less developed world have adopted patterns of circular migration between their homeland and the homes of immigrant children in the U.S. Visits are motivated mainly by the desire to maintain family and community ties and to assist grown offspring. In-depth interviews were conducted in Southern California with 20 transnational elders, ages 60 or older, who came from India, the Philippines, Pakistan, Lebanon, and Mexico. Informants reported facing challenges, including social isolation, health worries, and legal issues. For example, transnational elders confront complicated, sometimes conflicting, immigration, property, and welfare regulations in not one, but two countries. Their ambiguous legal status leads them to worry about trouble with authorities. Since transnational elderly will become more common, researchers on ethnic populations must address this transient population and appreciate the concerns influencing their participation in research. BSS-13

Construction of refugee experience in old age

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The purpose of this ethnographic study was to investigate how Estonian elderly in US who became refugees as young adults construe their refugee experience. The participants of the study were 30 Estonians (75-92 years) who fled their home country during the Soviet occupation in Word War II. The data were collected using in-depth interviews, participant observations in the Estonian community, publications, and archive materials. Data analysis was guided by the grounded theory approach. Four core categories emerged from the data: Remembering, True Estonianness, Self-sufficiency, and Rich Experience. The study revealed that the elderly have an astonishingly well developed and complex refugee identity which affects aging in interesting ways. Their life-worlds are saturated with various activities and symbols that recreate them as refugees even though their home country is now free and they have officially become immigrants.

The Effect of International Migration on Living Arrangements Among Mexico's Elderly

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Prior research has found that Mexican elderly are more likely to live in extended households than are their American counterparts. Analyses have typically been limited to predicting the effect of household members' marital status, sex, health, and labor force status on household structure. This research incorporates the effects of international migration experience and remittance receipt on the living and care arrangements of the elderly in Mexico. Annual migration to the United States is a significant source of family income in Mexico, and we argue that the elderly are likely to live in extended households in order to maximize remittances from children while pooling labor resources to make up for the absence of a family member. Data for this study come from two binational longitudinal studies of U.S.-Mexican migration. The first is the largest and longest-running study of U.S.-Mexican migration, and the second is an in-depth study specifically designed to collect detailed information on the relationship between international migration and economic and physical well-being. We predict the probability of living with adult children or in another complex arrangement, vs. living in a nuclear household given a family's migration history and remittance receipt. Recent migration experience by adult children predicts coresidence with other adult children, but remittance receipt does not have an effect on complex living arrangements. We interpret these results to mean that families cluster in extended households in order to minimize the negative effects of losing the immediate physical and fiscal resources that adult migrant children possess.

103

Attitudes of older adults toward persons with developmental disabilities

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Paralleling the rapid rise of the number of Americans over the age of 65 are the number of older adults with developmental disabilities. While communities recognize the need for services for this growing subpopulation of elders, there appear to be significant barriers toward integrating this group of individuals with well-elderly. A key to the lack of integration lies in the attitudes of non-disabled adults toward individuals with developmental disabilities. In the present study attitudes toward individuals with disabilities were measured in a group of participants at local Senior Activity Centers and compared with younger college-aged individuals. Younger adults had significantly more positive attitudes toward individuals with disabilities than did older adults. In addition the results showed that when contact with individuals with disabilities was controlled, older women had the least

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positive attitudes than any age or gender group. These results suggests that the current cohort of older adults, especially women, may have greater difficulty accepting older adults with developmental disabilities into the community services they currently use.

CURRENT AND FUTURE SUPPORT NEEDS AND PREFERENCES AMONG FAMILIAL CAREGIVERS OF ADULTS WITH DEVELOPMENTAL DISABILITIES

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Parental/familial caregivers of children or siblings with developmental disabilities often find their caregiving role extending into their retirement years. This is due to the increased life expectancy of older people in general and people with developmental disabilities as well as current trends toward deinstitutionalization. This study investigated health status, concerns for continuation of care, and expected future support needs of caregivers aged 55 or older caring for a developmentally disabled adult child at home. Investigation relied on in-depth, face-to-face interviews of 36 adults. Research issues included: caregiver health and burden, support service utilization and satisfaction, impact of the physical environment of the home on caregiving and care recipient independence, desired future care options, and supports needed during transition to another care setting. Results found caregivers reporting multiple health problems and significantly more emotional burden than physical burden, although physical burden correlated highly with caring for a child with a physical disability. Caregivers received minimal supports from other offspring and extended family. "Harder time getting through the day" correlated with poor caregiver health, emotional burden, and dissatisfaction with support services. Current support services were generally rated as inadequate. Caregivers were not particularly creative when discussing future placement. The majority of caregivers desired a group home or continued care at home with more support. Caregivers reported great concern for their children's future, but varied greatly on if and when they would like out-of-home placement. Both the impact of the physical environment and current and future support needs will be discussed. BSS-14

THE REACTIONS OF INSTITUTIONALIZED OLDER PEOPLE WITH DEVELOPMENTAL DISABILITIES TO A MOVE TO THE COMMUNITY

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The transition from a developmental center to a community setting can be difficult for anyone with a developmental disability (dd). For older adults, who have had longer institutional tenures, the transition can be particularly stressful. As part of a larger study of the transition process, response data were analyzed for a sub-sample of 13 former developmental center residents over the age of 52 and compared to the responses from the overall sample. All members of the sub-sample had intellectual impairments and eight also had physical ones, such as cerebral palsy and seizure disorders. Results found that older persons with dd were inclined to rate their former institutions more negatively, while equal percentages reported positive expectations about moving to the community. Older people felt considerably less prepared for the move and felt they needed more assistance than the general sample. Older people were also more likely to mention that it would have been helpful to know more about the move in advance. Immediate responses of older people to their new community settings indicated that they were less likely to find new housemates welcoming and more likely to report adjustment problems. However, since the move, older people felt equally "settled in" or "at home," rated their new place equally positively, especially compared to their former institution, and were as glad they moved to the community as the general sample was. Findings indicate the special needs for thorough pre-move preparation and post-move orientation for older people with dd who are transitioning from institutions to community-based settings. BSS-14

PATTERNS OF BEHAVIOR AND SERVICE UTILIZATION AMONG A NATIONAL SAMPLE OF OLDER ADULTS WITH DOWN SYNDROME.

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One of the most serious problems emerging with an increase in life span among adults with Down syndrome is dementia of the Alzheimer type. It is presumed that 100% of individuals with Down syndrome exhibit neuropathological markers of Alzheimer's disease beginning around 40 years of age. However, the extent to which these neuropathological changes result in cognitive and behavioral decline remains unclear. Longitudinal and cross-sectional studies have estimated the prevalence of functional dementia among the population of adults with Down syndrome to range from 0% to 75%. Such discrepancies are attributed to varying ages and settings from which samples were selected, differences and difficulties in diagnostic classification, and time intervals of data collection. The current study examined data from the National Medical Expenditure Survey to compare patterns of behavior consistent with functional dementia as well as utilization of medical and psychological services among adults with mental retardation. Findings show that people with Down syndrome constitute an increasing proportion of the population of individuals with mental retardation over age 40 who exhibit behaviors consistent with dementia, however, they were no more likely to receive psychological services than were other adults with mental retardation, and in the oldest age groups were actually less likely to receive such services. These utilization patterns may explain the absence of dementia diagnoses in facility records. Further analyses illustrated patterns of decline which impede accurate diagnostic procedures.

EMBRACING THE CAREGIVING CAREER: EXAMINING THE CARE ETHIC AMONG OLDER AFRICAN AMERICAN PARENTS OF ADULT CHILDREN WITH DISABILITIES.

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Caregiver burden and role strain often prevail as the theoretical foci in the aging and caregiving literature. Less emphasized are the positive dimensions of caregiving. The gratifications of caregiving stem from the intimate relationships between caregivers and care recipients and from the satisfaction of managing life's challenges (Pruchno, 1990). Within the research focus of the benefits of caregiving, limited attention has been paid to older caregiving parents of adult children with disabilities and less to older African-American parental caregivers. A grounded

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theory analysis of interview data from a sample of 34 older African-American caregiving parents of adult dependent children suggests role embracement as a dominant theme of these parents' caregiving ethic. A theoretical implication of this finding for further caregiving studies is the need to consider the cultural contexts of giving and receiving care as a factor in the social construction of caregiving.

104

SUBJECTIVE RESPONSES TO CAREGIVING FOR A SPOUSE WITH DEMENTIA

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While caregivers are known to experience both positive and negative subjective responses to caregiving, little research has been done on the relationship between these types of responses. The study purposes were to: examine the relationships between and among spouse caregivers' positive and negative subjective responses to caregiving, and increase understanding of the experience of being a spouse caregiver for a person with dementia. Fifty spouse caregivers completed an interview as well as quantitative measures of positive subjective responses (Positive Aspects of Caregiving [PAC] and Caregiver Competence [CC]) and negative subjective responses (Relational Deprivation [RD] Role Captivity, and Loss of Self). Correlations showed that PAC and CC were significantly related ($p < .05$) as were the negative subjective responses. No significant correlations were found between any measures of a positive and a negative subjective response. Duration of caregiving was significantly related ($P < .05$) to PAC, CC, and RD. Qualitative interview data revealed that subjects simultaneously experienced caregiving as self-affirming while enduring losses and difficulties resulting from their caregiving role. Integrating the positive and negative aspects of caregiving is important in order to understand the care-giving experience and design interventions to support caregivers. BSS9

SPOUSES OF PERSONS WITH DEMENTIA AS PRIMARY DECISION MAKERS

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Increased responsibility for decision making is an added stressor for spousal caregivers. This report of baseline data from an NINR-funded study describes spouses' subjective responses to their decision-making role. Fifty spouse care-givers completed an interview as well as quantitative measures of Decisional Conflict (DC), Decision Making Confidence (DMC), and multiple measures of subjective responses to caregiving. DC was significantly related ($< .05$) to Loss of Self ($r = .39$), Role Captivity ($r = .27$), Reaction to Spouse's Behavior ($r = .32$), and Caregiver Competence ($r = -.29$). DMC was significantly related to Caregiver Competence ($r = .39$), Loss of Self ($r = -.29$), Caregiver Reaction to Spouse's Behavior ($r = -.49$), and Frequency of Spouse's Behavior ($r = -.35$). Qualitative data enhanced the interpretation of the quantitative results. These findings highlight the inherent nature of decision making in the caregiving experience. Currently we are testing the effective-ness of an educational intervention incorporating explicit decision-making strategies. BSS9

CAREGIVER NEGATIVE EMOTIONS AND DEPRESSION AMONG SPOUSAL CAREGIVERS OF ALZHEIMER'S PATIENTS

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This paper posits that the emotional climate surrounding caregiving activities are as, if not more, important to caregiver well-being, as the demands of the activities. Data used to examine this proposition are from face-to-face interviews with 200 men and women residing in Maryland, Virginia, and Washington, D.C., who provide home care for their spouses with Alzheimer's disease (AD). Using OLS regression analysis, it was possible to assess the contribution of multiple conditions to the intensity of negative emotions experienced by caregivers. Among these conditions are the emotional responses of care recipients as they receive assistance, indicating that caregivers' emotions in part are influenced by the emotions of their impaired spouses. Other conditions underlying caregivers' negative emotions include the level of problematic behaviors of their spouses, feelings of role overload, and the sense of mastery of the caregiving role. Quality of marital relationship prior to the onset of AD also contributes to the current emotions of caregivers. Predictably, negative emotions are related to depressive affect. BS - 9

Preserving Personhood as a Spousal Undertaking in Dementia Care.

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Research demonstrates that wives caring for memory-impaired husbands provide more complex care for longer periods of time and utilize fewer formal supports than other family caregivers - often refusing support services until they are so exhausted that their own health is suffering. Despite these 'facts', there is surprisingly limited insight regarding the experiences of wives providing care to husbands. Data gathered during two different studies focused on qualitatively exploring the experiences of wives caring for memory-impaired partners. Both of these studies revealed that the need to preserve the partner's personhood emerged as powerful directive. Grounded by the data generated in these two studies, this paper describes this directive and how it shapes both the experience of living with a memory-impaired husband and the meaning associated with formal support service use. The implications of this understanding on both practice and research will be examined.

Getting the Right Dementia Care. How Family Caregivers Describe Best Physician Practice

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The Agency for Health Care Policy and Research (AHCPR) has published clinical guidelines for diagnosis, follow-up and care coordination of Alzheimer's disease (AD). However, little has been published describing the family members' definition of best physician practice. As the incidence of AD rises and cost constraints limit visit length, physicians need to understand specifically what family caregivers expect from their interactions. Therefore, the purpose of this presentation is to describe the perspectives of 15 spouse caregivers regarding satisfying and helpful practices of physicians regarding dementia care. Over 50 hours of caregiver interviews were conducted as part of a larger ongoing naturalistic study of individuals providing home care to a spouse with AD (NIA R29 AG13019). Data analysis revealed caregiver descriptions of best practice as involving physician efforts to 1) provide clear information 2) offer approval and support 3) work as a partner, and 4) show concern for the caregiver. These results will be discussed for practice implications in a managed care environment, including use of technology to gather and disseminate information and implementing a collaborative approach to dementia management.

105

Aging and Injury: State of the Art.

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Participants:

B. C. Du Bois, (University Center on Aging) Aging and Injury – Current Outlook.

J. Stevens, (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention) – High Profile Unintentional Injury: Falls

J. Emerman, (American Society on Aging) – Technology, Injury, and the Older Adult

C. Yavno, (University Center on Aging) – Information, Acquisition, and Dissemination Processes

Aging and Injury has yet to be considered a major health issue in the United States. Recently, the burgeoning aging population and the increase in unintentional injuries has caused health professionals to look more closely at incidences of injury among Older Americans. Falls and the resulting morbidity and mortality have been the primary focus. However injuries such as motor vehicle and pedestrian accidents, medication-related events, burns, and drownings are important for their impact on older people. Recent innovations in technology have made possible the examination of major injuries by assessing cost effectiveness measures in treatment and prevention. Encouraging industries to concentrate time and resources in the development of rehabilitation technologies and assistive devices is critical now and will become increasingly so with an aging population. To improve the quality of life for older adults, scientists, providers and practitioners must recognize the preferences of older people for receiving and using information and technology. Major efforts must be undertaken to ensure that cultural, gender, and religious preferences are taken into consideration as key variables for effective acquisition and dissemination of information. The prevention of unintentional injury to older adults begins with an educated older population and those providing services to them, for the goal is to insure a healthier, more independent, and productive older population.

106

FAMILY PREDICTORS OF LABOR FORCE EXITS

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Research on the retirement transition has relied on an individualistic model that views retirement foremost as an outcome of individuals' own characteristics and experiences, especially health and economic factors. However, some earlier research demonstrates that family responsibilities also impinge on the retirement transition. This paper, relying on panel data from the National Survey of Families and Households (N=1,063), uses Cox proportional hazard models to assess the impact of family relationships and obligations on retirement. The data indicate that presence of dependent children in the household and frequent contacts with adult children outside the home lead to delay of retirement, whereas presence of adult sons in the household, insufficient contacts with parents, and care obligations accelerate retirement. Furthermore, these relationships vary by gender and race. For example, presence of adult sons in the household delays White women's but accelerates Black women's retirement. Care obligations have a stronger impact on men, suggesting earlier retirement by men to care for ill wives, whereas relationships with adult children seem most important for unmarried women. Overall, these data further confirm the need to consider family relationships as predictors of labor force exits. BSS 26

NEW PERSPECTIVES ON AGING, WORK AND RETIREMENT

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With increased life expectancy and the aging of the boomer generation, we need to learn the new realities of the changing workplace and employers growing dependence on older workers. This presentation explores the best business practices in American companies to recruit and retain their best and brightest, learning new and creative ways of improving productivity and reducing employee turnover. It will discuss methods and strategies employed to tackle the issues of an ageist culture and successfully manage an age diverse workforce, including minimizing Generation X, boomer and older adult conflict. The presentation acknowledges the work done to date, but suggests that the need to impact corporate America at a time of growing shortages of quality workers has become acute. The paper sets forth a number of options available which potentially could have far-reaching implications for changing the workplace environment with long- term results.

EFFECTS OF HUMAN, SOCIAL AND CULTURAL CAPITALS ON OLDER PEOPLE'S INVOLVEMENT IN COMMUNITY IMPROVEMENT ACTIVITIES

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Older people are living longer and younger people are moving out for better jobs, thus, many small rural communities in the Midwest are aging. Many of these communities want to improve their communities, but lack resources. Can the elderly in these communities be a potential resource?

According to a recent integrated theory of volunteerism, volunteer work is a productive work that requires human capital, a collective behavior that requires social capital and ethnically guided work that requires cultural capital (Wilson and Musick 1997). This study defines the involvement in community improvement activities by those 65 or over as volunteer work. Data from a mail-survey of about 3000 elderly in 99 small Iowa rural communities indicate that many elderly in these communities actively participate in community improvement activities and social and cultural capitals are the most important predictors of this involvement.

This study has great implications for the rural elderly and their communities. Since senior volunteerism not only improves older people's mental and physical health, but is also good for their communities, opportunities and institutions should be provided, or even created, for enabling the elderly population to contribute to the communities.

"AS I GET OLDER...": AGING AND AGRICULTURAL PRACTICES.

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Older farmers control a great deal of family and community social and economic resources. While the number of farmers is declining worldwide, the average age is increasing. Getting older shapes the agricultural practices of farmers. There are both cohort and generational effects on agricultural practices. However, this relationship of aging to farming has not been adequately discussed in the aging or agricultural literature. This paper presents the results of a study that examines the impact of aging on farmers' agricultural practices in rural North Carolina. In-depth interviews were conducted with 30 male European American and Native American farmers ranging in age from 27 to 80 years. Interviews were tape recorded, transcribed, and analyzed using a computer-assisted text analysis procedure. Farmers discussed the future of their own farming operations, as well as the future of farming as an occupation. Results show that aging is a significant factor in managment and production decisions. For example, older farmers were less likely to lake large capital investments for new farm enterprises. Age affects farmers both physically and mentally, and these effects are reflected in decisions. The results of this study will inform those who work with farmers, as well as contribute to an understanding of successful aging and aging in place. Supported by Wenner Gren grant #6336.

BSS-26 Work and retirement

PERCEIVED HEALTH & COPING IN RETIRED OLDER ADULTS

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This study sought to delineate which variables (e.g. perceived self-ratings of health and activity, coping strategies, and social support) were predictive of retirement satisfaction, as assessed by the Retirement Satisfaction Inventory (RSI). The sample consisted of 59 women and 25 men (primarily Euro-Americans) ranging in age from 62-96, Mean age = 75. They were recruited from 3 Senior Centers in Orange County, CA.. The results revealed that perceived physical health and mental activity were found to be predictive or retirement satisfaction. Increased levels of social support were associated with elevated levels of retirement satisfaction. Moreover, perceived mental health and activity were more predictive of retirement satisfaction than perceived physical health and activity. Interestingly, neither problem-focused nor emotion-focused coping predicted retirement satisfaction. Yet social support coping was predictive of retirement satisfaction. The implications of these findings for the development of effective interventions for older adults living in the community were explored.

Women's Perceptions of Adjustment to Retirement

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The purpose of the overall study was to examine the perceptions of retirees regarding their psychosocial adjustment to retirement. This portion focused on the perceptions of women. Of the 1565 retirees surveyed, 764 responses were returned (48.82%), and 345 of these (45.16%) were women. The majority of the women were in their 60s and 70s, in non-management positions, living on their own, and in good or better health. When asked about planning activities for retirement, there was a tremendous difference between what they said they actually did to plan and what they said after retirement that people needed to do to prepare for retirement. On a 31-item Likert scale assessing perceptions of psychosocial adjustment, 30 of the items were statistically significant ($p< .001$). Respondents indicated their living standards had not declined, that they did not worry about the future that retirement is what they thought it would be and that they enjoyed retirement, among others. A factor analysis revealed 8 factors with Eigenvalues greater than 1, which explained 67.8% of the variance. The findings suggest that women have insufficient planning for retirement, and yet they report being well adjusted to the retirement experience. This suggests the need for further research and has implications for pre-retirement programs and for programs dealing with adjustment to retirement.

PREDICTORS OF VOLUNTEERISM AMONG OLDER ADULTS

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Volunteering is seen as a form of productivity that has been studied among researchers, benefiting society, as well as the individual. This can be attributed to the fact that men and women are living longer. Since workers are retiring from full-time positions in the labor force at younger ages, there are more older people who have substantial time available for volunteering. Although age may have an effect on person's decision to volunteer, other forces may exist that have an impact on a person's decision to volunteer. Over the past several decades, the 65 and older population are continuing to be better educated, maintaining their full vitality into their seventies and eighties.

The data for this study was obtained from the 1993 Asset and Health Dynamics Among the Oldest Old (AHEAD) database. Focusing on the social and economic background of the respondents, the data provide detailed information regarding socioeconomic status, health, and employment of the special population of the oldest old.

A person's decision to volunteer is influenced by various predictors other than age and education. A plausible hypothesis is that retired persons are more likely to volunteer than employed persons. However, among young elders, at least, employment has little, if any, effect upon rates of volunteering.

Health status plays an interesting role since older people are more likely to experience illness or disabilities as a result of advanced age. When examining age and health differences between older workers and those who are no longer in the work force, it is important to remember that older workers are more likely to be younger and experience fewer health problems than retirees. Results show a greater likelihood of volunteerism among those who are employed rather than those who are no longer working. Among this population of the oldest old, education, gender, and income affects whether a person decides to volunteer.

WORKING CONDITIONS AND HEALTH OUTCOMES AMONG OLDER WORKERS: AN EXAMINATION OF DATA FROM 15 EUROPEAN COUNTRIES

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Most studies examining health outcomes associated with older individual's work tend to use 3-digit industry or occupational codes. While these codes can serve as a proxy for job demands, they are typically too crude to be helpful in explaining specific health related work outcomes.

Therefore, we used data from the 1995/1996 Eurobarometer 44.2 on Working Conditions in the European Union to examine specific working conditions and how they are related to individual's perceptions of their job related health outcomes. The Eurobaromter 44.2 has data on approximately 16,000 working age adults in 15 western European Countries. Approximately 5,300 are over the age of 45 (i.e., older workers).

Fifty-eight percent (58%) of older workers say that their job affects their health. Of the 17 health conditions specified, backaches (31%) and stress (29%) were by far the most prominent health outcomes designated. An examination of working conditions shows that working in painful positions, moving heavy objects and working at high speeds were most predictive of backaches (R^2=.244), while working at high speeds, working in painful positions, and tight deadlines were most associated with stress (R^2=.088). Control over physical work conditions (e.g., temperature, seat position) improved the prediction somewhat (R^2=.247, backaches; R^2=.102, stress). Autonomy factors (e.g., control over order of tasks) provided increased prediction above both working conditions and control factors (R^2=.254, backaches; R^2=.154, stress).

COUPLES' WORK STATUS TRANSITIONS AND MARITAL QUALITY IN LATE MIDLIFE

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We investigate whether late midlife couples' employment-retirement status and transitions predict marital quality using two waves of data on 534 married workers and retirees (aged 50-72). Multiple regression analyses of changes in marital quality indicate that the retirement transition is related to decreased martial satisfaction and increased marital conflict among late midlife men and women. Findings further point to the

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importance of knowing couples' joint work/retirement status and of examining actual status passages for understanding marital quality in retirement. First, our data provide support for the gender role appropriateness hypothesis: husbands who moved into retirement and whose wives remained employed report the greatest marital conflict. Second, our findings support a homophily hypothesis. Newly retired wives whose husbands changed employment status report higher marital satisfaction compared to those whose husbands' employment status did not change. Newly retired wives married to husbands who also left the work force report the lowest marital conflict. Finally, the evidence supports a reduced role strain hypothesis; being out of the labor force lowers daily conflicts and loads. The results promote understanding of the processes whereby late midlife couples *jointly* exit the work force and how different patterns of transition affect marital quality.

COMPARING YOUNGER VERSUS OLDER WORKERS: DO PSYCHOSOCIAL FACTORS INFLUENCE PERCEIVED HEALTH IN THE WORKPLACE?

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Psychosocial risk factors such as work pressure and decision latitude have been linked to a variety of health related problems in the working population. As the work population ages an important question arises: Will the effects of psychosocial risk factors be an important factor on the mature worker's mental health? This presentation, which utilizes data from the National Survey of Midlife Development in the United States (MIDUS), compares workers 40-45 years of age (n=362) with workers over 62 (n=156) on a variety of physical, psychological, and social factors. In looking at the effects of work on their mental health, an ordinary least squares regression analysis indicated that psychosocial factors such as decision latitude and job pressure affected younger workers. This was not true for older workers. Family support was a significant predictor of positive mental health. It is apparent from this study that family support may be an important factor in mediating the effects of job strain in the older worker.

KNOWLEDGE ABOUT AND INTEREST IN GEROPSYCHOLOGY AMONG PSYCHOLOGY TRAINEES.

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Ninety-four psychology externs and interns were surveyed regarding geropsychology-related issues at the beginning of the training year. The majority had no prior academic courses in geropsychology or practicum experience with the elderly. Trainees evidenced gaps in knowledge of gerontology (Facts on Aging Quiz 2) and mental health & aging (Facts on Mental Health Aging Quiz). In contrast, most trainees reported favorable attitudes toward older adults (Attitudes toward Old People) and relatively high rates of interest in further educational and practice opportunities with the elderly. Notably two-fifths of trainees said they would consider a career in geropsychology and four-fifths said they had interest in including older adults in their clinical practices after completion of training. Trainees with a planned geropsychology placement during the training year (44.6%) were older and had greater knowledge of gerontology and interest in geropsychology than those who did not have a placement.

CHILDREN'S ATTITUDES TOWARD OLDER ADULTS: SOCIO-COGNITIVE THEORY OF DEVELOPMENT AS PREDICTOR

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This study utilized a socio-cognitive theory of attitude development to predict children's attitudes toward older adults. The main hypothesis was that as children's cognitions mature, as evidenced by the mastery of socio-cognitive skills, children's attitudes toward older adults will improve. Children, ages 4-12, were administered the Children's Qualitative Attitude Interview to elicit thoughts and feelings toward older adults, three socio-cognitive tasks, and a behavioral measure of motivation to interact with older adults. The results demonstrated that compared with younger children, older children who mastered conservation showed a stronger preference to interact with older adults than younger adults ($F=3.88$) but showed no differences in cognitive or affective components of their attitudes. Contrary to our hypothesis, older children ($M=1.58$) described older adults as less active than younger children ($M= 4.05$, $F= 4.18$). The results suggest that children's attitudes toward older adults is not a single construct, but instead varies according to the child's stage of cognitive development and the dimension of attitude being studied.

"THE LADY THAT WALKED TO THE SWINGS:" EXPLORING CONCRETE CURRICULAR MATERIALS FOR LEARNING ABOUT AGING

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Integenerational programs assume that a child's attitudes toward aging and elders are influenced by increased contact and positive interactions with older adults (Newman, 1997). Furthermore, studies have found that negative attitudes toward aging are formed early in life (Burke, 1982). An intergenerational program with young children (5 years old) and elder retired school teachers was developed. They interacted 2 hours a week for 9 consecutive weeks. The program improved children's attitudes toward elders and increased knowledge of age differences among the younger participants. Additionally, the study found that regardless of prior teaching level (elementary school teacher or college professor), retired school teachers hold considerable expertise for developing curricular materials useful in teaching about aging and the aging process using themselves as concrete examples. The relationships between the elders and the children accounted for more of the variance in attitudes change than did the actual curricular materials or the learning objectives. Thus, the presentation will describe the curricular materials used as well as the necessity for concrete learning events and continuous feedback as essential elements in the development of curricular materials designed to teach young children about aging. (BSS-1)

"Attitudes Toward Aging in a Rural Baccalaureate Nursing Program." Judith B. Sellers Northern Arizona University, Department of Nursing, Box 15035, Flagstaff, AZ. 86011

As the population ages, there will be an increasing need for baccalaureate prepared nurses to provide health care to elders. This will be particularly true in rural under-served areas. Unfortunately many students express negative attitudes about elders and geriatric care. Research regarding attitudes about the elderly tend to focus on medical education. The purpose of this study was to evaluate the impact of the introduction of geriatric content on the attitudes of baccalaureate nursing students toward the elderly. This paper will present findings related to attitudes as well as relationships between attitudes and age, race, and desire to practice in geriatrics. Using a cross sectional design, 159 students at 6 different educational stages were asked to complete the Kogan Attitude Toward Aging Scale as well as demographic information. There was a significant change in positive attitudes about aging from before nursing content to the completion of the baccalaureate program. The findings indicate that strong geriatric content, positive role models and varied learning experiences with the elderly should be part of geriatric curriculum planning.

LIFESPAN METAMEMORY BELIEFS OF YOUNG AND OLD RESPONDENTS. W.L. Gekoski, A.D. Castel, V.J. Knox. Department of Psychology, Queen's University, Kingston, ON K7L 3N6

Beliefs about changes in memory ability with age are likely to influence behavior toward age group members. This is particularly relevant for behavior toward older adults as it is widely believed that their memory ability declines with age. Ryan (1992) has shown, with a sample varying widely in age (M=34 yrs) and tested on 3 subscales of the Metamemory in Adulthood Scale (MIA, Dixon & Hultsch), that for the most part memory decline is believed to occur between 45 and 65. The present study extends Ryan's work by exploring whether young and old respondents believe memory declines to occur at similar or different points in the lifespan. Using a completely between subjects design 101 university students (M=19 yrs) and 68 community-residing individuals over 55 (M=72 yrs) competed 5 of the 7 MIA subscales for a 25,45,65 or 85 year old target. The major prediction, that older respondents believe that memory declines occur later in life than do younger respondents (45-65 vs 25-45) was supported for the Memory Change subscale of the MIA. Other differences, unpredicted yet clear and interpretable, between the beliefs of younger and older respondents about lifespan changes in memory abilities were obtained for the other 4 MIA subscales: Strategy Use, Capacity, Anxiety, Locus.

ASSESSING CHANGES IN ATTITUDES ABOUT AGING: PERSONAL REFLECTIONS AND STANDARDIZED MEASURES B. C. Brookover, A. M. O'Hanlon, Departments of Psychology and Human Performance and Health Promotion, University of New Orleans, New Orleans, LA 70148

Prior research has shown that learning more about successful aging and the aging process can be reflected in positive attitudinal change, typically assessed by standardized measure. Further, individuals who have frequent contact with older adults generally report more positive attitudes. The purpose of the present study was to assess attitudinal change in a sophomore level gerontology course using two methods: a standardized measure, the Aging Semantic Differential (ASD), and self-reported beliefs about older adults. A secondary goal was to facilitate a meaningful interaction by requiring students to conduct a structured interview with an older adult to learn about their life history. The sample consisted of 31 students (mean age = 24) with various majors in an elective gerontology course. Students completed the ASD and a self-report on beliefs about aging at two times, at the beginning of the semester and immediately after completing the interview. Students were also asked to reflect upon any changes in attitude over the time period. Results of repeated measures MANOVA indicated significant positive attitudinal change from pretest to posttest on the three factors measured. Content analysis of self-reports of beliefs substantiated these results. While students indicated class room activities were important, they specifically cited the interview as an influential and valuable experience.

HUMOR AND SPIRITUALITY AS PREDICTORS OF LIFE SATISFACTION IN YOUNGER AND OLDER ADULTS. S. A. Albertson Owens, S. B. Eisner, B. K. Cox, Department of Psychology, Vanguard University of Southern California, Costa Mesa, CA 92626.

Humor may enhance mood, change one's perspective in a stressful situation, and even encourage socially supportive relationships that may buffer the individual during difficult life events. Recent evidence has suggested a positive relation between humor and well being. Likewise, much attention has been given recently to the positive benefits that one's spirituality may have on well being. We examined the relation between both the uses of humor and the use of spirituality and life satisfaction in 224 younger adults (18-35 years) and 223 older adults (60-95 years). We expected that both humor and spirituality would be positively related to life satisfaction for both age groups. All participants were healthy community dwelling volunteers who were interviewed about their use of humor and spirituality to cope with difficult life events. The Coping Humor Scale and the Spiritual Well Being Scale were included. Participants were also queried about health and life satisfaction. We found no age differences on reports of health, life satisfaction, the use of humor to cope and spirituality. Collapsing across age then we found a positive and statistically significant relation between both the use of humor to cope and life satisfaction and the use of spirituality and life satisfaction. Descriptions of these coping strategies are included. These results may be interesting to individuals who are providing supportive services to older adults.

HEALTH PROFESSIONALS PERCEPTION OF AND RESPONSES TO ELDER ABUSE

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Elder Abuse viewed as a new violence phenomena was first presented to health professionals at the IV Latin American Congress of Gerontology in Bs.As 1988.

The present investigation is an exploratory attempt to exam a random sample(n 80) of health professionals working with old people and their perception on elder abuse in Argentina during 1998.

Data was generated by means of an open ended standardized questionnaire (made through pilot interviews on 20 subjects) specially designed for this survey.

Results were as follows: 57,5% were Argentineans, and 80,5% were females. Age: <30 (15%); 30-39 (15%); 40-48 (40%); 50-59(25%);<60(5%). Main professions were: 56% medical doctors, 16% clinical psychologist and 15% social workers. All of them had university degrees, 52% had part time jobs and 35% had full time contact with the elderly in their jobs.

75% of professionals were able to define what elder abuse was and described different kinds.

Most of them could give examples on mistreatment happening within the families and the community, and facilitated by government policies and Social Security.

Relevant risk factors were seen as intergenerational crisis, lack of information on the issue, and the present social-economical situation.

Rising awareness is crucial to achieve social changes, education is considered the most hopeful method of preventing elder abuse. Action must follow recognition.

MASTERY AS A MEDIATOR IN THE RELATIONSHIP BETWEEN NEGATIVE SOCIAL EXCHANGES AND WOMEN'S PSYCHOLOGICAL WELL-BEING.

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Research on social relationships indicates that social interactions can be potential liabilities that foster psychological distress. Theories of social support have posited that one means through which negative social interactions (emotional undermining) relate to poorer well-being is by eroding the recipient's feelings of mastery. The relationships among undermining from a role partner, role-specific mastery, and psychological well-being (depression and life satisfaction) were examined in 257 women who simultaneously occupied the 4 roles of parent care provider, mother, wife, and employee. More undermining was reported from family members than from the work supervisor, and the highest levels were from the children. Undermining from family members, and from the spouse in particular, was the most consistent predictor of poorer mental health. Additionally, role-specific mastery mediated the relationship between greater undermining with a role partner and poorer well-being in each of the four roles.

SOCIAL SUPPORT EXCHANGE AMONG ELDERLY CHINESE PEOPLE IN HONG KONG: A LONGITUDINAL STUDY

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The objectives of this study were to examine the pattern of social support exchange between the elderly and the members of their social network, focusing on financial aid and caring assistance (both instrumental and emotional) and to identify resource capacity factors (e.g. physical health and size of social network) that generate differences in the exchange of financial aid and caring assistance between elderly people and members of their social network (family members, friends, and neighbors). The respondents were 260 people aged 70 years or older from a longitudinal study of a representative community sample of the elderly population in Hong Kong. Using multiple regression models, we found that the elderly who received more financial aid from members of their social network were likely to provide more caring assistance to members of their social network three years later, and the elderly subjects who provided more caring assistance to their social network members were more likely to receive more caring assistance from their social network members three years later. In assessing the impact of the resource variables on support exchange, living alone, self-rated health, functional disability, and frequency of contact with friends were significantly associated with the amount of caring assistance old people provided; whereas living alone, self-rated health, being married, and number of close family members were significantly associated with the amount of caring assistance old people received.

Longitudinal Patterns of Social Support and the Effects of Age and Disability among Rheumatoid Arthritis (RA) Patients.

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Aim: Assess patterns of perceived social support and the effects of age and disability on support among RA patients over ten years. **Methods:** A national sample of 436 RA patients were interviewed by phone annually for ten years to collect data on demographics, health status and social support, measured by the Qualitative Social Support Scale. **Results:** At Year 1, median age was 50 years (sd=10), 81% female, 75% married. Mean disease duration was 10 years (sd=9), disability measured by the Health Assessment Questionnaire was .94 (sd=.6) on a scale of 0 (no disability) - 3 (high disability). Social support scores were relatively high and varied considerably over time. Repeated measures ANOVA showed: 1) a significant decline in social support over time ($p<.001$); 2) those with less disability and those who were married had consistently higher levels of social support than more disabled and non-married patients; 3) younger adults and those who were less educated showed greater declines in social support than older and more educated adults. **Conclusions:** In contrast to other studies, younger rather than older adults have less perceived support over time. Greater disability is associated with declining support and may make arthritis patients more vulnerable when they need it most.

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EXAMINING THE FACTOR STRUCTURE OF THE SOCIAL PROVISION SCALE WITH ADULTS 75 YEARS OF AGE AND OLDER

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The purpose of this paper is to examine the factor structure of the Social Provision Scale (SPS) with a group of elderly adults. Two hundred eight community-dwelling older adults were enrolled in a mid-west university exercise training study. The age of the sample ranged from 75 to 95 years (mean=82.0±4.2). The majority was female (89.9%) and Caucasian (73.6%). Confirmatory factor analysis of the 24-item SPS data demonstrated that the data did not fit the original six social provision sub-scales (Attachment, Social Integration, Opportunity for Nurturance, Reassurance of Worth, Reliable Alliance, and Guidance). Next, common factor analysis with oblique rotation resulted in a two-factor solution. Items were eliminated using confirmatory methods. Factor 1 contained two items representing the Guidance social provision, one item representing Reliable Alliance, and one representing Attachment. This factor reflected Receiving social support (α=.83). Factor 2 contained the four Nurturance items and reflected Providing social support (α=.85). This measurement model fit the data well (CFI=.99). Based on these findings, the SPS may need revision for use in an older population. The SPS may only require the eight items identified in the Receiving and Providing social support factors making it easier to administer and less burdensome for older individuals to complete. BSS-21

PERCEIVED SOCIAL SUPPORT: WHAT PREDICTS SATISFACTION?

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Researchers note that little systematic research has focused on the determinants of social support (House, Landis, & Umberson, 1994; Pillemer & Suitor, 1996; Rapp et al., 1998). Because of the salience of social support for caregivers, a detailed analysis of satisfaction with social support was undertaken in this study. African American primary caregivers (N=187) of an elderly family member responded to The Social Support Questionnaire to indicate the level of satisfaction with perceived available support. A hierarchial linear regression model that included demographic information, health characteristics, and family level variables was tested. The model explained 25% of the variance in satisfaction with social support ($p \leq .0001$).

Findings show that the meanings caregivers assign to the situation, level of distress, general health, as well as the level of family cohesion are important in predicting the caregiver's satisfaction with social support. Because an adequate level of satisfaction is positively associated with most health and quality of life outcomes, it is important to know that distressed caregivers, those in poor health, and/or those with lower levels of family cohesion are at risk for low levels of satisfaction with available social support.

THE IMPACT OF SOCIAL SUPPORT AND SOCIAL NETWORK ON DEPRESSION AMONG JAPANESE-AMERICAN OLDER ADULTS

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Even though Japanese American and Chinese American older adults have the highest suicide rate among the elderly population in the United States, studies on the relationship between social support, social network, health status, and depression are very limited. Risk factors for depression that are frequently associated with suicide include poverty, poor health, and social isolation. The purpose of this study is to examine the impact of social support and social network on depression among Japanese American older adults in Los Angeles. Respondents are 131 (53 male and 78 female) community-dwelling Japanese American elders aged 60 years of age and over (Age Mean=77.1 years old) residing in Los Angeles. Structured face-to face interviews both in English and Japanese were conducted from March through July, 1998. Depression was measured by Geriatric Depression Scale(GDS), which consists of 30 items (Cronbach α = .865).

Multiple regression analyses were conducted to examine the effect of social support (emotional support and instrumental support) and the size of social network on depressive symptoms controlling for self-rated health, physical health, income, marital status, language preference, sex, and age

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Results of regression analyses (R Square= 352, $p<$ 0001) indicated that emotional support, social network and self-rated health had significant impact on depression symptoms. However, there was no statistical significance with regard to instrumental support. Overall, these findings implicate the importance of sufficient social support and social network among Japanese American older adults in Los Angeles to buffer their depressive symptoms.

AGE DIFFERENCES IN DAILY GIVING AND RECEIVING THROUGHOUT ADULTHOOD,

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Previous research has documented that receiving social support from family members changes across the life span. Young adult children remain somewhat reliant on parents for support but this relationship shifts as parents age and gradually become more reliant on their adult children. The present study contributes to this body of knowledge by examining giving and receiving behaviors on a day-to-day basis. Respondents were a U.S. national sample of 1031 men and women (age range: 25-74) who completed a short telephone interview everyday over a series of 8 days resulting in 7229 days of data (88% response rate). Each day respondents indicated whether they: a) contributed to or received money from any organization or individual; b) spent time giving or receiving practical help; or c) spent time giving or receiving emotional support.

Results indicate that older adults (55-74) gave monetary contributions on more than one day a week as compared to just less than one day per week for middle (35-54) and young (25-34) age groups. Providing assistance to others increased from just over one day per week for the young and middle age groups to almost two days per week for the older age group. The young age group was more likely to receive practical assistance than the middle or older age groups.

THE PATTERNS OF SOCIAL SUPPORT PROVIDED TO CHINESE ELDERLY

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This study examines patterns of informal social support provided to the elderly in China using a task-specific model. We hypothesize that the principle of selecting primary care-givers among Chinese elderly depends on (1) the structure of the task, (2) the availability of the optimal provider, and (3) the cultural beliefs of a elderly. Hypotheses are tested using data from random sample of 3346 older adults living in Beijing, China. We test whether providing instrumental, emotional, and financial support to the elderly varies among informal sources. Multinomial logistic regression indicates that the elderly (1) turn primarily to a spouse for instrumental and emotional help, followed by sons, daughters, and others, and (2) turn to adult children, particularly sons, for financial assistance and help when ill. These findings suggest that there is a clear hierarchy in the selection of informal providers that varies by task, but at the same time, preferences are guided by cultural traditions that favor children, particularly sons, of the Chinese elderly.

GIVE AND TAKE: HEALTH-RELATED INTERACTIONS OF PARTNERS IN OLDER MARRIED COUPLES

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Social interactions play a significant role in maintaining health and recovering from illness, and this influence may contribute to the better health outcomes of married individuals. Interactions between spouses often are supportive, but also can be controlling and undermining. Moreover, each individual's interpretations of specific behaviors may differ. Thus, the purpose of the present study was to explore health-related social interactions (support, control, and undermining) between male heart patients and their wives from each partner's perspective. (Currently, N=41). Social interactions initiated by each partner regarding the other's health behaviors were assessed through mailed questionnaires.

In general, couples' reports revealed more congruence for controlling and undermining behaviors initiated by the wives than for their supportive behaviors. The opposite pattern was detected for couples' reports of interactions initiated by the patient. In addition, for each of these three types of interactions, both partners reported that wives initiated health-related interactions with the patient more often than patients initiated similar interactions with their wives. Furthermore, patients generally reported greater frequency of each type of behavior than did their wives, regardless of who initiated the interaction. Detected differences in reports of interactions, both those initiated and encountered, reveal the influence of individual interpretations of social behaviors and demonstrate the value of attaining individual perspectives of social exchanges.

THE EFFECT OF INCOME, AGE, AND GENDER ON FIVE YEAR SOCIAL SUPPORT

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Although research has documented the importance of social support in the elderly population, the literature concerning predictors of changes in social support still remains sparse. The purpose of the present paper was to examine the effect of income and age on social support patterns, and to determine if this varied as a function of gender. Using data from the Cardiovascular Health Study, a cohort study of elderly Americans, we identified those with low mod and high levels of support at year 1 and again at year 5 from the Lubben Social Network Scale. Linear Regression models revealed that income, age and gender were significantly associated with subsequent social support patterns ($p<.0001$). Specifically,.those with low income were more likely to start with, and remain at, low levels of social support in a 5 year period ($p<.0001$) while those with high income were more likely tp remain at high levels of social support ($p<.0001$). Women were more likely to be in the low income group ($p<.0001$). However, those remaining at low levels of support were older than those remaining at high levels of support (p<.0001). In this sample, the oldest of the low income women were the most likely to remain at low social support in a 5 year period (p<.0001).

SOCIAL SUPPORT AMONG OLDER ADULTS: A CONTRAST BETWEEN U.S. AND JAPAN.

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The concept of social support has played a prominent role in understanding the health and well-being among the aged. Despite the general recognition that social support is a multidimensional construct, linkages among the distinct dimensions are not well articulated. For instance, what are the relative effects of social exchanges on negative interaction and anticipated social support? What are the relative importance of various dimensions of social support on well-being? Moreover, the vast majority of current knowledge is based upon data collected in the Western developed nations. Observations from non-Western societies are especially useful in establishing construct and external validity regarding the linkages among distinct dimensions of social support.

Data for this research came from a national probability survey of 1,037 older Americans and a national sample of 1,836 elderly Japanese in 1993. A structural equation model with latent variables was proposed to specify that the consequences of social exchanges on well-being are mediated by negative relations and anticipated social support. Among the American aged, the provision of instrumental support and anticipated support were found to reduce psychological distress, whereas providing emotional support, receiving instrumental support, and negative relations increased distress. However, only the effects of receiving emotional and instrumental support and anticipated support were replicated in the Japanese sample. BSS-21

SOCIAL SUPPORT EXCHANGES WITH ADULT CHILDREN AND LIFE SATISFACTION IN OLDER ADULTS

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The purpose of this study was to investigate the relationship between social support exchanges with adult children and life satisfaction in older adults. This study was conducted using data from 545 individuals over 60 years of age from 32 rural villages of Korea. Findings showed that the frequency of contact with adult children predicted both giving and receiving social support, whereas the size of social support was predictive of giving social support to adult children only. The size of social support, giving financial support, and receiving instrumental and emotional support had positive influences on life satisfaction of older adults when health level was controlled. Older adults who gave more instrumental support to adult children reported lower life satisfaction. This study found evidence for the importance of social support exchanges between older adults and their adult children for life satisfaction in later life.

ETHNIC AND AGE DIFFERENCES IN SOCIAL SUPPORT AND SOCIAL STRAIN.

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Social support and social strain are important factors in individuals' overall well-being. However, most studies of social support and social strain have been limited to Whites, such that issues of ethnic similarities and differences in the experience and measurement of these constructs have not been explored. We report baseline results from interviews conducted with 292 women from 3 ethnic groups (African American, Native American, and White) with respect to measures of social support and social strain. Respondents ranged in age from 41-94 years (M=55). The results of our analyses indicate that both scales had high internal consistency across all ethnic groups (alphas ranged .81 to .94), and demonstrated convergent and divergent validity. Social support differed by ethnic group; African Americans reported significantly lower levels of support than did both White and Native American women ($F(2, 295)=3.99$, $p< .02$). There were no ethnic group differences on social strain scores. When support and strain scores were analyzed by age groups (41-46, 47-51, 52-63, and 64+) there were no group differences in support, but significant differences in strain ($F(3, 288)=10.20$, $p< .0001$), with the oldest cohort reporting less strain than the younger age groups. These results are consistent with Carstensen's Socio-emotional Selectivity Theory, which argues that over time people drop negative or unsatisfying social relationships with no accompanying decrease in perceived social support.

PERSONAL AND SOCIAL RESOURCES IN ADAPTATION TO CHRONIC VISION LOSS.

J.P. Reinhardt & D. Benn, Arlene R. Gordon Research Institute, Lighthouse International, NY, NY, 10022.

Nineteen percent of Americans age 60 and above experience age-related eye disease (The Lighthouse Inc., 1995). Adjusting to vision loss after a lifetime of being sighted can be very difficult. This research examines the impact at baseline of extensive measures of personal and social resources on adaptation to vision loss. Participants were 570 visually impaired elders. Three, 3-step hierarchical multiple regression analyses were conducted (demographic variables, health/functional disability, & social/personal resources, respectively), one for each outcome variable (life satisfaction (LSI), depression (CESD), & adaptation to vision loss (AVL)). Results showed each of the three blocks of variables accounted for unique variability in each outcome. Significant personal resource variables included coping strategies (acceptance, talking to others, wishfulness) and health locus of control (LSI only). Significant social resource variables included instrumental family support (LSI only), affective friendship support (CESD, AVL), and negative family interactions (CESD). Thus, multidimensional assessment of social and personal resources is important in predicting adaptation to late-life vision loss. Implications for intervention are discussed.

AN EXAMINATION OF FACTORS CONTRIBUTING TO SIBLING SOLIDARITY

Shari C. Moxley, Department of Family and Consumer Sciences, Campbell University, Buies Creek, NC 27506.

Because of the uniqueness of the relationship, bonds between siblings constitute a particular form of family solidarity. The purpose of this study was to examine the utility of Bengtson and Roberts' (1991) model of family solidarity for intragenerational relationships among a group of relocated retirees. A sample of 204 relocated adults 65 or older was interviewed regarding their siblings of most contact. Structural equation modeling was used to examine the relationship of opportunity structures (geographic proximity, number of siblings, gender, and health), affect, and normative expectations to sibling association. Support was found for the influence of geographic proximity and gender composition of the sibling dyad on sibling association. Affect for the sibling directly influenced association, while normative expectations only indirectly influenced association through affect. The results support and extend several concepts of Bengtson and Roberts' intergenerational solidarity theory to a) an intragenerational kin network and b) geographically mobile older adults.

AARP ANDRUS FOUNDATION SUPPORTED

SOCIAL NETWORKS AND PERCEIVED SOCIAL SUPPORT: PATTERNS OF STABILITY AND CHANGE IN THE LIVES OF ADULT AND ELDERLY MEN

M. Wilson Genderson & M. A. Smyer, Department of Psychology, Boston College, Chestnut Hill, MA 02467

Social support is a multidimensional construct widely used in the social sciences. Although it is theorized to include aspects such as social networks, perceived support, and received support, in practice much research relies on one dimension. Additionally, longitudinal research on the multiple dimensions is limited. This study is a secondary analysis of data from the Normative Aging Study (NAS) a longitudinal study of normal aging in men sponsored by the Veterans Administration. The mean age of the participants used for this research is 68.1 years (N=1385). A survey of social participation was administered to the NAS participants in 1985, 1988, and again in 1991.

Changes in social contact and perceived support were examined across the three points of measurement for four age groups (41-54, 55-64, 65-74, and >75) using multivariate repeated measures analysis of variance. There were significant reductions in total network size, number of people lived with, number of relatives available for interaction, and number of friends for all age groups across the six years. There was a small but significant increase in the number of confidants reported for all but the oldest age group. The degree to which the participants felt able to rely on family and on friends for help when needed remained stable across all time points and all age groups. Longitudinal confirmatory factor analysis established factorial invariance of perceived support, but not of social networks, over the six years of this study. Results are consistent with previous reports on the reduction in social networks and social contact in later life. Perceived support, however, remained stable in spite of these reductions.

Research supported by the VA HSR&D

107

PROTECTING OLDER HUMAN SUBJECTS OR IMPEDING VALUABLE RESEARCH? RECENT RECOMMENDATIONS OF THE NATIONAL BIOETHICS ADVISORY COMMISSION ON RESEARCH INVOLVING THE COGNITIVELY IMPAIRED

M. Kapp, Office of Geriatric Medicine & Gerontology, Wright State University, Box 927, Dayton, OH 45401-0927

Speaker: B. Lo (Program in Medical Ethics, University of California-S.F., P.O. Box 0903, San Francisco, CA 94143

Discussants:

G. Sachs (Dept. of Medicine, University of Chicago, 5841 S. Maryland Ave., Chicago, IL 60637)

B. Hofland (Retirement Research Foundation, 8765 W. Higgins Road, Chicago, IL 60631-4170)

P. Dent (6417 Zinn Dr., Oakland, CA 94611)

This Presidential Symposium will feature a presentation by a member of the National Bioethics Advisory Commission about NBAC's recent Report and recommendations on biomedical and behavioral research involving persons with mental disorders. Special attention will be paid to the Report's implications for persons with dementia and their caregivers. Discussants will then comment on the issues raised from their own perspectives: Sachs--medicine and ethics; Hofland--how funders look at these concerns; Dent--family concerns.

108

CHRONIC CONDITIONS AND TRANSITIONS TO DISABILITY : A COMPARISON OF AGED MEDICARE HMO ENROLLEES AND FEE-FOR-SERVICE NONENROLLEES

F.W. Porell, H. Miltiades, C. Safron-Norton

Gerontology Institute, University of Massachusetts-Boston

Analyses of enrollment and disenrollment data have consistently shown that Medicare HMOs have substantial favorable risk selection in their enrollments. Such findings have raised concerns that Medicare HMO enrollees with greater need for managed care services, and particularly those with chronic conditions, may be unable to effectively negotiate HMO delivery systems to access them. On the other hand, many traditional HMOs have been reputed to have some of the finest disease management programs in the world for managing chronic conditions. Hard empirical evidence about the "disability outcomes" of Medicare HMO enrollees with chronic conditions relative to their fee-for-service counterparts is lacking. This study employs three years of panel data from the Medicare Current Beneficiary Survey (1994-1996) to investigate whether Medicare HMO enrollees with various self-reported chronic conditions exhibit different transition rates to states of functional IADL and ADL disability over several years than do otherwise similar fee-for-service(FFS) Medicare beneficiaries. Annual Markov transition models between functional states, ranging from independence to severe ADL disability, and death, were estimated with covariates to control for sociodemographic attributes, incident and prevalent chronic conditions, life-style risk factors, and health status. Once case-mix differences in risk factors for disablement were controlled for, there were modest differences in the disability transitions between Medicare HMO enrollees and their FFS beneficiary counterparts.

A STUDY OF HEALTH AND LONG-TERM CARE UTILIZATION PATTERNS OF CHRONICALLY DISABLED OLDER PEOPLE.

R. Applebaum, S. Mehdizadeh, J. Straker. Scripps Gerontology Center, Miami University, Oxford, Ohio 45056.

This study examines health and long-term care utilization patterns for a random sample of older people applying for Medicaid funded long-term care services (N=1,812). All sample members were dually eligible and were selected for our study at the time of their Medicaid pre-admission review. Their health and long-term care expenditures were monitored for two years following their first pre-admission review. Demographic, functional, health and mental status of the participants were recorded at the time of their enrollment. Vital statistics were used to record deaths.

Health and long-term care costs, from Medicaid and Medicare records were examined across community and institutional settings. We found that total expenditures for Medicare and Medicaid were comparable across settings. However, older people in the community had significantly higher Medicare expenditure compared to the nursing home residents, while the nursing home residents had significantly higher Medicaid expenditure. Implications of these findings for working with the dually eligible population in the managed care arena will be discussed.

RECENT CHANGES IN REHABILITATION PROVISION IN SKILLED NURSING FACILITIES.

J. J. Angelelli, K. O. Berg, V. Mor, Center for Gerontology & Health Care Research, Brown University, Providence, RI 02912.

The prospective payment system (PPS) in skilled nursing facilities (SNFs) is transforming the organization of rehabilitation therapies in those settings. The purpose of this study was to describe how the scope of rehabilitation services varied among facility types in the years preceding PPS (1995-1998) and to present early results about how those facility types have altered their rehabilitation focus in 1999. Data for the study were from the On-line Survey and Certification of Automated Records (OSCAR) and the 1995 SNF cost report and case-mix data compiled by HCFA. Changes in the scope of rehabilitation practice from 1995 to 1998 included a larger percentage of facilities offering therapy services and the increased likelihood among therapy-providing facilities of retaining on-staff therapists as opposed to contracting out for their services. The diffusion of rehabilitation services across facilities may have prepared some facilities for the rehabilitation-centered PPS environment and the larger proportion of on-staff therapists across all facility types could help ease the transition to PPS as facilities are forced to gain more administrative control over therapist time. The "buy or build" decision concerning therapy services in PPS will be influenced by how different facility types are likely to fare under the 1995-based system in the first two years of the PPS implementation. An analysis of therapy provision differences across facility types showed hospital-based facilities to have high rehabilitation costs relative to expected reimbursement under PPS. The effects of pre-PPS factors on the organization of current therapy provision were gauged using the 1999 OSCAR file.

EMERGENCY DEPARTMENT (ED) VISITS BY OLDER ADULTS: ED PHYSICIANS' RAPPORT AND ENCOUNTER SATISFACTION

J. Schumacher, Gerontology Program, Bowling Green State University,
Bowling Green, OH. 43403

This study examined clinical encounters between older patients and ED physicians with research questions focusing on factors that impact the ED provider's satisfaction. Data was collected in an urban ED from N=329 patient encounters via N=22 ED physicians. Correlational analysis indicated ED physician satisfaction with older patients was strongly associated their perceived rapport ($r=.69$, $p<.001$) and communication issues ($r=.42$, $p<.001$). ED physician satisfaction increased with higher levels of patient illness severity ($r=.25$, $p<.001$) and the presence of a patient's family/friend ($r=.18$, $p<.001$). Satisfaction decreased with older ED patients who exhibited any type of cognitive impairment ($r=-.31$, $p<.001$) or evidence of psychosocial issues ($r=-.32$, $p<.001$). At the same time, multivariate analyses indicated increasing patient age was positively associated with ED physician satisfaction (beta=.22, $p<.001$). Finding suggest the importance of the physician-patient relationship and influence of social support in the ED. Dissatisfaction with cognitively impaired ED patients may be another important area for developing clinical ED resources.

109

SOCIAL AND POLITICAL CONTEXT OF HOUSING AND SERVICES FOR ELDERS IN INDIA.

P.S. Liebig, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191.

India is a rapidly aging and changing society. By the year 2025, more than 170 million Indians will

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be age 60+. Modernization, urbanization and immigration have affected the traditional joint family system and led to a growing reliance on non-governmental organizations (NGOs) to develop housing and services. In India's federal system, different levels of government provide limited incentives (e.g., grants, gifts of land) for NGOs. However, quality and accountability standards are lacking and help for elders and families is minimal. Recent interviews of 8 policy makers, heads of 20 NGOs and managers of 64 housing and service programs reveal strong consensus on NGO (84%) and familial (96%) roles in elder care and concerns about age-segregated housing (66%), but 88% were unable to identify ways to sustain those roles and ensure quality services. Comparisons with U.S. approaches are discussed and recommendations made for India-appropriate ways to achieve those goals.

THE ROLE OF PROFESSIONAL GUARDIANS AS THE GUARDIAN OF LAST RESORT

Linda D. Carson, S. L. Reynolds, University of South Florida, Tampa, FL 33620.

For many older adults who need a guardian (wards), there is often no family or friend available to act as their surrogate. In some states, public guardianship act as guardian of last resort. In Florida, few court districts have public guardians; for most, this void is filled by professional guardians, who are often targeted by the media as likely to financially exploit their wards.

This study examines a random sample of 406 open and closed guardianship files in Hillsborough and Pinellas counties in Florida, opened from 1983 to 1996. Data on characteristics of wards, guardians, and guardianship practices were analyzed to determine whether having a professional guardian resulted in differences in the likelihood of depletion of assets, institutional placement, and compliance with court monitoring procedures.

Findings indicate that having a professional guardian results in an increase in the likelihood of have one's assets depleted, but this finding was not significant. The ward also was less likely to live in an institutional setting when they have a family guardian, but this is likely a reflection of the availability of the family network, rather than actions by the guardian. As the sample size was small, further research should be conducted on larger samples to see if the depletion of assets is a chance occurrence, or whether a real risk of asset wasting exists when a professional guardian is present.

EXPEDITING IN-HOME SERVICES TO FRAIL ELDERS APPLYING FOR MEDICAID HCBS: RESULTS OF A PILOT

Rosemary Chapin, Ph.D., Kelley Macmillan, MSW, and Roxanne Rachlin, MHSA, School of Social Welfare, University of Kansas, Lawrence, KS 66045.

The purpose of the Expedited Service Delivery (ESD) pilot study was to test an Expedited Service Delivery Financial Screening (ESDFS) Worksheet and to evaluate a process whereby case managers expedited the start of in-home services while the Medicaid Home and Community Based Services (HCBS) eligibility determination is made. The delay in services (potentially 45 days) during the determination period can lead to unnecessary institutionalization. The 1998-99 pilot was conducted over a 5 month period at 3 Midwestern sites representing urban and rural populations. A purposive sample selection method was used. Case managers screened new HCBS Medicaid applicants using the ESDFS Worksheet. Data were analyzed to determine the accuracy of the ESDFS Worksheet, the disposition of the applicants 45 days after screening, and characteristics of the applicants and service delivery process related to successful outcomes. Findings indicate the worksheet is accurate for determining which HCBS applicants could receive ESD pending final Medicaid determination and that ESD is a cost-effective process. The results from the worksheet testing, an evaluation of the pilot project, a cost-benefit analysis, and a demographic profile of pilot participants will be presented. Implications for state policy makers for increasing access to Medicaid HCBS for low income older adults and realizing cost savings through the avoidance of unnecessary nursing facility placement will be discussed.

Funded in part by the Kansas Department on Aging and the Department of Social and Rehabilitation Services. (SRPP-15)

ASSISTED LIVING AND AGING IN PLACE: PROMISE VERSUS POLICY

Debra Dobbs, Rosemary Chapin, Roxanne Rachlin, Jan Moore
School of Social Welfare, University of Kansas, Lawrence, KS 66045

Aging in place has been a major part of the philosophy and promise of the assisted living industry nationally. This initial evaluation study examines implementation of the aging in place philosophy in assisted living in one Midwestern state. We surveyed all licensed AL/RHC facilities in the state of Kansas about their admission and discharge policies (N=169). Our response rate was 85% (N=141). Findings indicate that the following facility policies support an aging in place philosophy by providing care to residents with self managed incontinence problems, dementia diagnosis, those who are not ambulatory, who need palliative care, and residents requiring oxygen, a catheter or ostomy. However, if residents develop more severe cognitive impairments, most assisted living settings surveyed do not accommodate these older adults. Other factors limiting the capacity to age in place include elopement risk, behavioral problems that endanger the health and safety of other residents and payor status. Approximately 35% of the facilities surveyed do not accept or retain Medicaid recipients. This finding indicates that access may be limited for Medicaid recipients, providing less opportunity for lower income older adults to age in place in assisted living settings. Implications for policy makers attempting to facilitate aging in place are discussed. Funding for this project was provided by the Kansas Department on Aging. (SRPP-11)

Incorporating Insurance Rate Estimates and Differential Mortality into Net Marginal Social Security Tax Rates Calculation.

Brian S. Armour Kerr L. White Institute, Decatur Plaza, Suite 610, 101 W. Ponce de Leon Avenue, Decatur, GA 30030 and M. Melinda Pitts, Georgia State University.

This paper extends the literature on net marginal tax rates created by the social security program by including variations in both the probability of being eligible to receive benefits and income-related life-expectancy. The previous literature has found that women pay lower net marginal tax rate because they have longer life-expectancies. The results presented in this paper indicate that including variations in eligibility for benefits partially reverses this result by increasing net marginal social security tax rates for older women. In addition, the existing literature has shown that low-income households pay lower net marginal tax rates because the benefit formula is progressive. Including variations in life expectancy reduces but does not eliminate this result. This implies that differential mortality increases the net marginal social security tax rates incurred by low-income households. These results are important from a policy standpoint given the current debate on the future of the social security system.

111

Treating Urinary Incontinence

One (17 minute)/color videotape, 1997
Produced by Family Health Media

This video portrays real people with different types of urinary incontinence in a manner that promotes identification with the characters. Interesting graphics and clear explanations make this program a pleasure to watch for women and men alike. Reviews the urinary system. Defines urge stress incontinence. Teaches how to do pelvic muscle exercises. Explains bladder training. Recommends basic dietary adjustments. By viewing this video, patients will be able to easily understand why they have incontinence and how behavioral therapies as taught and /or performed by the nurse are an integral component in their treatment. This is a very unique video that is supportive of nursing interventions and patient inclusion in decisions regarding treatment options.

Contact: James Vanden Bosch, Terra Nova Films, 9848 S. Winchester Ave., Chicago, IL 60643 800.779.8491; FAX 773.881.3368; e-mail: jvb@terranova.org

112

INCREASED LIFE EXPECTANCY FOR ADULTS WITH DEVELOPMENTAL DISABILITIES: RESEARCH ON SOCIAL, ENVIRONMENTAL AND HEALTH CARE SUPPORTS

A.R. Factor, Rehabilitation Research and Training Center on Aging with Mental Retardation, University of Illinois at Chicago, 1640 W. Roosevelt Road, Chicago, IL 60608-6904

Participants:

P. McCallion (University at Albany, Albany, NY 12222); M.Janicki (RRTC on Aging with Mental Retardation, 1640 W. Roosevelt Rd., Chicago, IL 60608-6904) Dementia Care for Persons with Developmental Disabilities

A.L. Botsford (Marist College, Dyson 340, Poughkeepsie, NY 12601); L.T. Force (NYS OMRDD, 44 Holland Ave., Albany, NY 12229) Supporting People with Intellectual Disabilities at the End of Life: Evaluation of a Teaching Model for Carers and Implications for Policy

E.A. Ansello (Virginia Center on Aging, Virginia Commonwealth University, Richmond, VA 23298-0229) Continued Community Living for Elders with Developmental Disabilities

A. Factor (RRTC on Aging with Mental Retardation, Chicago, IL 60608-6904) A National Survey of Family-Financed Housing for Older Adults with Developmental Disabilities.

Professionals in the fields of aging and gerontology, policy makers, and families must develop new supports and policies to meet the age-related physical, psychosocial, and long-term care needs for growing numbers of older adults with mental retardation and related developmental disabilities. This symposium presents the research evaluations of four innovative service and support models to improve the well-being of older adults with developmental disabilities and their families. 1) progressive models of dementia care to support aging in place; 2) a supportive care model for older adults and their carers in dealing with end of life issues; 3) the results a collaborative demonstration between the aging and disability service systems to conduct outreach and provide support to older families caring for a relative with developmental disabilities at home; and 4) a national survey to identify and evaluate families' innovative approaches to financing housing for their relative with a disability due to the widespread shortage of community residential services.

Title: Dementia Care for Persons with Developmental Disabilities **Authors:** Philip McCallion, Ph.D. & Matthew Janicki, Ph.D. Address: University at Albany, Albany, NY 12222.

A number of efforts have focused on increasing the capacity of community aging and disability agencies to address the care needs of older adults with intellectual disabilities who are affected by physical and cognitive decline, dementia, and overall frailty. The aging in place of older adults with intellectual disabilities, particularly those affected by Alzheimer disease and other dementias, is posing care difficulties for community living settings. This presentation will examine the service issues emanating from this emerging care issue and explore some strategies that can strengthen collaboration among aging and disability community agencies and increase their capacities to continue to provide housing and supportive care in the community.

SUPPORTING PEOPLE WITH INTELLECTUAL DISABILITIES AT THE END OF LIFE: EVALUATION OF A TEACHING MODEL FOR CARERS AND IMPLICATIONS FOR POLICY

A.L. Botsford (Marist College, Dyson 340, Poughkeepsie, NY 12601); L.T. Force (NYS OMRDD / 44 Holland Avenue, Albany, NY 12229) M.P. Janicki (SUNY at Albany, Richardson 280, Albany, NY 12222.)

A model for responding to the increasing need for supportive care at the end-of-life for a growing number of aging people with intellectual disabilities (ID) and their families and carers can help stabilize an increasingly stressful situation for many community agencies. We report on a teaching model developed in conjunction with provider agencies, university personnel and a state agency. The teaching model was the outcome of a multidisciplinary, statewide workgroup's initiative to develop a curriculum, resources and one-day staff training program covering the psychosocial, legal, ethical, religious, cultural, administrative, regulatory, medical and family issues a the end-of-life. The curriculum, resources and an outline of the training program are explored, evaluated and discussed in terms of their value in helping staff internalize coping techniques for addressing end-of-life related stress. Strategies that promote optimal effectiveness of the training program are evaluated. Implications of the research findings for the roles and best practices of administrators, professionals and other carers will be discussed. Next steps in end-of-life care research and replication strategies will be explored.

CONTINUED COMMUNITY LIVING FOR ELDERS WITH DEVELOPMENTAL DISABILITIES (DD)

Edward F. Ansello, Virginia Center on Aging, Virginia Commonwealth University, Richmond, VA 23298-0229.

While middle aged and younger adults with DD tend to age relatively independently, benefiting from mainstream education, personal assistance services, day and residential programs, older adults with DD tend to grow old in family caregiving contexts. Our research on the practices of DD-related agencies in Virginia suggests that agencies conduct outreach reluctantly and identify consumers reactively rather than proactively. Ironically, our research on the status of family caregivers reveals that family caregivers are reluctant to abandon their roles and see agencies as information sources to enable their continuing family care. These studies have led to policy initiatives in Virginia that include inter-system collaborations, an advocacy council of consumers and caregivers, and a successful intergenerational campaign for legislation to recognize and reinforce family caregivers financially. Current research is determining the health status of the caregiving dyad (parent and offspring with DD) as predictive of the cessation of family caregiving.

FAMILY FINANCED HOUSING FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

A. Factor (RRTC on Aging with Mental Retardation, 1640 W. Roosevelt Rd., Chicago, IL 60608-6904)

Sixty percent of individuals with developmental disabilities live with their families and in 25% of these households the caregiver is age 60 or older. Older families, especially those who want to make future living arrangements for their relative with a disability, face a critical shortage of community residential services. Because an estimated 87,000 families are on waiting lists for residential services nationally, many families are creating their own housing for their relative with a disability. This presentation reports the findings of a national survey of families who have developed their own housing. Families were recruited from state and local chapters of The Arc and by word-of-mouth. Findings include: the financial resources these families used; the types of government funding families can access, their availability, and the extent to which these programs were used; the funding of in-home support staff; the resources used to support their relative during his/her residential transition; and these families' positive and negative experiences. Implications for changes in federal and national housing policies will be discussed.

113

Distributional Impacts of Social Security Solvency Proposals

Discussions about ways to reform the Social Security system usually focus on specification of benefit and tax changes and their contributions toward the improvement of the system's overall financial health. While enhancing the system's financing is at the heart of reform, a related concern is to assure that particular sub-groups such as women, minorities and low-earners are not disproportionately disadvantaged by the benefit and tax changes. Thus, when comparing the extent to which various options affect Social Security's selvency, their relative impacts on particular groups should be analysed as well.

Papers bearing on distribution analysis of Social Security reform options will be the focus of this year's Economics of Aging session at the November GSA meeting. Some papers will investigate the impacts of various provisions or complete reform plans on specific sub-groups. Others will focus on economic and demographic forces that will affect distributional impacts.

114

Presidential Symposium: Is Demography Destiny? F.L. Cook, Northwestern University, Evanston, IL, chair
Participants: Demography Is Not Destiny: A Report from the National Academy on an Aging Society, R. Friedland National Academy on an Aging Society, Washington, D.C.
The View from a Physician, C.K. Cassel, Mount Sinai Medical Center, New York, NY
The View from a Psychologist, P.B. Baltes, Max Planck Institute for Human Development, Berlin, Germany
The View from a Demographer and Sociologist, L. J. Waite, University of Chicago, Chicago, IL 60637

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Is demography destiny? With the assistance of a nationally recognized group of experts, the National Academy on an Aging Society recently released a report addressing this question. This symposium will examine the Academy's report, critique it from multiple perspectives, and focus attention on the issues of how to make rational policy decisions in the face of an unknown future. After an overview of the report, scholars from a variety of fields will examine its implications for mortality and morbidity rates in the next century, for economic well being and the economy, for intellectual and psychological functioning, and for changes in work and familial relationships.

115

The Biology, Psychology and Genetics of Exceptional Longevity.

Presidential Symposium Organizers: T. Miles, Univ of Texas Health Sciences Cntr at San Antonio, and T. Perls, Harvard Div on Aging

Participants:

J. Vaupel (Max Planck Inst for Demographic Research, Rostock, Germany) Centenarians: Myths and Research Findings.

L.W. Poon, M.A. Johnson, A. Davey, P. Holtsberg, D. Dawson+, I. Siegler*, P. Martin# (Univ of Georgia, Athens, GA; +Case Western; *Duke Univ; #Univ Heidelberg, Germany) Predictors of Survival after 100

T. Perls†, A. Puca*, M. Shea†, J. Bowen†, E. Joyce†, S.B. Ridge†, M. Daly‡, S. Brewster*, L. Kunkel* (†Harvard Div on Aging; *Genetics Div, Howard Hughes Med Inst, Children's Hospital; ‡Cntr for Genome Research, Whitehead Inst, Boston, MA) Identifying Genes Associated With Extreme Longevity

C. Franceschi, L. Motta, G. De Benedictis, G. Baggio, L. Dejana, G. Pes, C. Carru, L. Troiano, M. Bonafè, F. Olivieri, D. Mari, G. Paolisso (Dept of Gerontol Res, Italian National Res Cntr on Aging, Ancona Italy & Dept of Exper Pathology, Univ Bologna, Italy) Genetics And Immunology Of Human Longevity: Paradoxes, Perspectives And Difficulties.

Discussants: T. Miles (Univ of Texas Health Sciences Cntr at San Antonio)

Contrary to conventional wisdom, death rates decelerate with age after age 80, may level off at around 105 and may even decline after age 110. The ability to achieve extreme old age results from aging relatively slowly and markedly delaying or even escaping diseases normally associated with aging. Rather than the ageism "the older you get, the sicker you get", it's a matter of "the older you get, the healthier you've been". Predictors of survival from longitudinal studies of aging, as well as unique characteristics of centenarians will be presented. In the near future, such predictors will also include specific genetic polymorphisms discerned from families highly clustered for extreme longevity and lower organism correlates. The emerging field of molecular biodemography seeks to uncover how variation at the microscopic level of genetic polymorphisms alters mortality trajectories at the macroscopic level of entire populations. As for nongenetic determinants of longevity, the importance of diet, stress, socioeconomic status, gender, ethnicity and reproduction in inducing alternative mortality schedules has been demonstrated. Understanding these and other causal relationships and discovering genes and other survival attributes will lead to longer and healthier lives.

120

Identification of Genes Affecting Aging

Session 1:

Olivia Pereira-Smith", Baylor College of Medicine, "Genes expressed differentially between young and old *S. cerevisiae*".

Tom Johnson, University of Colorado, "Gerontogenes through evolution: nematode, mouse, human".

Robert Reis, University of Arkansas Medical Sciences, "Chromosomal mapping of genes governing longevity and senescence-related traits -- from nematodes to mammals".

Michal Jazwinski (co-chair), Louisiana State Medical Center, "Genetics and epigenetics of yeast longevity: pathways and processes".

Session 2:

Gordon Lithgow, University of Manchester, "The molecular genetics of *C. elegans* aging".

Seymour Benzer, CalTech, "Life and death in *Drosophila* mutants".

John Tower, University of Southern California, "Engineering *Drosophila* lifespans with inducible transgenic systems".

Jim Curtsinger (co-chair) University of Minnesota, "QTL mapping of genes that extend lifespan in *Drosophila*".

The goal of this symposium is to present the current state of research on specific genes that modify lifespans in the major invertebrate experimental systems. Much of our knowledge of the genetic mechanisms underlying senescence has been obtained from intensive analysis of yeasts, nematodes, and flies. Each of the speakers in this symposium has made significant contributions towards identifying and characterizing those genes. Implications for higher organisms and evolutionary processes will also be considered.

121

Exciting New Understanding of the Molecular Actions of Estrogen on the Aging Brain

Chair: Phyllis M. Wise, University of Kentucky

Estradiol has always been considered as an important reproductive hormone that regulates the hypothalamic-pituitary-ovarian axis to allow successful reproductive cyclesand the generation of offspring. However, new findings demonstrate that it is truly a pleiotropic hormone with diverse effects in "non-reproductive" functions. We now know that it influences the brain to affect memory and cognition, neural plasticity and response to injury by dynamically influencing neuronal structure and function. Speakers will discuss the molecular basis of estrogen's actions which may involve the newly discovered estradiol receptor-beta, second messenger signaling systems and regulation of gene expression.

Paul Shughrue, Wyeth Ayerst:
"Estrogen receptor-beta: New potential for estrogen action in the aging brain"

Caleb Finch, University of Southern California:
"Estrogen modulates hippocampal plasticity in response to lesions"

Dominique Toran-Allerand, Columbia University:
"Estrogen and the brain: a hormone for all seasons"

Phyllis M. Wise, University of Kentucky
"Estradiol: a protective factor in ischemic brain injury"

122

ALTERED INSULIN TRANSPORT ACROSS THE BLOOD-BRAIN BARRIER (BBB) IN AGED SAM P8 MICE

W.A. Banks, S.A. Farr, J.F. Flood, J.E. Morley, GRECC, VAMC & Division of Geriatrics, Department of Internal Medicine, Saint Louis U, St Louis, MO 63104.

Increased serum and decreased cerebrospinal (CSF) fluid levels of insulin in Alzheimer's disease could underlie a metabolic defect in brain glucose metabolism. The decreased CSF/serum ratio for insulin suggests a defect in the saturable transport of insulin across the BBB. We compared insulin transport across the BBB in 12 and 4 mo old SAM P8 mice, a strain which spontaneously produces amyloid beta protein and by 12 mo has developed impaired learning and memory. Blood to brain transport rate was assessed by measuring the unidirectional influx constant (Ki) with multiple-time regression analysis. The Ki for whole brain in 12 mo old mice was reduced by a nonsignificant 83% ($0.05>p>0.1$). Increased transport into the cerebellum and thalamus (122% and 138% of 4 mo old values) and decreased transport into the parietal cortex (82% of 4 mo values) were statistically significant. These findings show that insulin transport across the BBB is altered in a mouse model of Alzheimer's disease.

123

THE FAMILIALITY OF EXTREME OLD AGE

T. Perls, Harvard Medical School, Boston, MA

Participants:

Robine J-M, Allard M. (INSERM/Health and Demography, Montpellier, France; Fondation IPSEN, Paris, France) The family of Madame Calment.

A. Skytthe, B. Jeune (Aging Research Center and Epidemiology, Univ Southern Denmark - Odense University) Centenarian Siblings in Denmark.

S.B. Ridge, J. Bowen, M. Shea, E. Joyce, S. Brewster, L. Kunkel, A. Puca, T. Perls. (Division of Genetics, Children's Hospital and Harvard Medical School). Familial clustering of extreme old age.

Discussant:

Leonid Kruglyak, (Fred Hutchinson Cancer Research Center, Seattle, WA)

Twin studies where the oldest subjects were in their late eighties have concluded that genes play only a minor role in life expectancy. An alternative viewpoint is that the average person has the genes to survive to their late eighties and therefore most of the variability in life expectancy at these ages is due to variation in things one has control over such as their environmental exposures (eg. tobacco, bad diet) and what they do or don't do to improve their health (eg. stress management, exercise, antioxidant vitamins etc).

Dramatic familial patterns of extreme longevity suggest that some shared factor(s) among family members facilitate the ability to survive 10 to 15 years beyond what most people are capable of. Though the tendency is to say that it must be the genes, the role of shared genes versus shared environment has yet to be determined.

CENTENARIAN SIBLINGS IN DENMARK.

A. Skytthe and B. Jeune, Aging Research Center and Epidemiology, Univ Southern Denmark - Odense Univ.

With the purpose of studying familial aggregation among Danish centenarians, we have identified all siblings among centenarians in The Danish Centenarian Register. This register comprises all centenarians since 1943 ascertained by extracting all persons that died at the age of 100 years or more from the Danish Death Register (1943-1968) and from the Civil Registration System (1968-1996) - in total 3,729 centenarians. As part of the verification the names and ages of the parents of the centenarian have been collected. Of the persons with a code indicating birth parish we have until now verified 2,365 persons. Among these we found 27 families with 2 centenarian siblings (13 female-female, 13 female-male and 1 male-male siblings), one family with 3 male siblings and one family with 4 female siblings. Based on the probability of becoming a centenarian in different birth cohorts and an approximation of the distribution of families with different numbers of siblings in the period 1863 - 1896, we found that the number of families with two centenarian siblings was not much higher than expected. However, a family with 3 brothers and a family with 4 sisters reaching 100 years certainly represent extraordinary cases of familial longevity. The probability of becoming a centenarian for the given birth cohorts should have been at least five times higher in order to reach an expected number of a family with at least 3 centenarian siblings. But it remains to be clarified whether the aggregation can be attributed to genetic factors or common environmental factors in childhood.

THE FAMILY OF JEANNE CALMENT

Robine J-M & Allard M. INSERM/Health and Demography, 34298 Montpellier cedex 5, France Fondation IPSEN, 75781 Paris cedex 16, France.

Jeanne Calment died at the age of 122 years. Her life span is the longest ever recorded in a human being. We set out to determine if extreme longevity was a prominint feature in her family's pedigree.

Methods: A rigourous protocol was set up to search for Jeanne Calment's ancestors and descendants and to validate their ages at death. This protocol is the basis of the Alliance for Research on Longevity and Survival (ARLES), International Protocole of Paris (IPP). With the aim of promoting the highest possible level of rigour in the study of human longevity, the object of the IPP is to encourage international studies facilitating the possibility of aggregating the data for meta-analyses.

Results: 62 immediate ancestors of Jeanne Calment were identified. The lenghths of life of 55 out of these 62 were validated. In order to appreciate the length of life of these ancestors, we found similar birth cohort controls who had also had children. Although this is not strictly equivalent, we paired each ancestor of Jeanne Calment with an individual of the same sex married in the same municipality (the same parish before the French Revolution) and shown on the register of marriages just before or after him or her. Altogether, the controls constitute a reference family of the same space and time, since the beginning of the 18th century. As expected, the professions of the ancestors of Jeanne Calment and of the reference family were not significantly different from one another. Jeanne Calment had a Total Immediate Ancestral Longevity (TIAL) of 477 compared with 289 for the sum of the ages at death of the six immediate controls of the reference family. The 55 immediate ancestors of Jeanne Calment lived to an average age of 68.2 years versus 57.7 years for the 55 controls in the reference family.

Implications: The promotion of the case/control approach to study longevity, and the proposal of standard options in order to promote the regrouping of data bases with a view of developing meta-analyses appear necessary given the small size of the sampling in each study.

FAMILIAL CLUSTERING OF EXTREME OLD AGE

S.B. Ridge, J. Bowen, M. Shea, E. Joyce, S. Brewster, L. Kunkel, A. Puca, T. Perls. Division of Genetics, Children's Hospital and Harvard Medical School.

Twin studies of people reaching the age of 85 have previously concluded that genetics play only a minor role in life expectancy. We report 7 families that demonstrate a dramatic propensity for extreme longevity, implying at least that extreme old age runs in families.

Recruitment of sibling pairs resulted in the discovery of several families, each with a minimum of 4 siblings aged 90 years old and older. In these seven families, 29-100% of the effected members of the sibships reached age 100 or older. Extension of the pedigrees of these families revealed similar tendencies toward extreme longevity among peripheral family members (aunts, uncles, and cousins). The probability of encountering families such as these by chance is exceedingly rare and these family members likely share factor(s) predisposing them to extreme longevity. What yet has to be determined however, is how much of this propensity is due to shared genes versus shared environment or both.

124

CLINICAL TRIALS ON BEHAVIORAL INTERVENTIONS: CHALLENGES & CONCERNS

S. Willis, 105 Henderson South, The Pennsylvania State University, University Park, PA 16802 & J. Jobe, 7201 Wisconsin Ave., Suite 533 MSC 9205, National Institute on Aging, Bethesda, MD 20892

Participants:

L. Teri (U. Washington School of Nursing, Seattle, WA 98195) & K. Schafer (University of California, San Diego, CA 92093) Alzheimer's Disease Cooperative Study.

L. Powell (Rush-Presbyterian-St. Luke's medical Center, Chicago, IL 60612) & P. Kaufmann (National Heart, Lung, and Blood Institute, Bethesda, MD 20892-7936). Enhancing Recovery from Coronary Heart Disease (ENRICHD) Project

S. Willis (The Pennsylvania State University, University Park, PA 16802) & S. Tennstedt (New England Research Institutes, Watertown, MA 02172) Advanced Cognitive Training in Vital Elderly (ACTIVE) Project

Discussants:

J. Jobe (National Institute on Aging, Bethesda, MD 20892)

L. Thal (Dept of Neurosciences, U. CA San Diego, San Diego, Ca, 92093-0624)

This symposium will address issues of concern in the conduction of collaborative clinical trials in which a common behavioral intervention is being implemented at multiple sites. Such trials involve investigators from diverse disciplines reaching consensus and executing a common intervention. Although the behavior which is the target of intervention in a collaborative trial may vary from exercise, to cognitive functioning, to reduction of agitation in AD patients, there are a number of issues and concerns shared by such trials. These include: 1) How each trial came to consensus regarding a common intervention; 2) Selection of appropriate populations and eligibility criteria across sites; 3) Selection and rationale for outcome measures; and 4) Maintaining fidelity to a common intervention across sites. Symposium participants include representatives from the funding agencies, principal investigators, and coordinating centers of three collaborative trials: Advanced Cognitive Training in Vital Elderly (ACTIVE), Alzheimer's Disease Cooperative Study, & Enhancing Recovery from Coronary Heart Disease (ENRICHD). A brief overview of each trial will be presented followed by a round table discussion of the above issues.

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A COLLOBORATIVE CLINIAL TRIAL USING PHARMACOLOGICAL AND NONPHARMACOLOGICAL TREATMENTS: ISSUES IN DESIGN AND IMPLEMENTATION

L.Teri, (U. Washington) K.Schafer, L. Thal (UC SanDiego), and members of the ADCS.

A mulit-site randomized controlled clinical trial to decrease agitation in patients with AD was designed and conducted across 21 ADRCs. Two pharmacologic (haloperidol and trazodone) and one nonpharmacologic (Behavior Management Techniques-BMT) were compared to placebo with masked assessments conducted at baseline, mid, post, and followup intervals. Pharmacotherapy and behavioral research have many similarities that make design straightforward, such as the need for clear criteria for subject selection, randomized assignment to treatment condition, well defined outcomes, and masked assessment. However, they also have many differences that made design of this trial unique. These include: determining appropriate inclusion and exclusion criteria to fulfill medication restrictions but not overexclude for BMT; defining reasonable caregiver characteristics that would be amenable to BMT and not overly restrictive for medications; determining the best control condition for such different treatments and defining personnel expertise for the varied tasks of implementation from assessment to treatment. This presentation will describe this trial in light of these issues and how we addressed them.

ENHANCING RECOVERY IN CORONARY HEART DISEASE (ENRICHD): TREATING DEPRESSION AND LOW SOCIAL SUPPORT AFTER MYOCARDIAL INFARCTION

P. Kaufmann (National Heart, Lung, & Blood Institute, Bethesda, MD 20892-7936), L. Powell (Rush-Presbyterian St. Luke's medical Center, Chicago, IL 60612), and ENRICHD associates.

A strong link exists between depressive symptoms or low social support after acute myocardial infarction (AMI) and likelihood of reinfarction or death. The ENRICHD clinical trial examines whether treating these conditions extends life and reduces reinfarctions. AMI patients (n=3,000) are being enrolled over 3 years at 8 clinical sites. Those meeting biochemical and electrocardiographic criteria for AMI are evaluated within 28 days by DSM-IV criteria for major or minor depression, or by the ENRICHD social support instrument (ESSI) for social support status. They are randomized to cognitive behavior therapy or to usual post-AMI care. Patients with major physical or mental disorders are excluded. Efforts to recruit women and minorities will maximize generalizability and informative subgroup analyses. The primary endpoint combines all- cause mortality and non-fatal reinfarction. After a 6- month intervention patients are followed for up to 4.5 years. Intervention fidelity is ensured through coordinated training and quality monitoring. Data are compiled by a coordinating center, outcome data blinded and adjudicated by a clinical events committee. Efforts made to design a powerful treatment, meet recruitment goals, promote adherence, maintain the effects of intervention over time, retain participants, and other issues in study design, coordination, and monitoring will be discussed.

COLLABORATIVE TRAIAL: ADVANCED COGNITIVE TRAINING FOR VITAL ELDERLY (ACTIVE)

S. Willis (Penn State U.), S. Tennstedt (New England Research Institute).

This collaborative trial examines whether interventions to enhance performance on three basic mental abilities, reasoning, memory, speed of processing, will reduce loss of independence in activities involving use of these abilities and reduce the need for formal and informal care. The study design involves four groups with participants randomized into memory, reasoning, speed of process training or a no-treatment control group. The study population involves elders 65+ years living indpendent of formal care but who are at risk of loss of functional independence. The trial is being conducted at six sites: HRCA, UAB, IU,JHU,WSU, and PSU. Elders in each treatment receive ten one-hour training sessions, with four booster sessions occurring eleven months after training. Elders are followed at 12- and 24-month assessments.

125

AN INTERDISCIPLINARY GERIATRIC - ORTHOPAEDIC TEAM APPROACH TO OPTIMIZE THE EVER SHORTENING ACUTE CARE PHASE OF TRAUMATIC ORTHOPEDIC INJURY

E.M. Vespe, Mount Sinai Medical Center,
New York, NY
Participants:
E. Strauss (Mount Sinai, New York) The Hip Fracture is an Orthopedic Trauma.
J.H. Silverstein (Mount Sinai, New York) Preventing the Postponement of your Patients Surgery
M.S. Gilbert (Mount Sinai, New York) Orthopedic Fixation and Postoperative Management of Hip Fractures.
E. Durand (Parker Jewish Geriatric, New Hyde Park, NY) Maximizing Rehab Potential in Those First Few Days.
J.Capozzi (Mount Sinai , New York) Ethical Considerations in Traumatic Orthopedic Surgery in the Elderly.
J. Kessler, E.M.Vespe (Mount Sinai, New York) Making a Geriatric- Orthopedic Team Work for You

As the millennium approaches and people continue to age there are projections the 300,000 hip fractures annually will double to 600,000 Hip fractures occur to the elderly at varying periods in their life and health states. They have suffered traumatic medical and emotional injuries in which the acute care phase is expected to last 5 days. It is imperative to look at the evidence based knowledge to maximize the time the patient has in acute care in order medically optimize the patient for rehabilitation. Time is important ,in many circumstances the patient will leave acute care for sub acute care and not be in your immediate direct care to assess and evaluate the " Geriatric Issues" that a rise after a hip fracture.The pros and cons of developing a formal geriatric- orthopedic service will be discussed.

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126

GERIATRIC NURSE PRACTITIONERS: EXPANDING INTERDISCIPLINARY EVIDENCE BASED PRACTICE ROLES.

T. Fulmer, New York University, School of Education, Division of Nursing, NY, NY 10003

Participants:

K. Feldt (University of Minnesota, School of Nursing, Minneapolis, MN 55455) Evidence based GNP roles.

S.Greenberg (New York University, School of Education, Division of Nursing, NY, NY 10003) GNP roles in acute care settings.

E. Flaherty (The Osborn Retirement Community, Rye, N.Y. 10580) New GNP roles across sites.

R.Sohl-Kreiger (Pulmonary and Critical Care Associates, St. Paul, MN 55455) Sub-specialty GNP roles.

Changes in health care delivery have resulted in an increased demand for gerontological nurse practitioners(GNP's) in unique settings. Existing evidence on the GNP role includes those who are employed as team members to provide primary care, health maintenance, and disease prevention strategies to older adults in outpatient clinics and long term care settings. In recent years, GNP's have developed innovative position descriptions for health care systems to help manage and improve care of older adults across the health care continuum. These include roles for GNP's in emergency rooms, as liaisons in hospital settings, and as primary care providers to residents of assisted living programs. The interdisciplinary role of the GNP is being investigated by The John A. Hartford Foundation Geriatric Interdisciplinary Team Training (GITT) Program. The GITT experience facilitates GNP role dimension, which enables advanced practice nurses to move beyond traditional roles. This symposium will present major role functions of GNP's in non-traditional settings, the interdisciplinary interaction, and other contributions to the quality of geriatric care.

127

HEALTH AND BODY CHANGES (HEALTH ABC): HEALTH CONDITIONS, BODY COMPOSITION AND FUNCTION IN A BIRACIAL POPULATION.

A.B. Newman, Division of Geriatric Medicine, University of Pittsburgh, 3520 Fifth Avenue, Suite 300, Pittsburgh, PA 15213.

Participants:

E.M. Simonsick (National Institute on Aging, Bethesda, MD 20892) Measuring fitness and self-report function in healthy older adults: expanding familiar approaches.

A.B. Newman (University of Pittsburgh, Pittsburgh, PA 15213) Variation in muscle specific force with gender, race, age and obesity.

M. Nevitt (University of California, San Francisco, San Francisco, CA 94105) The association of overweight with knee pain by race and gender in healthy older adults.

S.B.Kritchevsky (Department of Preventive Medicine, University of Tennessee, Memphis, TN 38105) Patterns and correlates of self-reported short-term weight loss.

Discussant: T.P. Miles (University of Texas, San Antonio, TX 78484).

The Health and Body Changes Study (Health ABC) is a 7-year prospective study of 3075 well-functioning community-dwelling persons aged 70 - 79 years (52% female/42% African-American) living in Pittsburgh, PA and Memphis, TN recruited in 1997-98. The primary aim of Health ABC is to evaluate the relationship of weight related health conditions and lifestyle factors to changes in body composition and incident functional limitation. Three main hypotheses guide the study: 1) acute and chronic conditions contribute to the loss of lean mass observed with aging; 2) loss of lean mass leads to physical impairments in strength and fitness; 3) these impairments, clinically apparent or subclinical, contribute to functional limitations and disability. This symposium will include presentations of data from the baseline of this major new study, highlighting measurements that address the study's central hypotheses. An overview of the study components and opportunities for collaborative studies will be presented. Sponsored by the National Institute on Aging (Contracts #NO1-AG-6-2101, NO1-AG-6-2103, NO1-AG-6-2106). (CM-3) (B&SS-13)

MEASURING FITNESS AND LOWER-EXTREMITY FUNCTION IN HEALTHY OLDER ADULTS: EXPANDING FAMILIAR APPROACHES.

EM Simonsick, T Harris, JM Guralnik, AB Newman, S Kritchevsky, M Nevitt. (National Institute on Aging, 7201 Wisconsin Ave, Suite 3C-309, Bethesda, MD 20892).

To differentiate lower-extremity function in a newly established biracial cohort of men and women in their seventies free of mobility-related difficulty and maintain comparability with other studies, we raised the ceiling of commonly used self-report and performance-based measures of function. We extended self-report measures by ascertaining ease of performance and adding more demanding tasks. To measure fitness, we developed the Long Distance Corridor Walk (LDCW), a modified 6-min. walk, that assesses 20m walk speed, distance covered in 2 min. and time to walk 400m. A one foot standing balance test and narrow walk supplement a well-established performance battery. Even though no one reported difficulty walking 1/4 mile or climbing 1 fight of stairs, 28% found walking 1/4 mile not that or only somewhat easy and 25% had difficulty walking 1 mile. 29% found climbing 1 flight not that or only somewhat easy and 26% had difficulty climbing 2 flights. Median walking speed was 1.35 m/sec, ranging from .38 to 2.47 m/sec. 96% did the 2-min walk, covering 80 to 310 meters. 86% completed 400 meters of the LDCW in 3:16 to 9:50. All measures varied consistently by sex and race. Black women showed the poorest function and White men the best

(35% vs 14% reported difficulty walking 1 mile and median time for 400m was 6:04 vs 5:03, respectively). Healthy 70 year-olds demonstrate a tremendous range of functional capacity that can be readily ascertained by expanded measures of self-reported function and performance-based walking tests.

VARIATION IN MUSCLE SPECIFIC FORCE WITH GENDER, RACE, AGE, AND OBESITY A Newman, M Danielson, T Harris, M Nevitt, M Pahor, M Visser (University of Pittsburgh, Pittsburgh, PA 15213).

Specific Force (SF: Nm of torque cm2 of muscle CSA) may reflect alterations in recruitment or contractility or loss of type 2 fibers. We hypothesized that SF would vary by gender, race, age and obesity. The Health and Body Changes Study (Health ABC) evaluated 3075 well-functioning persons aged 70-79 (52% women, 42% African-American (AA) with isokinetic knee extension peak torque at 60°/sec, muscle cross-sectional area (CSA) by CT scan, and body composition with dual energy x-ray absorbtiometry (DEXA). Strength was higher in men than women [132 Nm (sd 35) vs 82 Nm (sd 22), p<.001] and in AA than Caucasians (C) (gender specific), and decreased with age in men and in women, overall and in subgroups by race. Thigh muscle CSA was also higher in men than women [133cm^2 (sd 22) vs 93cm^2 (sd 18), (p<.001)], AA than C and decreased with age. Strength and muscle CSA both increased in each higher quartile of BMI in all gender-race groups. SF was higher in men than women [1.00 (sd .22) vs .89 (sd .21), p<.001], was lower in AA than C and decreased with age. SF decreased with increasing BMI in each gender-race group. Using quartiles of %total fat, there appeared to be a threshold of decline in SF in the fourth quartile corresponding to >37.5% fat. Muscle quality, as reflected by SF, varies with age, race, gender and obesity.

THE ASSOCIATION OF OVERWEIGHT WITH KNEE PAIN BY RACE AND GENDER IN HEALTHY OLDER ADULTS. M.Nevitt, D.Felson, T. Harris, A. Newman, S Kritchevsky. (University of California, San Francisco, 74 New Montgomery, Suite 600, San Francisco, CA 94105).

Knee pain is a major cause of activity limitation and loss of mobility in the elderly. There are few studies comparing the prevalence of knee pain and its relationship to overweight between older African-Americans (AA) and Caucuasians (CA). The Health ABC study includes 3075 healthy older persons age 70-79 who did not have mobility disability at enrollment, with similar numbers of men and women, AAs and CAs. At the year 2 clinic visit we assessed knee pain using standard questions adapted from the NHANES surveys. The percent reporting knee pain "on most days in the past month," by median BMI is shown in the table.

BMI	AA Fem	CA Fem	AA Male	CA Male
< 27	21.7	18.8	13.3	11.9
≥ 27	36.1*	35.6*	25.6*	16.0
Total	31.3	24.6	19.9	13.7

* P < .05 by BMI category

Despite the baseline selection criteria, a high percent of participants had frequent knee pain, with AA women having a higher prevalence than any other group (P<.05), reflecting a greater prevalence of BMI ≥ 27 (AA women 66% vs. CA women 35%). Knee pain was significantly more common in overweight individuals in each group except white males. AA women averaged more limited activity days due to knee pain (1.7) than CA women (1.3) AA men (1.4) or CA men (0.9). Knee pain is common in well functioning elderly, especially AA women, and is related to being overweight. The causes of knee pain in this cohort are being investigated with MRI and x-ray.

PATTERNS AND CORRELATES OF SELF-REPORTED SHORT-TERM WEIGHT LOSS. S. B. Kritchevsky, S. Satterfield, S. Rubin, R. Wing, F. Tylavsky, T. Harris. (Department of Preventive Medicine, University of Tennessee, Memphis, TN 38105).

Weight loss predicts functional decline in older adults. However, the patterns of decline over the short-term aren't well established. In Health ABC, weight loss episodes of 5-9 lbs and at least 10 lbs were recalled in the year prior to baseline by 16.9% and 14.9% of the cohort (n=3,075), respectively. A 10 lb loss was more prevalent (p < 0.05) among those with: hospitalizations in the past year (28.4%), poorer appetites (25.7%), diabetes (24.7%), an illness interfering with appetite/eating (22.6%), a body mass index [BMI] > 30 (21.4%), a previous heart attack (21.4%), and being on a special diet (21.2%). 48.4% of those losing 10 lbs or more were not trying to lose weight. Among losers, unintentional loss was associated with (p < 0.05): BMI < 25 (81.1%), poorer appetite (67.7%), hospitalization in the past year (66.2%), more depressed feelings [CES-D score > 30] (65.6%), having an illness interfering with appetite or eating (62.9%), edentate status (57.4%), and a recent death of a spouse, friend or pet (56.6%). Among weight losers of 5 or more lbs, 41.6% also reported an episode of a 5 lb or more gain in the last year. 25.6% of losers of 10 lbs or more reported an episode of gain of at least 10 lbs. This gain was associated with a hospitalization during the year and current appetite. These data point to a variety of influences on body mass change in well-functioning elderly, and suggest large short-term weight variability associated with acute illness experiences.

128

IMPROVING DAILY FUNCTIONING IN OLDER ADULTS WITH DEMENTIA & VISION LOSS: PROSPECTS AND ISSUES IN INTERVENTION RESEARCH

Co-Chairs: E.S. McConnell, GRECC, Durham VAMC and Duke University School of Nursing, Box 3322 DUMC Durham, NC 27710 & B. R. Connell, Rehab R&D Center on Aging, Atlanta VA Medical Center, Decatur, GA 30033

Participants:

E. McConnell, Linkages between Visual and Cognitive Impairments and Function: The Nagi Disablement Model as a Framework for Intervention Development & Testing

E. Souder, (College of Nursing, University of Arkansas for Medical Sciences, Little Rock, AR 72205) Visuospatial & Visual Impairments and Daily Functioning in the AD Population

E. Koss & G.C. Gilmore (Case Western Reserve University, Cleveland, OH 44106) Environmental intervention to improve performance and slow functional decline in persons with dementia

B. R. Connell, Environmental Interventions to Enhance function in NH Residents with Dementia and Vision Loss: Conceptual and Methodological Issues

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Discussants

K. Buckwalter, (College of Nursing, University of Iowa, Iowa City, IA 52242)

A Horowitz, (The Lighthouse, Inc., NY, NY 10022)

Unremediated vision and cognitive impairments are highly prevalent among nursing home residents. Recent research suggests that both impairments are related and independently affect function. Vision status is likely to influence other domains such as social involvement, mobility, and QOL. Improving the vision status of NH residents is thus a promising intervention approach, but successful trials must take into account the challenges presented by perceptual and cognitive deficits experienced those with dementia.

The Nagi disablement model suggests a variety of complementary intervention approaches that may be tested individually or in combination: improving residents vision capabilities; improving the visual environment (e.g. enhanced lighting conditions), and teaching staff how to assist residents in overcoming situational problems with vision.

Participants in this symposium will discuss the state of the science that underpins different intervention approaches from the standpoint of their own empirical work in this field, and will address research design issues that require attention to advance scientific understanding of how to improve visual function in patients with dementia. Issues to be addressed include measurement and targeting of residents who are most likely to benefit from various interventions, use of laboratory v. field experimental designs, and testing interventions singly or in combination.

CM-21

LINKAGES BETWEEN VISUAL AND COGNITIVE IMPAIRMENTS & FUNCTION: THE NAGI DISABLEMENT MODEL AS A FRAMEWORK FOR INTERVENTION DEVELOPMENT & TESTING

E. McConnell (GRECC, Durham VAMC & Duke Univ.)

In a study of 142 VA nursing home residents with dementia, the Nagi disablement model guided analyses of the independent contributions of vision and cognitive impairments to dependence in basic ADLs. We believe simultaneous consideration of impairments in multiple organ systems is needed to develop efficacious interventions in this population. In the Nagi model, disability is influenced by both the effects of one or more pathological processes and by human responses to the underlying organ system impairments (functional limitations), that may be responsive to interventions external to the individual, such as staff approaches to care or features of the physical environment that influence performance of everyday tasks.

Despite adequate statistical power and enrollment of a high proportion of subjects with uncorrected visual impairment in a setting where routine eye care was readily available, (median Snellen acuity w/correction = 20/80), we were unable to demonstrate a significant direct relationship between vision impairment (using acuity, contrast sensitivity, depth perception and color vision) ADL function, after controlling for the effects of cognitive impairment, although we found an indirect effect of acuity on ADL status, mediated by mobility. Intervention trials aimed at improving quality of life in NHRs with vision and cognitive impairment will need to consider measures other than ADL status as outcomes, and may need to include interventions directed at the caring environment to help residents maximize residual visual function.

CM-21

VISUOSPATIAL IMPAIRMENTS AND DAILY FUNCTIONING IN THE AD POPULATION.

E. Souder, College of Nursing, Univ of Arkansas for Medical Sciences, Little Rock, AR 72205

Many people with dementia experience perceptual problems due to visuospatial (VS) impairment. VS impairment can result in difficulty with eating, wayfinding, moving around objects and other activities of daily living independent of visual acuity. This presentation will describe the range of VS problems common in people with dementia. The development of interventions to reduce the impact of VS impairment on function will be discussed. Implications of VS impairment for other interventions intended to improve vision status or create more supportive environments for individuals with dementia and vision impairment will be presented. Implications for testing individuals and targeting interventions in clinical trials also will be addressed.

CM-21

ENVIRONMENTAL INTERVENTION TO IMPROVE PERFORMANCE AND SLOW FUNCTIONAL DECLINE IN PERSONS WITH DEMENTIA

E Koss and C G Gilmore, Case Western Reserve University

Recent studies document that Alzheimer Disease patients experience a profound dysfunction in elementary visual processing (such as spatial contrast sensitivity, stereoacuity, motion detection, and color vision) in addition to cognitive deficits. These visual problems are neurologically-based but often go unrecognized as they are not detected in ordinary visual screening exams. We propose that visual contrast enhancement is an effective, safe, and relatively inexpensive means to improve performance, decrease agitation, and slow functional decline. We have done basic laboratory research to demonstrate that an increase of visual contrast can bring some patients to normal levels of performance for reading and picture naming tasks. We have now the capability to model the visual world of an Alzheimer patient through computerized visual degradation and can evaluate the visibility of naturally occurring obstacles. In a recent nursing home study, we demonstrated the benefits of increased lighting and visual contrast on food intake and behavioral agitation. Easy to implement environmental modifications and educational tools will be presented to improve the visual world of patients with dementia.

CM-21

ENVIRONMENTAL INTERVENTIONS TO ENHANCE FUNCTION IN NH RESIDENTS WITH DEMENTIA AND VISION LOSS: CONCEPTUAL AND METHODOLOGICAL ISSUES.

BR Connell, Rehab R&D Center, Atlanta VAMC, Atlanta, GA 30033.

Demented NH residents with eye disease and age-related vision loss typically confront a variety of environmental conditions that tax, if not exceed, their visual and cognitive capabilities. Commonly advocated environmental interventions for people with dementia pay little attention to the possibility of vision impairment and/or age-related vision loss in this population. Thus, they may address demands of cognitive but not visual impairment or any interaction between the two. Improving lighting levels and other aspects of the visual environment in NHs is an obvious, but largely untested, intervention strategy. There is little research to guide the formulation of potentially successful interventions. For example, there is no evidence that consensus guidelines on minimum illumination levels in NHs provide adequate light, particularly in congregate settings where individuals may have different needs. Additionally, little is known about residents who are likely to benefit most from improved lighting. There also are methodological considerations in planning trials that are somewhat unique to environmental interventions: the pros and cons of assessing state-of-the-art "best practices" vs more modest interventions that are feasible as renovations or part of routine maintenance for existing facilities, and the costs and technical feasibility of discontinuing the intervention in the final phase of a cross-over design. More practically, even limited environmental interventions, such as improved lighting, are comparatively costly per subject and their installation unavoidably disruptive.

129

Changes in Peripheral Nerve Conduction Velocity Across the Life Span: Results From the InChianti Study

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An age-associated decline in peripheral nerve conduction velocity (NCV) has been previously described. However, it is unknown to what extent such a decline is attributable to the high prevalence of diabetes and other chronic conditions that often cause peripheral neuropaties in older persons. The InChianti study is a survey of 1450 persons selected among the residents of two municipalities located in the Chianti Area (Tuscany, Italy). The study population includes 1200 subjects randomly selected among those aged 65 years or more and 50 participants (25 men and 25 women) sampled within each decade between 20 and 70 years. NCV of the peroneal nerve was measured using standard electrophysiologic techniques. Information on presence and severity of chronic conditions, including diabetes, were ascertained according to standard criteria by an expert clinician who performed a complete clinical examination including medical history, physical examination and blood test. We found a non-linear relationship between age and NCV. In particular, a significant decline in NCV was found only in participants older than 60 years. Diabetes and number of chronic conditions were associated with lower NCV. However, after removing from the analysis all the diabetics and adjusting for comorbidity, the age related trend was still statistically significant. Other factors that may explain the average reduction of NCV with age should be identified as potential targets for prevention.

OBJECTIVE AND SUBJECTIVE MEASURES OF AN ANTISIALOGOGUE EFFECT IN YOUNG AND OLDER ADULTS

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Clinical studies report no salivary flow differences between young and old healthy adults, while age-related histomorphometric changes exist. The secretory reserve hypothesis proposes that young adults have excess salivary tissue that is lost in normal aging. This study's purpose was to test this hypothesis by objectively and subjectively assessing if there are age-related salivary responses to an antisialogogue, glycopyrrolate. 36 healthy subjects (18 young: age 20-40 yrs; 18 older: age 59-80 yrs) received 4.0 µg/kg IV glycopyrrolate. For 6 hours following drug administration, 2% citrate stimulated parotid (SPFR) and submandibular (SSFR) salivas were collected and an 8 item Visual Analogue Scale (VAS) xerostomia test was given. Older subjects' SPFR and SSFR had a greater decrease and became more rapidly suppressed. Alternatively, no age-related differences were found in xerostomia complaints. However, more older adults complained of xerostomia 6 hours after drug administration. No gender differences were found. These preliminary findings suggest that major salivary gland output in healthy older adults is more adversely effected by an anticholinergic drug compared to a younger group. However, the magnitude of xerostomic complaints was not significantly different between the two groups. These data support the secretory reserve hypothesis of salivary function across the human life span.

AGE AND GENDER DIFFERENCES IN THE TIME TO INTERCEPT AN ONRUSHING OBJECT WITH BOTH HANDS.

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A fall to the floor can often be avoided by grabbing a railing or some other raised support. However, doing so requires rapid, yet accurate, hand movements in a time-critical setting. We tested the hypothesis that old females (OF) use longer movement times under such conditions. Using a seated analog of this task we asked 40 healthy subjects (10 each OF, YF, OM, and YM) to move their hands as quickly as possible to a shoulder height protective position (elbow at ~120°) from a standard starting point on the anterior of their thighs ('no-risk' test condition). Next, subjects were asked to use both hands to arrest a pendulum swinging towards them in the sagittal plane, initiating hand movement when the pendulum was released ('low-risk'). Subjects had 0.7 s to intercept the pendulum bob and averaged 0.19 s reaction time and 0.31 s hand movement time (MT). Finally, the subjects were asked to delay moving their hands as long as possible yet still arrest the pendulum at the desired interception point ('high-risk'). Considering the best trial for each subject, in the no- and low-risk tasks OF required 21% (0.06 s) longer MT than all others ($p<0.01$). In the high-risk condition, the MT for OF were not significantly different from OM and YF but were 21% (0.05 s) greater than YM ($p<0.01$). This difference between OF and YM increased to 0.11 s when all trials were included in the analyses. We concluded that older subjects required significantly greater MT than younger subjects. Moreover, for the OF and YM, it was noteworthy that MT measured in the no- or low-risk conditions overestimated the MT actually observed in the high-risk condition.

AGE AND SPEED AFFECT PERFORMANCE OF A FORWARD REACH TASK

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Reaching while standing on a chair has been rated by elderly as one of the three most difficult activities to perform without falling (Powell and Myers, 1995). Reaches performed quickly not only involve a large center of mass (COM) displacement, but can generate greater momentum which may be difficult to arrest without loss of balance. Ten young females (YF, mean age 23.7 yrs) and ten community-dwelling healthy older females (OF, 70.5 yrs) were tested. Standing with their toes aligned with the edge of a 43 cm high platform, subjects were instructed to reach forward and touch a target simultaneously with both hands. With the target set at the subject's maximum reach distance, reaches were performed at a comfortable speed and as fast as possible. Body segment motions were measured using an Optotrak® optoelectronic camera system and 12 infrared markers. Reactions between the feet and support surface were measured using an AMTI® force plate. OF reached 16% less far (31.0 vs 36.7cm, p<.01), had a 22% smaller COM displacement (31.8% of the base of support (BOS) vs 40.6%, p<.05) and generated 32% less momentum (4.6 vs 6.8 kg m/s, p<.05) than YF. They maintained twice as large of a 'safety margin' between the center of reaction under their feet and the edge of the platform (24.8% BOS vs 12.6%, p<.001). When asked to reach as fast as possible OF, unlike YF, did not significantly increase their COM velocity. The fact that their fast reach was slower than the comfortable reach of YF, suggests that OF avoided excessive momentum during this challenging balance task. By minimizing their COM displacement and avoiding excessive momentum, OF placed greater importance on maintaining balance than on maximizing reach distance.

SOCIAL NETWORK AND CARDIOVASCULAR DISEASE: GENDER DIFFRENCES IN AN OBSERVATIONAL COHORT

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Although research has shown social network to be inversely associated with cardiovascular mortality, it has not been determined whether this is a function of type of disease outcome. The goal of the present paper was to examine the association between social network and four types of cardiovascular disease among elderly men and women. Using data from the Cardiovascular Health Study (N=5201), social network (Lubben Scale, 1988) was categorized into two dummy variables representing low and high network, with moderate as the reference variable. Incidence of stroke, anginga, TIA, and MI were examined in the following 5 years. Excluding those with cardiovascular disease at baseline, social network variables were entered into a gender stratified, age adjusted logistic regression model. Women with low network were more likely to have a TIA (OR=1.97, CI=1.2-3.5), and stroke (OR=2.1, CI=1.3-3.7) over the following 5 years. Men with high network were less likely to have a TIA (OR=.26, CI=.08-.83), and MI (OR=.44, CI=.24-.84) over the following 5 years. It appears that high networks protect only men while low networks are harmful only for women. Although social networks are associated with cardiovascular disease, the mechanisms appear to vary by gender and type of outcome.

130

Pneumonia, therapeutical guidelines and their effect on LOS in a Geriatric Ward

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Aim of the study is to evaluate the characteristics of elderly patients affected by pneumonia and admitted in a g-eriatric ward and the impact of guideline implementation on length of stay (LOS). During a 9 month period 712 elderly patients newly admitted to our ACE-MU (Poliambulanza Hospital-Brescia) were eligible for the study. They were mainly female (63%), affected by 5 co-occurent chronic conditions; their LOS were 7.3 ± 2.8 days. Among these 97 were suffering by pneumonia: 79 (81.4%) community acquired pneumonia, 6 (6.2%) NH acquired, 7 (7.2%) nosocomial pneumonia and 5 (5.2%) "ab-ingestis" pneumonia. Their mean age was 81.6±7.6 and LOS was 9.5±4.1 days. Fever was detected in 51.5% (literature reports a range of 56-71%); relatively low was the thoracic pain prevalence (10.3% vs 30-36%); prevalence of dyspnoea was similar with literature reports (73.2% vs 69%); delirium was detected in 24.6% (vs 18-33%), hypoxemia in 42% and hypercapnia in 32%; 15 patients (16.3%) died in hospital, in particular: 8 patients in the community acquired pneumonia group; 3 in the NH group, 2 in the nosocomial pneumonia group and 2 in the ab-ingestis pneumonia group. To evaluate of the impact of the guidelines, the characteristics of 86 patients admitted in a Medical Ward, not specifically oriented to elders care, were measures; even if the clinical conditions of patients were less severe (i.e. less comorbidity, less disability) and their mean age was 68.2±18.9 years, LOS was significantly higher (13.3±6.5 days). The guideline implementation in a geriatric ward leads to a homogenization of therapeutical procedure that have an influence on different clinical parameters, among which LOS

SUBCUTANEOUS FLUID THERAPY FOR USE IN LONG-TERM CARE.

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Subcutaneous (SC) fluid therapy, frequently used in long-term care settings, is not well studied. We prospectively compared SC to intravenous (IV) fluid to treat dehydration in frail seniors. We collected data on all long-term care residents at the Baycrest Center receiving SC or IV fluids during a 5 week period. Our sample included 55 patients with a mean age of 84 (± 10.5) (range 52-100 years) and a high mean Cumulative Illness Rating co-morbidity score of 13.9 (± 3.7) (range 5- 23); 38 received SC, 9 IV, and 8 both fluids.

Maintenance fluid therapy was given to 26 patients to treat chronic poor intake (24 given SC and 2 given IV). Of those receiving SC, 21 (87%) remained adequately hydrated and 3 (13%) were palliative and died of unrelated causes. Of the 2 patients receiving IV fluid, 1 remained stable and the other died (expected).

Fluid therapy was used to treat acute dehydration (28 patients on SC and 16 on IV) in association with decreased intake or fever or infection. Among SC fluid recipients, 16 (57%) improved, 7 (25%) remained unchanged, and 5 (18%) palliative patients died. Among IV fluid recipients, 13 (81%) improved and 3 (19%) remained unchanged.

Use of SC fluids was associated with fewer catheter related complications (average number of complications per patient day 0.7 (± 0.16) in patients on SC fluids compared to 0.21

(± 0.25) in patient on IV fluids) (t= 2.14; p= 0.04)

Our data supports the use of SC fluids for dehydration. Unlike IV fluids, SC fluids can be administered in long-term care settings and therefore avoid transfers to acute care.

RACIAL DISPARITIES IN PRESSURE ULCER PREVALENCE AT ADMISSION TO NURSING HOMES

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Background: Literature on racial disparities in the occurrence of pressure ulcers has been inconsistent in both methodology and results, and limited to black/white comparisons. **Methods:** Drawing from the SAGE database, we identified 223,448 entrants to nursing homes in five states (KS, ME, MS, NY, SD) over four years (1992-1996). We required at least 100 residents of each racial/ethnic category. A linear model provided estimates of State- and gender-stratified differences in pressure ulcer prevalence, adjusted for pressure ulcer risk factors. **Results:** Adjusted prevalence differences of high grade (II-IV) pressure ulcers in African-Americans relative to Whites: F 3.8%; M 3.3% in KS, F 4.6%; M 4.1% in MS, and F 1.5%; M -2.2% in NY. Native Americans relative to Whites: F -0.8%; M -2.0% in KS, F -2.8%; M 0.5% in ME, F 0.1%; M -8.0% in MS, F 1.1%; M 0.6% in NY, and F 6.6%; M 0.9% in SD. Asian-Americans: F -2.0%; M -2.1% in NY. Hispanics: F 0.6%; M -2.4% in NY. Low grade (I) ulcers were almost always less prevalent in racial/ethnic minorities than Whites; differences from Whites ranged from -8.0% in NatAm M in ME to 3.6% in NatAm F in MS. **Conclusions:** In most cases, we found a disturbing excess of high grade pressure ulcers in minorities relative to Whites. The low rates of grade I pressure ulcers in most racial/ethnic minorities may indicate substantial undercounting of early stage pressure ulcers. Intensified monitoring of racial/ethnic minority nursing home residents for early, reversible stages of pressure ulcers is called for.

THE EFFECT OF A LOW-HEIGHT BED INTERVENTION ON NIGHTFALLS AMONG FRAIL NURSING HOME RESIDENTS.

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Bilateral full-length siderails are the most frequently used intervention to prevent falls from bed, yet are also known to contribute to injurious falls, siderail entrapment injuries and even death. For mobile residents, bilateral full-length siderails are considered a restraint. The purpose of this study was to evaluate the effectiveness of a low-height bed in reducing falls among a group of severely impaired nursing home residents.

Residents with a history of falling from bed with bilateral, full-length siderails were selected at pre-intervention (T1, n=54). At T2, the subjects were divided into two groups : (1) 28 subjects with bilateral full length siderails replaced by a low-height bed and (2) 26 who continued to have bilateral full length siderails. We then compared pre (T1) to post intervention (T3) mean changes in nightfalls using univariate methods.

The two groups were similar in demographic, cognitive, functional and mobility characteristics. The low-height bed group (n=28) displayed significantly more behavioral symptoms, inability to transfer out of bed safely and were rated by staff at higher risk for falling. Controlling for pre-intervention night falls, by comparing change scores, revealed a significant greater reduction in night falls among those receiving the low-height bed (p = 0.013).

In this preliminary study of frail nursing home residents at high risk for falls from bed, a low-height bed can significantly reduce fall risk. (Funding: ANF, J & J Faculty Award, Hartford Institute Fellowship & Penn SOM # AG10124).

NURSING HOME RESIDENT'S HEALTH CARE UTILIZATION FOLLOWING FRACTURE

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This study was conducted to characterize health care utilization patterns of nursing home residents following bone fracture. A total of 1428 white female residents of a stratified, random sample of 47 nursing homes throughout Maryland were followed for eighteen months to determine use of acute care hospitals, emergency departments, and physician services following fracture. In the first six months after fracture, residents who fractured were more likely to be hospitalized (RR=6.45, 95% CI = 4.13, 10.15), use the emergency department (RR = 3.17; 95% CI = 2.05, 4.89), and be seen by a physician (RR = 1.41, CI = 1.30 - 1.52) than those who did not fracture. Adjusting for age, comorbidity and functional status did not alter the results. Thirty-eight percent of all fractures were hip fractures. Hospitalization rates for these fractures were especially high in the first six months (RR = 17.08, CI = 8.56 - 34.07). Utilization rates for all fractures decreased through eighteen months. Hospitalization rates remained higher than they were before the fracture, and remained higher at eighteen months, especially for persons who had a hip fracture (RR = 4.72, CI = 1.38 - 16.12). This finding is especially noteworthy when considering that this group had fewer hospitalizations preceding their fracture than did the non-fracture group (RR = 0.46, CI = 0.23 - 0.91). Compared to those without fracture, nursing home residents who experience fracture appear to have significantly increased health care utilization, particularly for hospital care, in the twelve months following fracture, and for the eighteen months following hip fracture.

131

NEW WHO AND NHLBI STANDARDS FOR JUDGING FAT DISTRIBUTION: ARE THEY JUSTIFIABLE IN OLDER MEN AND WOMEN?

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The pattern of distribution of body fat is now known to be of great importance in modifying the risks attributable to obesity. Recently proposed standards (cm) for interpreting the waist circumference (WC) in men and women are:

	Men	Women
Intermediate risk (WHO only)	94-101	80-87
Substantially increased risk	102+	88+

It is not known whether these proposed standards, especially the intermediate risk zone, are appropriate for older persons. To test this, we analyzed ten risk factors associated with obesity in 1190 male and 751 female participants of the Baltimore Longitudinal Study of Aging, divided in younger (17-54 yr) and older (55-100 yr) groups. The risk factors (RF) included systolic and diastolic BP, fasting glucose and glucose tolerance, fasting insulin and insulin sensitivity (HOMA) and plasma lipids (total, LDL, HDL cholesterol and triglycerdes). Since there are 10 RFs, 2 sexes, and 2 age groups, 40 risk analyses could be carried out for each of the two levels of risk noted above. The analyses show that the younger age group shows increased risk for all ten RFs in men and women; the older age group also shows increased risk for all RFs except total and LDL cholesterol in men. The degree of risk associated with increased WC is generally lower in the older age group. This analysis then supports the importance of measuring WC even in older individuals and shows that even the intermediate WC zone recommended by WHO carries increased risk.

TESTING SEVERAL ESTIMATES OF FATNESS AND FAT DISTRIBUTION: WHICH WORK BEST?

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Several simple anthropometric measures can be used to quantify body fatness and the pattern of body fat distribution. For fatness, the Body Mass Index, BMI, is computed from wt (kg)/ht (m) ^{2}. We have derived sex-specific formulas to quantify body fat by multivariate analysis of the relationship between Percent Body fat (by DXA) and a number of anthropometric variables. Measures of body fat distribution have included the Waist-Hip Ratio (WHR), Waist Circumference (WC) and Sagittal Abdominal Diameter or Waist Depth (WD). These indices of fatness and fat distribution were tested by correlating them with ten coronary risk factors including blood pressure, glucose, insulin and lipid variables. Analyses were conducted on 1190 male and 751 female participants in the Baltimore Longitudinal Study of Aging, divided into younger and older age groups (17-54 and 55-100 yr). Despite the theoretical advantage of the computation for Percent Body Fat (which takes into account not only height and weight but also measures of peripheral and truncal fat), when tested, the two measures (BMI and %Fat) gave equally strong correlations with the risk factors. Correlations were somewhat stronger generally in the younger age group for both men and women, but correlations were still quite strong for older individuals. Despite the widespread use of WHR to judge fat distribution, WC and WD had much stronger relationships to the ten risk factors. Neither WC nor WD was a clear "winner"; since WC is much easier to measure (only a tape measure is needed), we recommend it over WD. Both fatness and fat distribution are important correlates of risk in older individuals.

TRENDS OF ANTIHYPERTENSIVE DRUG USE IN YOUNGER AND OLDER PATIENTS WITH HYPERTENSION

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Objective: To study the trends of antihypertensive drug use in younger and older hypertensive patients attending a primary care clinic at a teaching community hospital.

Methods: A retrospective chart review of a 212 consecutive patients with hypertension attending a primary care clinic. The frequency of prescribing the four major classes of antihypertensive drugs: angiotensin-converting enzyme (ACE) inhibitors, calcium antagonists (CA), diuretics (DI), and beta-blockers (BB) was determined in both younger (<65 years), and older (≥65 years) patients.

Results: In younger patients (n=147), ACE inhibitors were the most frequently prescribed (53%), followed by CA (48%), DI (32%), and BB (24%). Older patients (n=65) had a similar trend with ACE inhibitors being the most frequently prescribed (55%), then CA (45%), DI (37%), and BB (17%).

Conclusion: There is a marked underutilization of beta-blockers and diuretics in both younger and older hypertensive patients. Primary care physicians tend to use the more expensive and less safe drugs to manage their patients with hypertension.

EFFECTS OF HORMONE REPLACEMENT THERAPY ON SERUM LIPIDS IN ELDERLY WOMEN

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Hormone replacement therapy (HRT) has been demonstrated to have beneficial effects on serum lipids in post-menopausal women, but there is little information about the effects of HRT in women over age 75 yrs. We therefore determined the effects of HRT on serum lipids for sedentary women aged 75-87 yrs. Thirty women were randomly assigned to receive HRT (Premarin™ .625 mg/d, n=19) or placebo (CON, n=11). The following changes in lipids occurred after 9 months: (final - initial; mean ± SD, † $p<0.001$)

	CHOL	HDL-C	LDL-C	TRIG
CON	+1± 14	+2 ± 5	-1 ± 13	-5 ± 34
HRT	-10 ± 28	+12 ± 12†	-24 ±27†	+ 5± 59

Analysis of variance (ANOVA) demonstrated significant between-group differences in changes in HDL-C and LDL-C levels after 9 months ($p=.01$). Analysis of covariance (ANCOVA) demonstrated that the observed changes in HDL-C and LDL-C were independent of body weight, and change in weight.

We conclude that HRT induces beneficial effects in HDL-C and LDL-C in this population and may not induce the increases in triglycerides to the same magnitude that is seen in younger women.

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USE OF NON-NARCOTIC ANALGESICS DRUGS IN LONG TERM CARE

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Background: Arthritis and musculoskeletal problems may affect as many as 80% of people ≥ 65 years with over half of elderly people experiencing pain. Pain management in nursing homes is poorly characterized. We describe the pattern of use of non-narcotic analgesics among those living in long term care. **Methods:** We identified 77,720 newly admitted residents ≥ 65 years from a database including Minimum Data Set information on all residents (1994-1995) of all Medicare/Medicaid certified nursing homes of four states. **Results:** The proportion of patients taking analgesic compounds were: acetaminophen (14.2%), aspirin (11%), ibuprofen (1.7%), naproxen (0.6%), and other NSAIDs (2.1%). Age was not associated with choice of drug. PRN use was common: acetaminophen (83%), ketorolac (70%), ibuprofen (27%), ketoprofen (33%). Nabumetone, indomethacin, and naproxen were more likely to be prescribed as a standing order (95%) regardless of age. **Conclusions:** Use of acetaminophen, aspirin and NSAIDs is common in nursing homes. Prescribing physicians should be aware of the potential hepatic or gastrointestinal toxicity of these agents when prescribing them.

DONEPEZIL: Correlation with changes in Mini Mental Status after one year. **Rekha Sharma, M.D., M.P.H., Rush Medical College, Chicago, Illinois 60612**

Alzheimer's disease is the most common form of dementia throughout the world. In U.S., there are greater than 4 million affected with the economic burden close $100 billion a year. Acetylcholinesterase inhibitors have shown an improvement in cognition and a slowing of functional decline in some patients with mild to moderate disease. Data on the efficacy of acetylcholinesterase inhibitors over the natural course of the disease is unavailable. Donepezil data have shown follow up for up to 5 months. We present follow up for a period of 12 months for 74 patients seen in a University affiliated community hospital outpatient clinic from July 1997 to July 1998. 500 charts were reviewed retrospectively for the diagnosis of dementia and the presence of mini mental status exam (MMSE). 74 patients were identified with an initial MMSE. 15 (19%) were males, and 59 (81%) were females. The average age was 77.5 in males and 79.5 in females. 47 patients had an initial and a follow up MMSE performed. Average follow up after initial MMSE was 5 months with a range of 2-12 months. There were 19 patients with a MMSE of >21, twenty three patients with a MMSE between 10-19 moderate, and 5 patients in the severe category with MMSE of <10. 74% of the patients had a positive change overall, in MMSE from the baseline. A positive MMSE was defined as an >1.0 change on the MMSE. This study demonstrates that there may be benefits of continuing Donepezil for a period of time of 12 months or longer. At present, there is lack of information on the effect of Donepezil on severe dementia. We have identified some improvement even in the severe cases.

	MMSE Scores over time				
Severity of	0-3 mos	>3-6 mos	<6-9 mos	>9-12 mos	>12 mos
MMSE	Average MMSE Score (# of patients)				
Mild	1.13 (8)	0.00 (4)	0.00 (3)	1.70 (3)	-3.00 (1)
Moderate	4.16 (6)	2.75 (8)	2.33 (3)	0.00 (3)	1.00 (3)
Severe	2.33 (3)	-1.00 (1)	N/A (0)	N/A (0)	-3.50 (1)

EVALUATION OF DOSE EQUIVALENCY OF ATYPICAL ANTIPSYCHOTICS TO HALOPERIDOL IN THE MANAGEMENT OF AGITATION IN THE ELDERLY

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Antipsychotics are widely used in elderly patients to manage agitation. This study looks into finding the dose equivalency of olanzapine, risperidone and quetiatpine to haloperidol in these patients.

60 patients with a mean age of 83 ± 12 years were treated with haloperidol. 20 patients each were switched to olanzapine, risperidone and quetiapine. Charts were reviewed as to dosage and use of PRN sedatives for 30 days before and 90 days after the switch. CGI and AIMS were used for assessing clinical efficacy and side effects.

The mean daily dose (MDD) of haloperidol was 0.67 ± 0.10mg. and olanzapine MDD was 6.5 ± 0.8mg. PRNS used before was 7 ± 3 and 6 ± 2 after.

The MDD of haloperidol was 0.85 ± 0.3 mg and risperidone MDD was 0.91 ± 0.35mg. PRNs used before was 9 ± 3 and 7 ± 1.2 after.

The MDD of haloperidol was 1.2 ± 0.1 mg and quetiapine MDD was 135 ± 17 mg. PRNs used before was 8 ± 3 and 9 ± 4 after.

Paired t test did not show any significant difference in CGI and AIMS score. Regression analysis indicated conversion factor from haloperidol to olanzapine as 10 (r = 0.93), risperidone as 1 (r = 0.87) and quetiapine as 100 (r = 0.65).

The Anorexia of Aging: Possible Involvement of Neuropeptide Y. CA Blanton, BA Horwitz, and RB McDonald. Departments of Nutrition; Neurobiology, Physiology & Behavior, University of California, Davis 95616.

The anorexia of aging in humans is characterized by spontaneous body weight loss reflecting diminished food intake. We previously reported that old senescent rats undergoing a similar phenomenon of progressive weight loss display changes in feeding behavior, including reductions in meal size and duration. Here we investigated the possibility that blunted responsiveness to neuropeptide Y (NPY), a potent stimulant of feeding, occurs concomitant with this age-related decrease in food intake. Younger (8 mo) and older (25 mo) senescent male Fischer 344 rats received intracerebroventricular injections of NPY and were monitored on a computerized food intake analysis system. In response to the maximum effective dose, younger rats (n=9) showed respective increases of 919% ± SE 331% and 485% ± 298% in the size and duration of the first meal post-injection; latency to feed was reduced from 17.6 ± 8.3 min in CSF-injected rats to 3.3 ± 0.73 min in NPY-injected rats. In contrast, preliminary data suggest that the senescent rats (n=2) do not exhibit as robust a feeding response to NPY as do their younger counterparts. Ongoing investigation on older rats will enable us to more firmly establish the extent to which neurochemical alterations occur in animals exhibiting aging-related anorexia. CM-2

Sarcopenia is A Marker of Frailty in Older Persons: Results From the InChianti Study

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It has been proposed that the reduction of muscle mass that is often associated with aging is not only a major cause of disability, but it is also an independent risk factor for impending rapid deterioration of health status. To test this hypothesis we studied the relationship between lower extremity muscle mass (MM) and the presence and severity of major chronic diseases, using data from the InChianti Study, a survey performed on 1450 individuals, age range 20-100 yrs, selected from the population of two municipalities located in the Chianti Area (Tuscany, Italy) using a stratified random sampling technique.

MM was evaluated from 5 slices of a TC scan performed at the lower leg, using a semi-parametric geometrical approximation and adjusting for body mass index (BMI). Presence and severity of major chronic diseases were assessed during a medical visit performed by an expert clinicians using pre-standardised criteria. Adjusted MM declined with age both in men and in women. After adjusting for age, gender and BMI, the presence of several chronic conditions was strongly associated with MM, especially after 50 years of age.

Sarcopenia is a strong marker of poor health status. Whether sarcopenia predicts poor health outcomes, independently of its effect on strength remains unclear

Medication Use and Falls Among Community Dwelling Elderly Residents.

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This study evaluated the association between nonsteroidal anti-inflammatory drugs (NSAID) or benzodiazepines (BZD) and falls in 2996 non-proxy subjects from the second in-person wave of the Duke Established Populations for Epidemiologic Studies of the Elderly. NSAID and BZD use was determined during baseline in-home interviews; falls 24-36 months later, were assessed by self-report. 22.2 % of the subjects had 1$^+$ falls. NSAID and BZD baseline use was 16.2% and 11.4%, respectively. NSAID and BZD users were more likely to have a fall than nonusers (crude OR=1.52, 95% CI 1.20-1.91; crude OR=1.50, 95% CI 1.14-1.96, respectively). Neither the association between NSAID use and falls (adj. OR=1.02, 95% CI 0.78-1.32) or BZD use and falls (adj. OR=0.99, 95% CI 0.71-1.39) remained after controlling for covariates. Increased age and education, white race, arthritis, diabetes, and history of broken bones and smoking less predicted ($p<0.05$) falls. Neither NSAID nor benzodiazepine use appear to be as important risk factors for falls in community dwelling elderly residents as certain sociodemographic and health problems

Semi-Markov Modeling of Pharmacotherapy for Persons with Alzheimer's Disease

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Recent calls for refinements in the analyses of controlled clinical trials of pharmacotherapy for people with Alzheimer's disease have focused upon the inclusion of cost-utility and survival analyses. Markov and semi-Markov models, via multi-state life tables, present an opportunity for integration of these analyses. Furthermore, survival data from randomized trials can be used to provide time-dependent transition probabilities, stratified by treatment groups and important patient subgroups, resulting in true semi-Markov models. The result is a precise view of the effects of pharmacotherapeutic agents on changes in discrete clinical states of dementia, with cost/QALY as the indicator of cost-effectiveness. Following guidelines for cost-utility analyses proposed by the U.S. Public Health Service (1996), we present a semi-Markov model of the cost-effectiveness of pharmacological treatment for Alzheimer's disease. Since the core of our analytic strategy is a multi-state life table, we employ EXCEL spreadsheets, which makes the approach transparent and avoids the "black box" phenomenon commonly associated with Markov analyses using decision-analytic software.

CM-2

DRUGS CONSUMPTION IN A CENTENARIANS SPECIMEN

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Elderly patients are the greatest consumers of drugs (average 2 - 7 3 drugs day in the subjects up to 85 yrs) above all in relation to the frequent contemporaneous multi-pathology, often chronic, requesting the contemporaneous use of several drugs in the long run. This phenomen entails high costs, as a matter of fact 14 % of the entire population spends an amount equal to 35-40 % of the yearly pharmaceutic expence. Hight consumption of drugs involves many clinical problems, as a matter of fact elderly patient show an highest incidence of adverse drug reaction (ADR).

Also to be pointed out the particularly hight incidence of fatal ADR (abt 50 %) in ultra eightyfive years old patients. Another important aspect of pharmacotherapy in elderly patients is strictly connected with the above: the real necessity of drugs in many cases or anyhow the correctness of prescriptions that is the appropriate use of drugs

In a specimen of 61 centenarians (range 100-109), 19 men and 42 females we have verified drugs assumed in continuative, cyclied or irregular way. 10 subjects (16 3 %) did'nt assume any drug. 51 subjects (83 7 %) assumed drugs. Drugs, most frequently assumped by centenarians where drugs acting on myocardium 54 9 %, vasodilatators 37 2 %, antihypertensive 31 3 %, diuretics 23 5 %, antianxiety 21 5 %, laxatives 15 6 %

The above data deny statement of very low drugs consumption in the very old age but even if centenarians assuming drugs were quite a few, it is to be said that daily dosage was modest. Our subjects, as a matter of facts, took on an overage 2 98 drugs\day (median 2 drugs). This figure is lower than the one which be observed in subjects at the immediately foregoing age. Scarce consumption of drugs is likely to be considered as one factor of their longevity.

Also to be considered the appropriate use of drugs in old-old patients. 23 of our centenarians regularly assumed digitalis, 11 of them did not show reasonable indications to the use of drug, 2 of them showed a A-V block 1^ degree motivating the discontinuation of the treatmént.

THE STABILITY OF BREATHING PATTERNS DURING SLEEP IN OLDER ADULTS.

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Hypothesis: Breathing patterns with recurrent central apneas or low periodicity may mark older adults at risk for cerebral hypoxia during sleep. Aims: This study examines breathing patterns during sleep and how they vary from the beginning to the end of the night & over multiple nights in 10 community dwelling older adults. Methods: Ten subjects (5 males, mean age=74.3 yrs; mean BMI=26Kg/M^2) were monitored during two, 2-night stays on a GCRC. Monitoring included 6 hours of inductance plethysmography and standard polysomnography. Two variables, indicating the variability in the frequency (FI) and amplitude (sdAMP) of cycles, grouped the 285, 5-min segments into 1 of 5 breathing patterns. Type 1: recurrent central apneas ($FI \leq 0$). Type 2: low periodicity ($sdAMP < .1v$; $0 < FI < 1.0u$). Type 3: high amplitude & low frequency periodicity ($sdAMP \geq .1v$; $FI < 1u$). Type 4: low amplitude & high frequency periodicity ($sdAMP < .1u$ $FI \geq 1u$). Type 5: high periodicity ($sdAMP \geq .1v$; $FI \geq 1u$;). Findings: Four subjects had a greater percentage of low periodicity & six had greater percentage of high periodicity patterns. Two subjects had recurrent apneas, which occurred in the first and last 2-hours of sleep. Greater differences in breathing patterns were seen between the 1st and 2nd nights. Conclusion: The periodicity of breathing may be an important variable for studying intraindividual differences in arousal and respiratory function during sleep. (Support: R00046, P30NRO3962, T32NRO7091)

132

THE QUANTITATIVE/QUALITATIVE MIX: A ROUTE TO ENRICHING STUDIES OF LIFE HISTORY, WELL-BEING, AND SUCCESS.

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Participants:

L.K. George, J.C. Hays, & K.G. Meador (Center for Study of Aging and Human Dev., Duke Univ., Durham, NC 27710). Measuring Spiritual Histories: Blending Quantitative and Qualitative Methods.

H.R. Markus & K. Barnett (Dept. Psych., Stanford Univ., Stanford, CA 94305). Diversity in Well-Being at Midlife: Numbers and Narratives.

D.S. Carr (Dept. Soc., Univ. Of Michigan, Ann Arbor, MI 48109-1382). Interpretations of Past Successes and Failures Among Midlife Adults.

B. Singer & C.D. Ryff (Office of Pop. Res., Princeton Univ., Princeton, NJ 08544-2091; U Wisc., Madison, WI 53706). Stratification of Life Histories and Health Risks: Integrating Numbers and Narratives.

Discussant:

M.M. Seltzer (School Social Work/Waisman Center, Univ. Wisconsin, Madison, WI 53706).

Qualitative research has proliferated in recent years although there remains considerable distance between those adopting such methods and those following traditional quantitative approaches to data collection and analysis. This symposium brings together multiple scientific agendas that *integrate narratives and numbers* in the study of adulthood and aging. Topics include the juxtaposition of qualitative and quantitative data to understand life course patterns of religious/spiritual practice, the contrasting portrayals (structured vs. open-ended assessments) of educational differences in well-being in a national survey, personal "interpretations" of quantitatively-assessed discrepancies between life aspirations and achievements, and the blending of quantitative and qualitative life history data to clarify experiential and physiological pathways underlying associations between SES and health. The papers underscore the distinctive information obtained from narratives and numbers, and thereby speak to the need to blend the two in the study of life histories, health, and well-being.

MEASURING SPIRITUAL HISTORIES: BLENDING QUANTITATIVE AND QUALITATIVE METHODS.

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Although an extensive body of research has examined relationships between spirituality and/or religion and health in later life, virtually no attention has been paid to life course patterns of religious/spiritual practice. The purpose of this project was to develop an understanding of the major trajectories that describe the spiritual histories of older adults. The first phase of the study involved in-depth, qualitative interviews with 30 older persons. Those data suggested that there is substantial variability in the life course patterns of spiritual practice -- even among persons who exhibit similar levels of current participation. Interview data were used to develop a standardized protocol for assessing spiritual history among older adults. That protocol has now undergone two stages of revision and psychometric assessment. One of the primary emphases of this presentation will be evaluation of the extent to which the standardized measure, suitable for quantitative studies, does justice to the richness of the qualitative narratives.

DIVERSITY IN WELL-BEING AT MIDLIFE: NUMBERS AND NARRATIVES

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This study examines how education is related to well-being using quantitative survey data from a large nationally representative study of American adults at midlife (40-55 years of age) as well as data from an in-depth interview study of 83 of these adults. Based on the quantitative data, the high school-educated respondents experienced more difficult life situations (e.g., more chronic health conditions, higher divorce rate, less income) than the college-educated respondents. Yet there were virtually no differences between the two groups on ratings of positive affect and life satisfaction.

We used the qualitative interview data (focusing on the questions: "What does it mean to you to have a good life?" and "How do you describe yourself?") to investigate this apparent paradox and found marked differences between the two educational groups in their perspectives. College-educated respondents mentioned enjoyment and self-development (e.g., fulfillment and seeking new learning) more than high school respondents. High school-educated women mentioned relations with others and financial security as keys to well-being. College-educated respondents had more elaborated and contextualized descriptions of the self than the high school-educated respondents. When describing their well-being, college-educated respondents were likely to focus on themselves and they way they acted agentically and proactively in the world. In contrast, high school-educated women were particularly likely to focus on other people in their answers.

INTERPRETATIONS OF PAST SUCCESSES AND FAILURES AMONG MIDLIFE ADULTS

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At midlife and beyond, adults often engage in a period of "life review," whereby they assess their achievements, and evaluate the extent to which their earlier goals have been fulfilled. How one assesses their past, and how one interprets the successes and failures experienced in both the work and family domains may have important ramifications for emotional and physical well-being at late life. This paper uses both quantitative and qualitative data to understand the mental health consequences of career goal attainment, and how individuals interpret their successes and failures over the life course. Quantitative data from the Wisconsin Longitudinal Study, a random sample of 10,317 men and women who graduated high school in 1957, show that a discrepancy between attainments at midlife and early aspirations lowers well-being, although there are age and gender differences in effects. Mental health is measured using the Ryff 42-item scale of psychological well-being, and the 20-item Center for Epidemiologic Studies (CES-D) depression scale. Qualitative data, obtained from open-ended interviews conducted in 1997 with 200 of the original WLS sample members, are used to illustrate how individuals interpret their successes and failures; the types of attributions made to explain life outcomes; and gender and social class differences in the extent to which individuals internalize (i.e., attribute cause to one's self) or externalize (i.e., attribute cause to an external factor) their successes and failures.

STRATIFICATION OF LIFE HISTORIES AND HEALTH RISKS: INTEGRATING NUMBERS AND NARRATIVES.

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Understanding the associations between SES and health is facilitated by identifying catgories of life histories, defined in terms of cumulative adversity relative to advantage across life domains and relating them to multiple indicators of physiological systems. Using a subsample of 110 members of the Wisconsin Longitudinal Study, life history narratives are created using information about child and adult social relationships, work experiences and conditions, critical events, etc. A person-centered methodology is used to combine qualitative and quantitative evidence about multiple lives and establishe aggregate representations of them. Positive and negative life history pathways are then linked to physiological sequelae that predict various indicators of morbidity, physical and cognitive functioning, and mortality. Comparisons of these life history pathways and their physiological sequelae provides a basis for looking at what lies beneath widely documented associations between SES and health.

133

The Culturally Constructed Experience of Old Age: Italy and The U.S.

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This paper examines the relationships between cultural values, social institutions and dependency in advanced old age. Culturally constructed environments affect the experience of old age and play a significant part in the creation of dependency of older people as they interact with these institutions. This paper is based on ethnographic field research conducted in central Italy in 1998. The research questions that guided this study were, "Is the experience of old age in Tuscany one of inclusion or exclusion and what are the mechanisms that promote these relationships?" Research methodologies of participant observation, interviews and site visits, were used to investigate the daily life experiences of older people in interaction with the social institutions of housing, hospitals, senior centers, nursing homes and everyday work. This study brings to light how subtle characteristics in the structure and organization of these institutions in Italy today, influence the experience of daily life for old people to be one of productivity, functional independence and inclusion. Using a cross-cultural perspective, this research suggests that dependency and segregation in old age is culturally constructed through a society's social institutions and have important implications for the development of policy and care structures, which will support functional independence in advanced old age within the contexts of health and socially related institutions.

CROSS-CULTURAL BELIEFS ABOUT EVERYDAY MEMORY AND AGING FOR SELF AND OTHERS: KOREA AND CANADA

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North American studies have demonstrated that more everyday memory problems are expected for typical older adults than for typical young adults. A recent study in Korea (Jin, Ryan, & Anas, submitted) showed the same pattern as well as a self-protective bias in terms of more attenuated decline anticipated for the self than for typical others. The present study of young adults directly compared memory beliefs of 160 respondents in Canada and 165 respondents in Korea for target ages 25, 45, and 65 years of age. Participants either rated themselves or typical others at these three ages. In both countries, memory decline was anticipated across the adult lifespan. On all three memory belief factors [capacity, change, and locus], memory ratings declined significantly from target age 25 years to 45 and from age 45 years to 65. Korean, but not Canadian, participants showed the self-protective bias for less unfavorable aging of the self. These cross-cultural findings demonstrate the generality of negative age stereotypes about memory and raise questions about the conditions where self protective biases occur.

Attitude toward Menopause: Comparison of Four Culturally Diverse Groups. J. Kim Miller and Rhea Williams, Department of Nursing, California State University, Los Angeles, CA 90032

The purpose of this study is to examine the attitude of four groups of culturally diverse perimenopausal women toward menopause. The data are from a convenience sample of 142 perimenopausal women African (36), Asian (38), Hispanic (19), and White (49) Americans. The groups mean age was 47.5, Asian women being slightly older (49.6) than African (48.2), Hispanic (46.3), and White (46.3) women. Using Bowles Menopause Attitude Scale, the participants were asked to respond on the 7-point scales the degree to which they think the sets of adjectives reflect their feelings toward menopause. The 7-point scale positions were scored on a range from 20 to 140, 80 being the median (the low score reflects negative feelings). The overall attitude score for the groups was 85.6 (81 being the median for the groups). African women showed a higher attitude mean score (94.2) than Asian (85.5), White (81.4), and Hispanic (80.8) Women, with a significant mean difference (p=.05). The in-depth interviews with the selected participants reflect a wide range of feelings toward menopause, from accepting as "part of a woman's life", "a pretty positive thing" to "feeling of loss of youth".

Resurfix treatment for patients with Stage I & II pressure ulcers: A randomized pilot study in the nursing home.

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PURPOSE: To investigate the efficacy of Resurfix compared to the standard treatment for Stage I & II pressure ulcers in a nursing home facility (including sub-acute beds).

METHODS: Resurfix is a petrolatum based topical agent readily available over the counter. In a prospective study, all newly admitted patients with Stage I & II pressure ulcers, were randomized in two groups: Resurfix (study group) & nursing home pressure ulcer protocol (control group). Resurfix was applied directly to the wound twice a day for Stage I & II ulcers. No dressing was applied. For Stage I, the control group was treated with normal sterile saline (NSS) followed by A&D ointment 2 times daily. Stage II ulcers were treated with NSS dressings 2 times daily & Replicare ointment every 72 hours. All study patients were turned every 2 hours for pressure relief. All patients were evaluated daily during wound care rounds in the facility.

RESULTS: A total of 23 patients were evaluated. Eleven patients were treated with Resurfix and 12 patients were in the control group. Locations of pressure ulcers included: sacrum & upper buttocks (7), heel and ankle (8), hip & upper thigh (5), lateral calf (2), back (1). Three Stage I patients treated with Resurfix had complete healing. Average treatment length for cure was 7.5 days. Four Stage I patients in the control group showed the following: 3 healed, 1 did not heal after 14 days. Average treatment length to cure in control group was 10 days. For Stage II wounds, results were collected after 14 days. Results for the 8 patients treated with Resurfix were: 3 healed, 3 improved & 2 no change. Results for the 8 patients in the control group were: 4 healed, 1 improved, 1 no change & 2 deteriorated.

CONCLUSION: Resurfix treatment for Stage I & II pressure ulcers showed a faster healing rate with no deterioration when compared to traditional nursing home treatment.

FINDING MEANING THROUGH CAREGIVING: ARE THERE DIFFERENCES AMONG KOREAN, KOREAN-AMERICAN AND CAUCASIAN-AMERICAN CAREGIVERS?

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The purpose of this cross-cultural study was to examine positive caregiving experiences on the Finding Meaning Through Caregiving Scale (FMTCS) among female family caregivers from three different cultural groups using exploratory item analysis. A purposive sample of 237 subjects was collected: 100 Korean caregivers in Korea (KK), 59 Korean-American (KA) caregivers, and 78 Caucasian-American (CA) caregivers. The 43-item FMTCS has three subscales: Loss/Powerlessness (LP), Provisional Meaning (PM), and Ultimate meaning (UM). There were significant differences on all of three subscales of the FMTCS among the three cultural groups even after caregiver age and relationship to patient was controlled (p<.01). Among KK caregivers, there were significant FMTCS differences by relationships for spouses, daughters, and daughters-in-law, especially on the LP subscale. Whereas CA caregivers had high feelings of loss and low feelings of powerlessness across the relationships on the LP subscale. On the PM subscale, KK caregivers reported lower PM compared to CA caregivers. Overall, KA caregivers were in between KK and CA caregivers, but closer to KK caregivers on LP, and closer to CA caregivers on PM. These findings suggest that cultural and relationship variations need to be considered when examining positive aspects of caregiving.

SHARED CULTURAL ACTIVITIES OF GRANDPARENTS AND GRANDCHILDREN

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Grandparenting encompasses giving to future generations within a context of familial affection, custom, and tradition (e.g., Bahr, 1994). One way this can be accomplished is through the sharing of culture-related activities. The present study assessed intergenerational culture sharing via a newly created instrument designed to measure the extent to which grandparents (GPs) and grandchildren (GCs) engaged in activities related to heritage (e.g., teaching/learning family traditions). GP-GC pairs ($\underline{N} = 183$; 82% Caucasian; 81% female; $\underline{M}$ ages GPs = 71.4, GCs = 21.4) were individually surveyed on an extensive battery including measures of relationship quality, shared (culture and non-culture) activities, and beliefs. GPs reported an average of 3.4 culture-related shared activities with their GCs, while GCs reported an average of 2.6 activities. Results indicate that the most frequently engaged in culture-related activities for both groups included looking at photo albums (83%) and sharing stories about family customs and traditions (74%). The least engaged in activity related to culture was listening to traditional music (23%). For both GPs and GCs, engagement in shared culture-related activities was significantly related to spirituality, shared non-culture activities, belief formation, relationship quality, and GP/GC meaning ($\underline{r}$'s = .28 to .71, $\underline{p}$'s < .001). For the GCs, age ($\underline{r} = .16$, $\underline{p} < .05$) and race ($\underline{r} = .23$, $\underline{p} < .01$) were also associated with shared culture activities; for the GPs, only race ($\underline{r} = .16$, $\underline{p} < .05$) was associated. These results suggest that both GPs and GCs value the sharing of culture-related activities and that the "culture-keeper" function is an important dimension of the grandparenting relationship. (BSS 6)

134

HEART DISEASE: IT DOESN'T HAVE TO BE THE NUMBER ONE KILLER

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Since 1900 cardiovascular disease (CVD) has been the number one killer in the United States in every year except 1918 (AHA, 1999). However, with the exception of cases related to diabetes, it is entirely preventable.

This study uses data from four national data sets to present a profile of individuals with heart disease. Data are from the National Health Interview Survey (NHIS, 1994), the Survey of Asset and Health Dynamics Among the Oldest-Old (AHEAD, 1993), the Health and Retirement Survey (HRS, 1992), and the Survey of Income and Program Participation (SIPP, 1993). The prevalence of principal risk factors, as well as other personal characteristics, including health insurance coverage and use of medical services, are examined. Our results indicate that, in general, those with heart disease do differ from those without heart disease on a range of demographic and health measures.

The direct and indirect costs of CVD in 1999 is estimated at $286.5 billion (AHA, 1999). Public funds pay the largest share of direct health care costs, including long-term care. Findings from national data will help guide policy directed towards advancing the prevention of heart disease, as well as the well-being of individuals already afflicted with heart disease.

RECURRENT SYMPTOMS AND QUALITY OF LIFE: A LONGITUDINAL STUDY OF MUSCULAR-SKELETAL AND HEART CIRCULATORY PROBLEMS AMONG COMMUNITY DWELLING OLDER ADULTS

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This study is unique in that it examines self-reported health complaints in community dwelling older adults over a course of 27 months. Older adults commonly experience one or more physician diagnosed, chronic health problems. Little research has been done that longitudinally examines self-reported symptoms to establish a basis for inferring symptom patterns in older adults. Therefore, secondary data analyses were done to determine if persons who consistently experience repeated arthritis or heart disease symptoms, report worse mental health, self assessed health, more physician contact, self care and use of illness labels compared to those who experience acute or sporadic symptoms. Significant differences were found between reapeaters and non-repeaters in depression and self assessed health. In additon those with consistent heart symptoms had more depression over time. Differences were found between the repeaters and non-repeaters for both types of symptoms relative to physician use and use of illness labels. Repeaters with arthritis symptoms used more self care than non repeaters. Implications and recommendations will be discussed.

LIFE WITH AND WITHOUT HEART DISEASE AMONG MEN AND WOMEN OVER 50

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Heart disease is the most important cause of death and among the top causes of disability in the older population. Recent trends in heart disease mortality have been the most important cause of mortality decline for adults in the last thirty years. The paper examines the interaction between mortality and morbidity from heart disease using a multistate life table model to relate trends in death rates from heart disease and the incidence of heart disease, heart attack, and angina to their implications for the size of the population with heart disease and the years spent among individuals with heart disease.

Data for the study come from the NHIS, HRS and AHEAD surveys of the U.S. population. The prevalence of angina is very similar among men and women of the same age but the likelihood of having had a heart attack by a given age is higher for men than for women. Mortality among those who have had a heart attack is markedly higher than for those who have other forms of heart disease. These findings help explain why women actually live more years of life with heart disease than men and point to the importance of delaying the first heart attack in further increasing life expectancy for males. We also clarify the implications for current conditions on the dramatic increases in expected years of life to be lived with heart disease in the aging population.

THE ASSOCIATION OF SOCIAL RELATIONSHIPS AND NEGATIVE EVENTS WITH DEPRESSION IN PATIENTS WITH CORONARY ARTERY DISEASE

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This study examined the association of social relationships and negative life events with major depression among 335 coronary artery disease (CAD) inpatients who were free of primary neurological illnesses. The Duke Depression Evaluation Schedule was used; a structured psychiatric interview which includes the Diagnostic Interview Schedule depression subscale, two scales for measuring instrumental and self-maintenance ADLs, a measure of negative events, and four dimensions of social support were assessed by the Duke Social Support Index. Twenty-seven subjects met DSM-IV criteria for major depression. Bivariate relationships indicated being younger, non-white, having at least one problem with an ADL and/or one IADL, experiencing a greater number of negative events, lack of perceived social support and a lack of social interactions were significantly related to an increased likelihood of being depressed. In multivariate analyses, depressed subjects were significantly more likely to report a greater number of negative events than non-depressed individuals after adjusting for ADL and sociodemographic measures. A lack of perceived social support and increased number of negative events increased the likelihood of reporting major depressive symptoms among CAD patients. Understanding the causes of depression in CAD patients may have clinical utility; reductions in depression may lead to a decreased risk of future CAD events.

PERCEPTIONS OF CORONARY HEART DISEASE AMONG OLDER WOMEN

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Coronary Heart Disease (CHD) is the leading cause of death and disability among women age 40+. Despite acknowledgement of the influential role that behavioral factors play in determining CHD outcomes, we currently know very little about how women perceive and act on their symptoms they attribute to CHD. This study investigates CHD perceptions among rural and urban African-American and White women. Forty middle age and older women, half with diagnosed CHD and half with chronic illnesses considered to be risk factors for CHD, participated in a series of in-depth interviews to ascertain symptom recognition, evaluation, and treatment decision-making. Analysis of the verbatim transcriptions revealed numerous themes relevant to treatment decision making, including uncertainty about symptoms, perceived lack of susceptibility to CHD, inadequate patient-physician interaction, competing social demands and structural barriers to treatment seeking. Ethnic and residential comparisons highlight the importance of contextual considerations that range from semantic differences in symptom terminology to differing access to medical resources. This presentation moves beyond documenting that women may be at greater risk from CHD outcomes than men and examines *why* they may experience these poorer outcomes.

135

ANXIETY IN ALZHEIMER S DISEASE A NEGLECTED SOURCE OF COMORBIDITY

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Participants

L Teri, L E Ferretti L E Gibbons, R G Logsdon, S M McCurry, W Q Kukull, W C McCormick, J D Bowen, E B Larson (University of Washington Seattle WA) Anxiety in AD Prevalence and Comorbidity

S M McCurry, R Logsdon, L Gibbons, L Teri (University of Washington, Seattle WA) Anxiety and Sleep Disturbance in Community-dwelling AD Patients

L Gibbons, L Teri, S McCurry, R Logsdon, W Kukull, J Bowen, W McCormick, E Larson University of Washington, Seattle, WA) Anxiety Symptoms Predict Nursing Home Placement in AD

R Logsdon, L Teri, L Gibbons, S McCurry (University of Washington, Seattle WA) Comorbid Anxiety in Depressed AD Patients Implications for Treatment

Discussant

L S Schneider (University of Southern California School of Medicine)

Anxiety in patients with Alzheimer's Disease has received relatively little empirical attention despite the fact that ample research indicates strong associations of anxiety to comorbid physical disease, decreased treatment responsiveness, and functional decline in cognitively intact older adults. RDAD Reducing Disabilities in Alzheimer's Disease is a randomized controlled clinical trial aimed at reducing the physical, emotional, and functional disability characteristic of AD. One of the goals of the study was to identify potential sources of disability in AD which would then be targeted for modification and reduction. This symposium provides new data on anxiety in AD, a clear source of disability. Subjects range across the full spectrum of disease and the full continuum of care-settings. The symposium will address phenomenology, assessment, relationship of anxiety to disease progression and behavioral problems, and association of anxiety to treatment outcome and institutionalization.

ANXIETY AND SLEEP DISTURBANCE IN COMMUNITY-DWELLING ALZHEIMER'S DISEASE PATIENTS.

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Anxiety has been linked to increased risk for sleep problems in the general population. This presentation describes the relationship between anxiety and sleep in a cross-sectional sample of 153 community-dwelling AD patients and their caregivers. Over half (56%) of the AD patients showed symptoms of anxiety, and 29% had awakened their caregiver at least once at night during the past week. Objective ratings of sleep and mood, functional and cognitive status, and behavior problems were entered into logistic regression equations. Increased frequency of patient sleep disturbance was associated with higher levels of patient anxiety (OR = 1.28), better physical functioning (OR = 1.58), less frequent alcohol use (OR = -.49), and caregiver sleep disturbance (OR = 1.18). The factors most strongly associated with anxiety in this sample were more frequent patient nighttime awakenings (OR = 1.45), increased depression (OR = 1.37), and higher cognitive status (OR = 1.37). Results suggest that anxiety and sleep disturbances are highly interrelated in dementia patients, particularly among more mildly impaired individuals, and treatments targeting both may be more efficacious than those focusing on anxiety or sleep alone.

ANXIETY SYMPTOMS PREDICT NURSING HOME PLACEMENT IN ALZHEIMER'S DISEASE.

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Our objective was to determine if anxiety-related symptoms predicted future nursing home placement among patients with Alzheimer's Disease (AD). Anxiety symptoms were evaluated based on physician physical examinations, in conjunction with caregiver interviews, in 447 community-dwelling AD patients. Subjects ranged in age from 48-94 (mean 79), with Mini-Mental State Exams (MMSE) scores from 4-30 (mean 21). Sixty-four percent were female. Subjects received annual follow-up for up to 11 years (mean 4.3, SD 2.4). Cox proportional hazards analysis was used to predict nursing home residence. Subjects who endorsed a composite anxiety score were significantly more likely to enter nursing homes, with a relative risk (RR) of 1.6 (95% confidence interval 1.1, 2.3). The symptoms most strongly related to institutionalization were *anxious/fearful/apprehensive* [RR 1.3 (1.0, 1.8)], *suspicious/paranoid* [RR 1.6 (1.2, 2.1)], and *irritable/easy to anger* [RR 1.5 (1.1, 2.0)]. Age, gender, initial MMSE, and age of onset of AD did not confound the results. Anxiety-related symptoms predicted earlier nursing home placement in community-dwelling AD patients.

COMORMID ANXIETY IN DEPRESSED ALZHEIMER'S DISEASE PATIENTS: IMPLICATIONS FOR TREATMENT.

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The purpose of this investigation was to examine anxiety symptoms in a sample of 72 AD patients diagnosed with major or minor depression, who participated in a controlled behavioral treatment outcome study for depression, and to evaluate the impact of depression treatment on anxiety. Using 7 items from the Schedule For Affective Disorders and Schizophrenia (SADS) to assess anxiety (worrying, somatic anxiety, psychic anxiety, excessive concern about health, anger, irritability, and psychomotor agitation), we found that about 50% of subjects experienced at least mild levels of anxiety and about 30% experienced moderate levels of these symptoms. Although the depression intervention did not specifically target anxiety, a significant overall treatment effect on reduction of anxiety was found [$F(1,68) = 17.84$, $p < .000$]. Factors predictive of improvement on anxiety symptoms included: behavioral depression treatment (AR^2=.18), lower level caregiver of burden (AR^2=.03), and lower patient MMSE score (AR^2=.08). Thus, it appears that for many AD patients, it is important to address both depression and anxiety in evaluating and treating psychological distress. Further, interventions for depression and anxiety in AD may be improved by addressing caregiver burden early in the treatment process. Finally, anxiety may respond differently to treatment at different stages of AD. Additional research on treatment of coexistent depression and anxiety in AD is needed, but current findings suggest that behavioral intervention may be effective in reducing both.

136

Ethnicity and Dementia Caregiving: Psychological differences and Immunological changes

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Past research strongly suggests that the stress of dementia caregiving has a negative impact on psychological health. However, little research has been done examining immunological function within this population. Research which has been conducted suggests that natural killer or NK cells are a useful measure of immunity and resistance to stress. This study examines the effects of dementia caregiving across ethnicity using both psychological and immunological measures of stress. As a part of a larger stress reduction study based on cognitive-behavioral techniques, African American (n=7) and white (n=3) dementia caregivers were examined using psychological and immunological stress measures. On the psychological measures, African American dementia caregivers reported less burden and depressive symptomotology, employed a wider variety of different coping styles more frequently, and reported higher levels of familism than their white counterparts. Preliminary immunological results, however, were less clear. The majority of participants (75%) in both ethnic groups saw modest gains in NK cell activity after six sessions of stress reduction. However, large decreases in NK cell activity were also found for a few participants (25%). More work is needed to understand and connect the psychological and immunological influences of dementia caregiving in both groups.

Determinates of Burden Among African - and Caucasian - American Informal Caregivers of Impaired Elders: A Longitudinal Analysis.

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Current literature suggest that caregiver burden has a significant negative influence on the health and well being of informal caregivers. Clinical evidence suggests that the caregiver's pre-existing health influence the caregiver's perception of caregiving burden. The intent of this study was to determine the ability of selected independent variables (education, gender, care recipient ADLs and IADLs, length of caregiving, and scores on measures of physical health, anxiety, and depression) to predict participants' level of burden at Time 1 (T_1) and Time 2 (T_2). This is a secondary analysis of an extant data set. The random sample was composed of 391 individuals (83.9% female, 65.2% White) providing at least five hours of care to an impaired elder living in a community setting. Analysis of the data for the African American caregivers indicate that anxiety, depression and IADLs accounted for 42% of the explained variance (F [7,128] = 13.37, $p = < .001$) at T_1. However, at T_2, only anxiety provided explanation for the observed variance ($R^2 = .25$, F [7,82] = 5.33, $p = < .001$) in burden. For Caucasian caregivers, at T_1, 43% (F [7,247] = 26.85, $p = < .001$) of the variance in the burden scores was accounted for by depression, physical health, anxiety, education, and IADLs. At T_2 depression, education, and IADLs were responsible for explaining the variance in burden scores ($R^2 = .321$, F [7,247] = 10.257, $p = < .001$). Summarily, differences exist between the groups of informal caregivers in the factors explaining differences in burden. Presentation will include discussion of clinical implications, as well as implications for future research.

IS THE SPOUSE ALWAYS THE PREDOMINANT HELPER FOR IADL TASKS AMONG VARIOUS RACIAL/ETHNIC GROUPS?

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Research on formal and informal helpers, and Litwak's task-specificity model, assume that the spouse is the predominant informal helper when present. We examined the use of spouse, other informal, and any formal helpers, among white non-Hispanic, Black non-Hispanic, and Mexican American elders, where marital status is known to vary. IADL helpers of currently married and not married elders were studied in the AHEAD representative national sample of people 70 years of age or older. Demographics, need, network size, and financial resources were controlled in multinomial regressions. Results showed that type of helper did vary by racial/ethnic group and marital status. For the married elders, reliance on the spouse as the sole helper differentiated white from Mexican elders; greater dependence on informal helpers separated Black from white elders; and the greater use of any formal helpers differentiated Mexican from Black elders. For those not married, Mexican elders were distinguished from both white and Black elders by their greater use of any formal helpers; Black and white elders were similar in the use of informal and formal helpers. Implications of these marital status and race/ethnicity variations are discussed for theory and practice. Funded by NIA grant T32-AG0017.

AUTOPSY RECRUITMENT FOR AFRICAN AMERICANS

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A specialized brain autopsy recruitment program was implemented within the context of advance medical directives and end-of-life treatment decisions. The purpose of the program was to (1) improve the rate of consent for brain autopsy among African Americans diagnosed with stroke and dementia, and (2) obtain more empirical information on the underlying reasons for the low response rate (4%) in this minority group. A convenient sample of 133 patient and family caregiver pairs were selected for participation. Face-to-face, open-ended interviews were conducted to ascertain reasons for autopsy preferences and identify respondents interested in the post mortem procedure. Preferences for brain autopsy were ascertained and individuals interested in the procedure were subsequently followed through death or over the three year course of the study. Brain necropsies were conducted on patients requesting the examination. Thirty-six (36) patient and family pairs consented to the procedure, 16 were indecisive and 81 refused. Factors influencing decisions included existing attitudes toward autopsy, family agreement regarding the procedure, and assurance funeral arrangement would not be delayed. There were 34 deaths within the time frame of the study and 10 post mortems conducted, yielding a 29% autopsy completion rate. Findings suggest that culturally sensitive recruitment programs may increase the rate of autopsy request made by African American caregivers for relatives diagnosed with dementia and stroke. To obtain a higher rate of consent than that obtained in the general population, the program must contain ethnically sensitive recruitment strategies.

LATENT GROWTH MODELS OF ETHNIC DIFFERENCES IN ALZHEIMER'S CAREGIVER ADJUSTMENT OVER TIME

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Previous studies of family caregivers of Alzheimer's patients have found that caregiving is associated with increased physical health problems and greater emotional distress. However, relatively few studies have examined the adjustment of caregivers in controlled longitudinal investigations. In this study, 197 family caregivers and 217 age-matched controls were administered measures of overall physical health, depression, and life satisfaction at yearly intervals for three years. Latent growth models were used to test the effects of caregiving (versus control) and race (Black versus White) on general physical health and psychosocial adjustment. Analysis of effects on the intercept and linear slope constructs revealed that caregivers showed greater increases in general physical health problems over time. In addition, a race*group interaction effect on the slope component indicated that White caregivers showed significantly more deterioration in life satisfaction ratings over time than the other groups. These findings are consistent with the results from previous cross-sectional studies of ethnic differences in caregiver adjustment.

137

QUALITITATIVE ANALYSES OF LONGITUDINAL DATA ON AGING.

V. H. Bedford, Department of Psychology, University of Indianapolis, 1400 East Hanna Avenue, Indianapolis, IN 46227.

Participants:

M. Luborsky (Department of Occupational Therapy, Wayne State Univ., Detroit, MI 48202) Longitudinal Qualitative Research: Issues, Rationales and Guidelines.

V. H. Bedford Multiple Waves of Projective Data About Adults' Sibling Relationships: A Qualitative Analysis.

G. Becker, Y. Beyene (Institute for Health and Aging, Univ. of California, San Francisco, CA 94143-0850) Shifting Chronic Illness Trajectories Over Time: Longitudinal Qualitative Analysis as a Lens for Studying Functional Decline.

C. L. Johnson (Medical Anthro., Univ. of California, San Francisco, CA 94143-0850) Analyzing Data from Longitudinal Research on the Oldest Old.

Discussant:

Dorothy Field (Institute For Personality and Social Research, Berkeley, CA 94709)

This symposium complements recent presentations on impressive innovations in statistics for analyzing longitudinal quantitative data. Here the focus is on developments in systematic methods for analyzing longitudinal qualitative data. Narrative data are used in the longitudinal studies presented in order to capture the progression of life experiences in old age over time. Such data have the potential of conveying trajectories of multiple levels of meaning and highly personalized aspects of these experience. Presenters offer the techniques they used to analyze such highly complex data. First, an overview is given of the potential contributions these data hold, challenges they present, and guidelines for meeting these challenges. Next, specific examples are given from studies in which personal and projective narrative data were collected longitudinally. Content areas include the study of multiple chronic illness in four ethnic groups, health and mood states in the oldest old, and concerns about relationships with siblings from middle to old age. Solutions to problems encountered in the analyses are suggested and ideas for future studies are recommended.

LONGITUDINAL QUALITATIVE RESEARCH: ISSUES, RATIONALES AND GUIDELINES.

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Despite a long tradition in ethnographic and qualitative research of extended and long-term field-study, there is limited use of formal longitudinal designs. Cross-sectional designs predominate. Today, few explicit systematic criteria exist to guide researchers in evaluating the design, conduct, analyses and reporting of longitudinal qualitative studies. Thus, potentially key questions and knowledge about cultural and qualitative phenomena remain unexamined.

Using data from a study of the meaning of self-rated health, the goal of this paper is to: (1) describe potential contributions and exemplars of longitudinal qualitative research, (2) identify key conceptual, design, and methodological challenges for such studies from both quantitative and qualitative perspectives, (3) explore potential solutions and strategies to those challenges, (4) review issues for the peer review of such solutions, and (5) describe future directions for the development of qualitative longitudinal designs. [Support by NIH grant, #1R01AG13790]

MULTIPLE WAVES OF PROJECTIVE DATA ABOUT ADULTS' SIBLING RELATIONSHIPS: A QUALITATIVE ANALYSIS

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Relationships forged in childhood are likely to have multiple layers of meaning to the partners based on lifelong experiences together at different periods of personality and cognitive development. Further, each layer may have its own developmental trajectory as a result of changing internal and external contextual factors. Data were drawn from the Sibling Thematic Apperception Test which was administered four times in the course of 12 years to a sample of, initially, 66 middle-aged and young-old, middle class men and women with an age-near same-sex sibling. Drawing from principles of depth psychology, it was hypothesized that deeper structures are less vulnerable to changing contextual experiences than are surface meanings. Using a grounded theory approach, the nuts and bolts of how both surface and underlying meanings were interpreted from the projective data are described. Advantages of projective data are described in terms of their unique contributions to understanding close relationships compared to self-report measures.

SHIFTING CHRONIC ILLNESS TRAJECTORIES OVER TIME: LONGITUDINAL QUALITATIVE ANALYSIS AS A LENS FOR STUDYING FUNCTIONAL DECLINE

G. Becker, Y Beyene, Institute for Health and Aging, University of California, San Francisco, CA 94143

Chronic illness trajectories are seldom stable, especially in later life. When people are re-interviewed over time, the complexities of managing illness trajectories, especially those that indicate a downward trajectory, are revealed. Drawing on research with 242 people over the age of 50 in four ethnic groups who had multiple chronic illnesses and were interviewed three times over a one-year period, this paper examines the complex process of functional decline and its interaction with cultural meanings about health and aging as expressed through people's narratives. A specific analytic process is delineated, and the implications for a more nuanced approach in understanding functional decline are discussed.

ANALYZING DATA FROM LONGITUDINAL RESEARCH ON THE OLDEST OLD. Colleen L. Johnson, Medical Anthro., U. of Calif., San Francisco, CA 94143-0850.

In longitudinal research on adaptation of the oldest old, the whites 85 years and older were interviewed five times over six years. The interview protocol included open-ended and semi-structured questioning in addition to structure instruments to measure health and mood states. Initially, statistics were used not only to establish significant relationships between variables, but also to identify normative and extreme cases. These findings establish a framework for the qualitative analysis. This presentation will review and illustrate three stages of data analysis: 1) constructing tracking summaries of changes over time; 2) analyzing responses to questions and establishing categories that summarize findings; and 3) mapping changes over time and constructing case studies indicating empirical and theoretical trends.

138

PHYSICAL AND MENTAL HEALTH OF GRANDPARENTS RAISING GRANDCHILDREN: NATIONAL COMPARISONS. R. Pruchno, (Boston College, Chestnut Hill, MA 02459) and D. Brown (Wayne State University, Detroit, MI).

Participants:

Rachel A. Pruchno & Dorothy E. McKenney (Boston College, Chestnut Hill, MA) Physical health of African-American and White grandmothers raising grandchildren.

Roseann Giarrusso, Merril Silverstein, & Du Feng (Andrus Gerontology Center, University of Southern California, Los Angeles, CA) Psychological well-being of grandparents raising grandchildren: Evidence from a national survey.

Esme Fuller-Thomson & Meredith Minkler (Faculty of Social Work, University of Toronto) The physical and mental health characteristics of grandmothers raising their grandchildren.

Diane R. Brown (Wayne State University, Detroit, MI) The mental well-being of grandmothers caring for grandchildren with special needs.

Martha R. Crowther (VA Palo Alto Health Care System) The stressors of raising grandchildren.

Discussant:

Meredith Minkler (University of California School of Public Health)

Census data indicate that in 1996, 2.4 million U.S. households included a grandchild under the age of 18 and that 4.06 million grandchildren were living with a grandparent. Reasons for these shared living arrangements include drug and alcohol abuse as well as physical and emotional abuse or neglect on the part of the middle generation, teen-aged pregnancy, divorce, and poverty. Grandparents who take on the role of parent are faced with a host of challenges, including monitoring grandchildren with severe behavior problems, interacting with the school and formal service system, and relinquishing their own "golden years".

This symposium will document the effects on grandparent's physical and mental health that ensue when they become responsible for raising a grandchild. Results from studies of African American and White grandparents raising grandchildren will be contrasted with national data to document the impact on grandparent's physical and mental health. Subgroups of grandparents who experience special problems as a result of their caregiving role will be identified. Implications for interventions will be discussed.

PHYSICAL HEALTH OF AFRICAN-AMERICAN AND WHITE GRANDMOTHERS RAISING GRANDCHILDREN. Rachel A. Pruchno & Dorothy E. McKenney. Center for Child, Family, & Community Partnerships, Boston College, 885 Center Street, Newton, MA 02459.

The stress associated with the caregiving role often takes a tremendous toll on the physical health of caregiving women. This paper examines the effects that caregiving has on the physical health of 717 Black and White grandmothers who are raising their grandchildren by contrasting these groups with women of similar age (45-64 year olds; 65+) and race using data from national studies.

Results indicate that Black grandmothers of all ages are more likely than White grandmothers to report that their health is fair or poor. Young White grandmothers were more likely than women in the national data to report fair or poor health. Young Black grandmothers reported more hardening of the arteries, glaucoma, diabetes, hypertension, and anemia and less bronchitis, headaches, asthma, bladder problems, and back problems than did young White grandmothers. Both young Black and White grandmothers reported more health problems than did women in the national data. Fewer differences were found between the older Black and White grandmothers. Both old Black and old White grandmothers had higher incidences of arthritis, cataracts, headaches, hypertension, and back problems than did women in the national data.

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PSYCHOLOGICAL WELL-BEING OF GRANDPARENTS RAISING GRANDCHILDREN: EVIDENCE FROM A NATIONAL SURVEY.

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Full-time caregiving of grandchildren by grandparents is a growing national phenomenon which, current research suggests, is adversely affecting the psychological well-being of grandparents. However, the majority of research is based on small non-representative samples or samples which do not allow a comparison with noncaregiving grandparents. The purpose of this research is to use data from a nationally representative study in order to compare the psychological well-being of grandparents who have raised a grandchild to those who have not. The data come from the Study of Intergenerational Linkages II, a 1997 national sample of 2,000 individuals, which includes 162 caregiving and 758 noncaregiving grandparents. Complimentary data from a longitudinal study of grandparents are also examined. Contrary to expectation, no significant differences were found between caregiving and noncaregiving grandparents in self-esteem or ratings of the quality of life. Moreover, caregiving grandparents had significantly higher positive affect and lower negative affect than their noncaregiving counterparts. The findings are discussed in terms of processes that select grandparents into caregiving roles and factors that mediate the effect of caregiving on psychological well-being.

The Physical and Mental Health Characteristics of Grandmothers Raising their Grandchildren. Esme Fuller-Thomson[1] & Meredith Minkler[2] [1]*Faculty of Social Work, University of Toronto,* [2] *School of Public Health, University of California, Berkeley*

Like other family caregivers, the great majority of grandparents raising grandchildren are female. Recent research indicates that 14.5% of American grandmothers raise a grandchild for at least a six month period at some point in their life. This study uses a nationally representative sample to compare caregiving (n=147) and non-caregiving (1874) grandmothers on a variety of demographic, physical and mental health characteristics. Bivariate and multivariate analyses of the National Survey of Families and Households (1992-94) indicate that, in comparison to non-custodial grandmothers, caregiving grandmothers are more likely to be poor, to be Black, to be less educated, to be unmarried, and to have had a child die in the previous five years. Caregiving grandmothers are more likely to be clinically depressed (31.6% versus 18.6%) and to have some limitations in their activities of daily living (56.1% versus 44.1%). Even when pre-caregiving depression levels were controlled for, the relationship between caregiving and depression remained. Implications of these findings for research, practice and policy are discussed, with special attention to the potential impacts of recent welfare reform.

The Mental Well-being of Grandmothers Caring for Grandchildren with Special Needs

Diane R. Brown, Wayne State University; Rachel Pruchno, Boston College

Over the last decade, gerontologists have given greater attention to the numbers of older persons who are assuming parenting responsibilities for grandchildren. Of particular concern in this analysis are grandmothers who are providing care for grandchildren with emotional, academic or physical health problems and the impact that caring for these children has on the mental health of the grandmother. In addition, this analysis seeks to determine if the mental well-being of African American grandmothers in these circumstances differ from those of Caucasian grandmothers. The data come from a national sample of 717 grandmothers living in two generation households in which the grandchildren are co-resident; 45 percent of these grandmothers are African American. Approximately 21 percent of Caucasian grandmothers and 18 percent of African American grandmothers are caring for children identified with special needs. Using the Center for Epidemiologic Studies Depression Scale (CES-D), preliminary analyses show higher depressive symptoms among Caucasian grandmothers in comparison to African Americans. Data are analyzed to determine if race differences in depression are related to special needs of grandchild, the caregiving circumstances and/or grandmothers' values toward grandparenting.

THE STRESSORS OF RAISING GRANDCHILDREN

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Very little is known about the nature, impact, and consequences of grandparents raising grandchildren. Caregivers struggle with setting priorities and deciding how to divide their time, energy, and financial resources. The study explores the growing problem of grandparents raising grandchildren. The cross sectional study of 54 grandparents raising grandchildren investigated the factors affecting health and well being. Respondents were raising grandchildren because their children are addicted to crack/cocaine and reasons. One testing session was done in which participants were interviewed and responded to standardized and open-ended questions.

During a portion of the interview, grandparents discussed their feelings about the caregiving situation. A four week psychoeducational skills building support group was offered at the completion of data collection. The findings from the interview and the support group indicate that grandparents are dealing with multiple issues related not only to their surrogate role, but to work responsibilities, and personal growth and development as well. Furthermore, the support group developed for this project was designed to help the grandparents cope and adjust to their caregiving role in addition to providing them with concrete resources to address their legal, financial and parental concerns. The findings have implications for research, policy, and practice.

139

LIFE-LINE INTERVIEW METHOD: A COMPARATIVE STUDY

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The Life-line Interview Method (LIM) is a special method for eliciting autobiographical information about important life events for both past and anticipated future. In this study, LIM data are reported for 33 men and 34 women, equally divided over three age groups (young, middle-aged, and older adulthood). These data are analyzed in relation to similar, published data on the Time Line (TL) from the perspective of autobiographical memory (structure) and type of event (content). Generally, the distribution of life-events on the LIM and TL follows the same pattern, with the period from 10 to 30 years as the most productive period for all groups. Overall, individuals specified an average of 7.45 events on the LIM (more positive than negative events), while the oldest group had a greater number of past events than the youngest group, which specified more (positive) future events. Event type varied by age, gender, method (LIM vs TL) and/or sample (Dutch vs Canadian). Discussion focuses on the comparative structure and content of the LIM and TL, and on the emerging autobiographical 'Law of the Constant Life Perspective', i.e., the sum of past and future life events is constant.

EFFECTS OF PERSONAL MORTALITY PRIMING ON INTERPERSONAL SOCIAL JUDGMENTS BY OLDER- AND YOUNGER-ADULTS: EVIDENCE SUPPORTING TERROR MANAGEMENT THEORY.

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More and more individuals are living long enough to die in old age than ever before. Nonetheless, increased life expectancy has not altered the facts that each of us is mortal and will eventually die. How and to what extent older adults adjust to their personal mortality (PM) have received scant attention. Contrasting theoretical alternatives have been suggested. For example, Erikson (1959) proposed that normative adult development yields an adaptive equanimity about PM. In contrast, Becker (1973) proposed that PM concerns are biologically rooted, not plastic, and require maladaptive defense mechanisms. The purpose of the present study was to investigate similarities and differences in older (age 65 to 84), versus younger (age 18 to 29) adults' social reactions to experimentally primed PM concerns. Using established terror management theory paradigms (e.g., Greenberg, Solomon, & Pyszczynski, 1997), 179 adults were randomized to either have or not have their PM primed. Following the experimental manipulation, participants engaged in social reactions to 4 targets: a moral transgressor, a cultural heroine, a political patron, and a political detractor. Results revealed consistent behavioral reactions to PM across both age-groups. Regardless of age-group, participants primed for PM reacted more harshly against the moral transgressor and political detractor. Older-adults reacted significantly more favorably to both the cultural heroine and the political patron; however, these patterns did not change as a function of PM priming. Although the unique variance accounted for by PM was relatively small, the effect was robust even when measures of flow, authoritarianism, tolerance, religiosity, affect, and sense of personal control were included as covariates. Results suggested age-related invariance in coping with PM concerns, as predicted by Becker and proponents of terror management theory.

CHANGES IN CENTRALITY OF WOMEN'S MULTIPLE ROLES: EFFECTS OF ROLE STRESS AND REWARDS

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This study examined changes in the perceived centrality (importance) of 4 roles: caregiver, mother, wife, and employee. Role theorists differ in assumptions regarding the stability of centrality. The purpose of this study was to examine 1) whether role centrality changes over time and 2) whether stresses and rewards in a role are associated with changes in centrality. It was predicted that an increase in role stress over one year would be related to a decrease in centrality of that role and that an increase in role rewards would be related to an increase in role centrality. The sample was 182 women who occupied all 4 roles at two times over one year. All analyses were conducted independently for each of the 4 roles. Descriptive analyses revealed considerable change in role centrality, especially in the caregiver and employee roles. In the wife and employee roles, regression analyses showed that increases in stress were associated with decreases in role centrality. Increases in rewards in the caregiver, wife, and employee roles were related to an increase in role centrality. When rewards in the wife and employee roles were considered, the effects of stress in these roles were no longer significant.

Self-Discovery Tapestry: Life-span, Life-review Research.

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As adults age they may become increasingly interested in opportunities for life review. Recent research on life-span development from mid-life to old age indicates trajectories of continuity interrupted by critical events which force changes. Life changes create transitions. Individual styles of transitioning create opportunities for growth and self-discovery or defeat.

Recent qualitative dissertation research utilizing and validating the author's life-review instrument, The Self-Discovery Tapestry, indicates study participants found

the instrument to be a valuable aid to self disclosure as well as to self understanding. The instrument allowed participants to review their lives and assess transitions. Study participants were mature women who had recently enrolled in higher education in order to change occupations. Student life for mature women is reviewed. The Tapestry various areas of individual's interpersonal relations and occupational histories. Report of study participant's conclusions will be made.

Theories utilized are drawn from life-span frameworks in gerontology, sociology, and occupational science. Life course trajectories are captured and presented along with individual transitional styles. GSA participants will have an opportunity to complete their own Self-Discovery Tapestry.

EFFECTS OF PERCEIVED TIME ON AGE AND CULTURAL DIFFERENCES IN SOCIAL PREFERENCES: SUPPORT FOR SOCIOEMOTIONAL SELECTIVITY THEORY

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Social contacts decline in old age. Socioemotional selectivity theory suggests that this is due, in part, to older people's preferences to limit social partners to those who can potentially offer the most emotional rewards. The theory holds that these preferences are not due to age per se, but to a perceived limitation on time left in the future. This study was conducted to examine the relationship between perceived time and social preferences among Taiwanese (N = 266) and Mainland Chinese (N = 298). Consistent with the theory, when compared with younger people, older people in both cultures were more likely to prefer familiar social partners to novel ones. Mainland Chinese as a group were more likely to prefer familiar social partners than were Taiwanese. However, these age and cultural differences were no longer significant after controlling for perceived time as measured by Carstensen and Lang (1999)'s future orientation scale. In addition, these age and cultural differences can be shifted by experimentally manipulating time. When a time constraint was imposed by imagining a social ending, namely emigration, younger and older people of both cultures preferred familiar social partners. These findings underscore the role of perceived time in age-related social preferences.

EFFECTS OF TIME LIMITATION AND GOAL OBSTRUCTION ON AGE-RELATED SOCIAL GOALS: SUPPORT FOR SOCIOEMOTIONAL SELECTIVITY THEORY

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Social patterns change with age. According to socioemotional selectivity, older people are more likely than their younger counterparts to prefer familiar social partners to novel ones because their heightened awareness of the finitude of life increases the significance of emotional goals, which can best be fulfilled by familiar social partners. Novel social partners, who can best fulfill long-term knowledge-related goals, become less important. However, other theories argue that these preferences change as a function of goal disengagement. In this view, older people accommodate psychologically to blocked goals by downgrading the value of these goals and focusing on more tangible goals. Three studies were conducted to examine the effects of perceived time limitations and goal obstruction on social preferences, which are presumed to reflect social goals. The studies involved 167 young adults, 232 young adults, and 116 older adults respectively. Participants in each of the studies were randomly assigned to experimental conditions that manipulated their perceived time and perceived likelihood of fulfilling knowledge-related goals with age-appropriate scenarios. They were then asked to choose from among one familiar and two novel social partners. We consistently found in the three studies that perceived time limitations increased preference for familiar social partners but perceived goal obstruction did not.

CURRENT CONCERNS ACROSS ADULTHOOD : AGE & GENDER EFFECTS

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Forty-two younger adult college students (ages 17-28) and forty-two older adult college alumni and their spouses (ages 60-82) affiliated with a large midwestern state university completed the Current Concern Interview Questionnaire. Initial data analyses revealed that the mean number of current concerns were higher among younger than older adults. Current concerns characterized by approach verbs were the most frequent followed by avoidant verbs, information-gathering verbs, and the attack verb. Additional data analyses will document age and gender differences, independent of the verb categories, along the following dimensions : 1) role, 2) commitment, 3) positive and negative affect, 4) probability of success, 5) time available to take action, if you are to succeed, and 6) how near one is in dealing with the current concern. Finally, the question of whether or not perceived self-ratings of health and activity are predictive of the above current concern dimensions will be examined.

EFFECTS OF AGE AND RELOCATION ON SOCIAL PARTNER CHOICES.

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Socioemotional Selectivity Theory (SST) (L. L. Carstensen) posits that the goals of social interaction vary as a function of chronological age and life circumstance. When long term goals are least likely to be achieved, emotion regulation becomes more salient to older adults making social partner choices. This salience is not specific to older adults but rather to circumstances that make one more short term goal oriented, such as contracting a terminal illness at a young age. In actual and contrived situations, Carstensen has demonstrated that younger adults can shift to thinking like older adults. The purpose of the present study was to extend the generalizability of SST by demonstrating that relocating was a circumstance that could influence adults to emphasize the information potential of social partners more, like a younger person might, and the emotional aspects less. It was hypothesized that relocation would influence older adults to become more future-oriented as they shift from short-term to long-term goals. Three age groups, 34-46, 54-66, and 69 + were designated as either relocaters or residents. A card sorting procedure was analyzed with multi-dimensional scaling to uncover the cognitive dimensions used to represent social partners. Results suggested that relocating produced a shift in the thinking of the oldest relocaters, who found the dimension of information seeking to be most salient. Further evidence of this shift in thinking was supported by the finding that relocaters score higher on a measure of future orientation than residents. It was concluded that the circumstances of old age, not chronological age, make people more short-term goal oriented because relocating appears to produce a shift to long-term goals, making emotion regulation less salient in the social partner choices of older adults.

DEVELOPMENT DEFINED: SELF-REPORTED TRANSFORMATIONS.

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This paper presents research into the subjective experience of a sample (N=280) of individuals who discuss their own awareness of development. Using a constructive developmental framework (Kegan, 1994, 1997), it explores the cognitive and affective shifts of young and middle-aged adults who are actively making meaning of their own growing awarenesses of the aging process. This qualitative research focuses on the "discovery" of developmental transformations within the individual and explores these subjective phenomena within a psychosocial framework.

A TWO-COMPONENT WISDOM BATTERY: THEORETICAL AND EMPIRICAL ANALYSES.

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Taking both the Western and Eastern definitions of wisdom into account, this study offers an aggregated wisdom battery with two components: (a) Analytical component (i.e., accumulated knowledge database and information processing efficiency) and (b) Synthetic component (i.e., reflective understanding and emotional understanding/regulation). Using the data from 68 American and 68 Japanese (34 middle-aged (36-59 year-old); 34 older (65+ year-old)) community dwelling adults, the result of a Principal Component Analysis suggests that the Analytical and Synthetic components are in fact unique, distinctive dimensions of wisdom. A specific analysis of the Synthetic component and its theoretical correlates (i.e., positive interpersonal characteristics and life satisfaction) revealed, as expected, a significant positive correlation. Measures of convergent and divergent validity were ambiguous. All findings will be discussed from a culturally inclusive developmental perspective with suggestions for future studies.

DOES STRESS DECREASE WITH AGE? A LONGITUDINAL EXAMINATION OF STRESS IN THE NORMATIVE AGING STUDY

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Cross-sectional studies have suggested that hassles decrease with age (Aldwin, Sutton, Chiara, & Spiro, 1996). However, to our knowledge no longitudinal studies have examined change in stress in late life. The present study investigates number of hassles reported and associated stress ratings in a sample of 747 men from the Normative Aging Study with ages ranging from 41 to 86 years (M = 59.35, SD = 7.70). Data were collected from mail surveys in 1985, 1988, and 1991. Repeated-measures ANOVA's for number of problems and average stress showed main effects for age group and time but no age x time interaction suggesting an event-independent reduction in the mean level of stress. Correlations between variables across all time points indicate a modest degree of rank-order stability. These analyses provide evidence for an age-related reduction in the number of hassles and attendant stressfulness; they also indicate that there is intra-individual variability in the rate of change.

INFLUENCE OF SEX, AGE, AND PERSONALITY ON MATE-AGE PREFERENCES: AN EVOLUTIONARY PERSPECTIVE

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Evolutionary theory proposes that the ultimate goal of (human) sexual behavior is to transmit genes to future generations. Therefore, males of all ages might be predicted to seek a mate at peak fertility (in her 20s). However, data from marriages and personal advertisements show that males in their 40s and older generally neither marry nor seek mates in their 20s. The evolutionary perspective suggests that the following kinds of reality constraints usually preclude older males from choosing females this young: (1) extreme age disparities between partners diminish long-term mate cooperation, which decreases offspring viability; (2) males are constrained by females who generally do not desire a mate more than 10 years older. The premise of this study was that as the hypothetical relationship presented to subjects went from marriage, to realistic short-term mate, to one-time fantasy mate, the importance of these kinds of reality constraints would increasingly diminish and participants, especially males, would choose progressively younger partners. The purpose of the present study was to determine the relation between the age of participants' chosen mate and the following subject variables: age, gender, and actual and desired frequency of sexual partners as measured by the Sociosexual Orientation Inventory (SOI). Subjects answered the SOI and a questionnaire that focused on hypothetical mate-age choices for self or "friend." Subjects assigned a significantly younger short-term mate than marriage partner (by 3.4 years) to a 55-year-old "friend." Subjects, as they aged, chose for themselves a progressively younger fantasy short-term mate than marriage partner. The oldest male cohort, average age 69, sought a fantasy mate whose ages (from youngest to oldest they would accept) ranged from 26 to 51. Marriage partner ages ranged from 47 to 64. Subjects who scored high (greater frequency of sexual partners) on the SOI sought fantasy mates a significantly 3.1 years younger than subjects who scored low on this measure. As reality constraints appeared to diminish, subjects, especially males, chose progressively younger hypothetical mates.

AGE DIFFERENCES IN DAILY HEALTH SYMPTOMS ACROSS ADULTHOOD.

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While much is known about chronic and acute diseases, relatively little is known about daily health symptoms. Using a large, U.S. national sample, the present study examined the occurrences and persistence of daily health illnesses experienced by men and women across adulthood. Respondents were 1031 individuals, aged 25-74, who completed short telephone interviews everyday over a series of 8 days resulting in 7229 days of information. During each interview respondents indicated whether they experienced any health symptoms in five categories: 1) headache, backache, muscle soreness; 2) cold and flu symptoms; 3) stomach problems; 4)chest pain or dizziness; and 5) any other symptoms or discomforts. If a respondent said yes to any of the above, they were also asked how long the symptom persisted, ranging from "some of the day" to "all of the day".

Analyses suggest that, overall, men and women experience any health symptoms on 56% of the study days (roughly 5 of the 8 days), and have persistent symptoms on 19% of the study days (roughly 2 of the 8 days). The most common health symptom for all respondents was headaches, backaches, and soreness. Results reveal a linear decrease in the frequency of daily symptoms, such that younger adults experience the greatest number of symptoms, and older adults experience the fewest. Gender differences exist in the frequency of daily illnesses such that women experience significantly more daily symptoms than men. Results from age X gender interactions and the role of daily stressors will also be presented.

THE CUMULATIVE EFFECTS OF RECENT LIFE EVENTS ON PSYCHOLOGICAL WELL-BEING OF THE OLD-OLD, OVER A FOUR-YEAR PERIOD.

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While prior research has focused on cumulative effects of lifelong crises or on very recent life events, little is known about the adverse impact of recent life events accumulating during a discrete time period, in the life of an old-old person. This research explored the relative impact of recent life events (measured each year for the prior year) during a four-year period, among 468 residents of a Florida retirement community participating in a longitudinal study of late life adaptation. Findings suggest the likelihood of experiencing loss events declined over time, while events related to family problems increased with time. Total cumulative life events over a three-year period were found to have a greater impact on outcomes of psychological distress than did events of the prior year or the year before. Specifically, current negative affect was predicted significantly by negative life events occurring during the current year (r=.25, p=.001), the previous year (r=.21, p=.001), and cumulatively, over the four-year period prior to measuring current negative affect (r=.34, p=.001). These data, in aggregate, point to the heuristic value of studying stressful recent life events across longer time frames, in consideration of an expanded stress paradigm for late life.

LOOKING AHEAD WITHOUT DREAD: LEARNING ABOUT WOMEN THROUGH LIFE HISTORIES

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Gerontologists note that life history or reminiscence interviews provide heuristic, yet controversial research data. Some warn that retrospective reports may not be accurate descriptions of lived experience while others (Parker 1995), suggest they may be therapeutic for older people. The collection of life histories is also therapeutic for younger people. This presentation is an analysis of life history data from an opportunistic sample of eighty (80) older women who are now in their 7th, 8th, 9th, or 10th decades of life. Students enrolled in a seminar on "Women and Aging" each interviewed four older women of different birth decades, the first, second, third, and fourth decades of the 20th century, that is, one woman in her 60's, 70's, 80's, and 90's respectively. Students shared the life history of each woman interviewed with all students in the class. Employing both qualitative content analysis and descriptive statistics, students collectively explained how the interplay among biological, historical, cohort, and personal attributes impact the lives of older women in the sample. Results suggest greater variation within than between birth cohorts, yet themes of generativity, home, caring for kin, and the adventure of self-discovery were pervasive in all age groups. Students report that regardless of whether reminiscences of specific events are reported accurately, they are able to compare their own findings to existing literature. Many note they no longer fear growing older, having learned that "the essence of self" endures throughout the aging process. Their experience suggests that when younger women collect life histories of older women, the young ones may learn to look ahead without dread of what the future will bring.

Parker, R.G. "Reminiscence: A Continuity Theory Framework." *The Gerontologist* 35(4):515-525. 1995.

REACHING OUT, REACHING IN, MOVING ON: THE EXPERIENCE OF WIDOWHOOD IN LATER LIFE

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As people live longer, they will continue to transition through a variety of life experiences, one of the most distressing of which is the loss of a lifelong marital partner. This study examines the ways in which older persons in 1997/8 experience widowhood, and the relationship of support and adaptive strategies to quality of life. The Pathways to Life Quality data was obtained from 868 community and senior housing facility residents, ages 60-100, in an upstate New York county. Those who were recently widowed, those who had been widowed over one year, and those not widowed are compared on measures of

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perceptions of financial adequacy, social support, and activity and work participation. Longitudinal data from a subgroup of Continuing Care Retirement Community (CCRC) residents is examined for changes over time in social and psychological adaptation to the newly single life stage. Multiple regression analyses of changes in emotional state, social context and psychological adaptations show interactions of community and facility residence, gender and marital status in predicting well-being. Findings also demonstrate the curvilinear process of the widowhood transition, wherein a temporary decline in well-being measures is followed by readjustment at more positive levels. Social comparison theory and theories of cognitive control are supported, as results elucidate how the challenge of widowhood is mastered on micro- and macro-levels.

AGE AND GENDER DIFFERENCES IN NEGATIVE EMOTIONS IN INTERPERSONAL RELATIONSHIPS

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Researchers have documented age and gender differences in the experience of negative emotion in interpersonal relationships. This study assessed whether the types, intensity, and duration of emotions varied with the degree of investment in relationships, gender, and age. We interviewed 187 adults (ages 13-99; 101 females and 86 males) with closed and open-ended questions regarding negative emotion in interpersonal relationships. Participants could list more than one emotion. Most participants reported at least one anger-like emotion (82%) as opposed to sadness (24%), anxiety (16%), or shame like emotions (16%). However, older participants and women were less likely to report anger-like emotions. Findings are interpreted in terms of age and gender differences in individuals' investment in the relationship.

GAY MEN AGE 50 OR MORE: LIFE COURSE TRAJECTORIES AND SOCIAL MARGINALIZATION.

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From a life course perspective, gay men age 50 and over "came of age" in the midst of the modern gay liberation movement and, shortly thereafter, shouldered the initial brunt of the AIDS epidemic. Amidst these historic and life-altering events, many of these men have matured through midlife, into late life. Arguably, they are the first cohort of gay identified men to face old-age in this country. With in-depth qualitative data collected from a small convenience sample of gay men age 50 or more, we identify two predominant life course trajectories among this cohort: (1) one marked by normative life choices in early adulthood, including heterosexual marriage and parenthood prior to "coming out" in mid- or late life; and (2) another characterized by non-normative life choices engendered by the early formation of a gay identity. We find that men who have traversed the first pathway perceive their life histories as fractured—a before and after "coming out." Those who have traveled the second pathway possess a greater sense of continuity in their lives. Men in both groups experience a paradoxical relationship to major social institutions—family, work, religion and politics, wherein formal affiliations have been the source of rejection and refuge. For example, religious institutions that have pronounced homosexuality a sin have offered solace to some seeking spiritual comfort and support during times of crisis. We use these data to theorize about the ways these paradoxical relationships between self and society are shaped by the life course trajectory one has followed in early and mid-life. We also speculate on the ways in which these trajectories relate to the transition into retirement and end of life.

AGE AND THE PHILOSOPHY OF RESIGNATION

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Wayne Booth's valuable book, The Art of Growing Older (1992), reminds us that many poems have been written about aging. One obvious example would be T.S. Eliot's Gerontion. "Here I am, an old man in a dry month/Being read to by a boy, waiting for rain." Some, not specifically about oldness, are written with a gravity that invokes age. A similar gravity, implying resignation, is found in poems not about the aging individual but about an aging republic that seems to have lost, as individuals do, the fine instincts and ideals of youth. Robinson Jeffers' Shine, Perishing Republic, is one. "While this America settles in the mould of its vulgarity, heavily thickening to empire./And protest, only a bubble in the molten mass, pops and sighs out, and the mass hardens."

Poems such as these often carry, as an undercurrent, a message of resignation, and while in older people or older societies resignation may be seen as a sign of flagging energy, it also suggests the wisdom of acceptance. Seneca and the Stoics found resignation effective against the "the many evils that [befall] good men." Cicero resigned himself to the inevitability of death and drew consolation from eternal necessity: "All things in keeping with nature must be classified as good; and nothing is so completely in keeping with nature but that the old must die."

I would like to present some ideas about resignation not only as a philosophy of acceptance but as a way to incorporate some of the disturbing sadness of aging into an outlook, perhaps a therapeutic outlook, that encourages new beginnings and becomings on a plateau of acceptance of the inevitable.

My observations would be drawn from a continuing project studying the lives of men between the ages of 60 and 70. My hypothesis is that as men leave behind them the years usually described as "middle-age", they search for personal philosophies of acceptance that allow them to continue to live hopeful lives as they age. Obviously, there will be different forms of resignation. The classifying of these forms are part of my inquiry.

AGE, ETHNIC, AND FAMILY DYNAMICS CORRELATES OF REMINISCENCE FUNCTIONS

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The bulk of reminiscence research has been clinical and gerontological in focus. Consequently, we know less about the normative, developmental aspects of this naturally occurring memory process. This study examined age, ethnic, and family dynamics variables and their relationship to

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reminiscence functions in adulthood. Ninety-nine male and 117 female volunteers (39.8% Chinese, 60.2% White), ranging in age from 18 to 81 years (M age = 42.98, SD = 20.02), completed the Reminiscence Functions Scale (RFS) and the Family Memories Index (FMI). A multiple analysis of variance (MANOVA) indicated a main effect for age F (8, 201) = 23.77, p = .000, and ethnicity, F (8, 201) = 4.08, p = .000. Younger adults scored higher than older adults on the RFS factors of Bitterness Revival, Boredom Reduction, Identity, and Problem-Solving. In contrast, older adults scored higher on Death Preparation and Teach/Inform. Chinese participants scored higher on the RFS factors of Bitterness Revival, Boredom Reduction, Conversation, Death Preparation, and Teach/Inform. Pearson correlation coefficients indicated that the FMI was correlated with the RFS factors of Conversation, Identity, Intimacy Maintenance, and Teach/Inform. The results replicate earlier work with the RFS and demonstrate that individual difference variables are important predictors of reminiscence functions.

GENDER AND AGE DIFFERENCE IN DREAM CONTENT.

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Gender and age differences in dream reports have either been examined in separate studies or have not included participants over the age of 60. Using the Hall and van de Castle (1966) system of content analysis, the present study investigated gender and age differences in 21 days of dream diaries from 15 young (age 15-25), 15 middle age (age 35-55), and 15 old (age 65+) men and women. Comparisons of emotional content, settings, and objects present replicated older dreamers recording fewer dreams than younger persons but not reported differences in vividness of dreams. Gender differences typically found in dreams of younger people were also found here, e.g., more aggression and more male characters reported by men; more familiar and more female characters reported by women. However, fewer and much smaller gender differences were seen in dreams by older persons compared to younger participants. These and other findings will be presented. Gender and age differences as they relate to personality and social measures of waking life will be discussed.

SOCIOECONOMIC FACTORS, AGING, AND COGNITIVE COMPLEXITY.

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This paper examines theoretical hypotheses tied to two competing explanatory models for SES-cognitive score relationships: (1) models of cognitive selection into educational levels and occupational roles, and (2) models of cognitive adaptation to socio-economic change. The specific objectives are: (1) to estimate the nature of the relationship of socio-economic factors to cognitive scores at several points over the life-span, (2) to further refine empirical estimates of the extent of cognitive selection in SES-test score correlations in the early adult years, and (3) to estimate the extent of cognitive adaptation to socio-economic change over the life span. To accomplish these tasks, we anayze data from three studies that obtained measures of cognitive skills and socio-economic status at several points over the life span: (1) the Wisconsin Longitudinal Study (WLS), a sample of 1957 high school graduates from the state of Wisconsin (n=8,493), followed from youth to approximately age 52 in 1992-93; (2) the Detroit Longitudinal Study of Families, a sample of young adults born in Detroit in 1961 and studied on several occasions from birth to age 32 (n=932); and (3) the Health and Retirement Study (HRS), a national panel study of pre-retirement men and women aged 51-61 assessed in 1992 (n=9,824), and reinterviewed in 1994 and 1996. Our analyses of these data will help reveal the role of early-formed cognitive abilities in socio-economic achievement across the life-span, and the adaptive potential of cognitive skills to change in response to life cycle changes in socio-economic experiences.

IMPOSSIBLE SELVES: THE ROLE OF CONCEPTIONS OF FUTURE SELVES AND SELF-EFFICACY IN INDIVIDUAL LONG-TERM CARE PLANNING.

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Individual and family long-term care decisions are most commonly made in a crisis; failure to plan for the possibility of long-term care dependency has significant personal and public financial and social costs. This paper presents the final analysis of two studies: a five-focus group study identified seven challenges or steps toward long-term care planning (perception of vulnerability, timeliness, control, responsibility, information, resources, and finally, decision). A follow-up study of 18 individual interviews probing the dynamics of each of those challenges/steps suggests three obstacles in this process: 1) the failure of individuals to imagine, or have concern for, a frail future self; 2) inflated self-efficacy beliefs about the capacity to avoid frailty or about the capacity to cope in the absence of a plan; and 3) limited self-efficacy beliefs about the capacity to plan today for a frail future self. The study identifies: "cognitive tricks" individuals employ to create these obstacles; the effects of self-efficacy beliefs on information gathering, resource assessment, and decision-making; and, strategies for facilitating appropriate self-efficacy beliefs through sensitivities to and interventions in the sources of those beliefs. Implications for enhancing the level and effectiveness of individual long-term care planning are addressed.

FRIENDSHIP EXCHANGES AND THE LIFE COURSE

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Many studies of adult friendship have focused on the number of women's and men's friends and on the frequency of interaction with friends. Less is known about specific forms of friendship exchange and how life-course factors impact those patterns. This study utilizes longitudinal data from the National Survey of Families and Households for respondents age 20 through 79 (n=4094). Results show that patterns of friendship exchanges vary by women's and men's stage in the life-course (e.g., retirement) and by family life-course stage (e.g., children in the home). Consistent with social exchange theory, greater help provided to friends predicts greater help received from them. This finding holds for all age groups, including elderly respondents who report health problems. While life-course patterns impact the specific types of help that are exchanged, use of longitudinal data from the NSFH also show considerable stability in levels of exchange with friends for both women and men over a 5-7 year period, for all age groups, and for respondents who experience marital disruption or retirement from paid labor.

DIFFERENTIAL EFFECTS OF INFORMAL AND FORMAL ASSISTANCE ON STRAIN OF SPOUSE AND ADULT CHILD CAREGIVERS

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Caring for a relative with dementia presents many demands, and some caregivers (CGs) turn to informal (family/friends) and formal (paid) helpers for instrumental assistance. We studied a group of 177 spouse CGs and 200 adult-child CGs, considering whether kin relation affected the relationship between change in hours of assistance received between baseline and three-month interviews and change in CG stress (over-load and worry) and well-being (anger and depression). First, we tested the relationship between change in the amount of help received and the outcomes. Change in amount of informal help did not have a significant main effect on the outcomes. However, change in hours of formal help had significant main effects on each outcome variable, with a greater increase in formal help associated with a greater reduction of stress and improved well-being. We then analyzed the moderational effect of kin relation on the relationship between change in the amount of help received and the outcomes. Kin relationship had no moderating effect on the relationship between change in assistance received and change in the outcomes. Although recent research has identified differences in CG experiences due to kin relationship, the present findings suggest that spouse and adult-child CGs experience the effect of change in the amount of informal and formal assistance on stress and well-being similarly.

CHANGES IN 'VALUATION OF LIFE' OVER TIME.

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Valuation of Life (VOL) represents the extent to which a person is attached to his/her present life for reasons including enjoyment, hope, futurity, meaningfulness and self-efficacy. Although VOL is affected by health and QOL, it is not totally predictable from either positive aspects or negative incursions on quality of life. The present research investigated the ways in which VOL changed over a 2-year interval for 313 community residents age 70+. Measures included positive affect (PA), depression (CESD), positive VOL and 3 indicators of health: total ADL (TADL), self-rated health (SRH), # of health conditions. Paired t-tests revealed small but significant declines in TADL, PA and VOL from baseline to follow-up, while CESD showed improvement. Change scores were computed on the difference between Time 2 and Time 1 indices. Regressions with change in VOL as the dependent variable showed that those whose TADL and PA declined experienced a decline in VOL. Changes in SRH, Health Conditions, and CESD were not related to change in VOL. VOL is thus seen to be related more to positive than to negative sources of QOL. The absence of an effect on VOL due to depression and the small and selective effects of health decline are discussed in terms of the overall balance sheet by which people judge the worth of their lives.

Temporal Stability of Adults' Self-Representations

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This study examined the temporal stability of middle-aged and older adults' self-representations over a 1-month period. Using a card-sorting task, it was examined whether central self-attributes showed greater temporal stability than peripheral self-attributes, and whether there were differences by age group and sex. In addition, correlates of temporal stability were examined. The sample consisted of 125 community-residing adults (62 men, 63 women), ranging in age from 40 to 88 years. Analyses showed that central self-attributes were significantly more stable over the 1-month period than peripheral self-attributes, $t(124) = 27.9$, $p < .001$. To examine age and sex differences in the stability of central and peripheral self-attributes, two 2 (age group) x 2 (sex) univariate analyses of variance were performed. These analyses yielded a significant main effect of sex for central, $F(1,121) = 7.05$, $p < .01$, and peripheral self-attributes, $F(1,121) = 8.78$, $p < .01$. For both, central and peripheral self-attributes women showed greater temporal stability than men. The main effect of age group and the age group by sex interaction failed to reach the .05 level of significance. Greater temporal stability was positively associated with a sense of personal growth and a sense of purpose in life, two important dimensions of psychological well-being.

AGE-RELATED DIFFERENCES AND CHANGES IN INTELLECTUAL FUNCTIONING: CAN SPEED EXPLAIN BOTH?

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To explain cognitive development across the life-span, a "strong" version of the 'speed hypothesis' posits that changes in mental speed predict changes in intellectual abilities. Cross-sectional studies examining the relationship between age differences in speed and age differences in intellectual abilities generally support the hypothesis. However, only few longitudinal studies have attempted to study the degree to which developmental changes in speed and intellectual functioning are related. The purpose of the present study was to test the strong version of the speed hypothesis with longitudinal data. To examine if changes in mental speed and fluid intelligence were correlated, we modeled and related individual age changes in both constructs. Several structural difference factor models were applied to data from two measurement points of the Interdisciplinary Longitudinal Study on Adult Development (ILSE). We used complete data from 218 participants ($\underline{M}$ = 62.8 years at Time 1; $\underline{M}$ = 66.9 at Time 2). The final model evinced an excellent fit (X^2 = 56, $\underline{df}$ = 56, $\underline{p}$ = .45; RMSEA = 0.001). Results demonstrate a significant decline in both mental speed and fluid intelligence. The difference factors showed statistically significant variability, thus indicating differential change in both abilities. The changes in mental speed and fluid intelligence were moderately correlated ($\underline{r}$ = .49). Our longitudinal results suggest a "weak" version of the speed hypothesis. That is, although speed differences explain most of the variance in age related differences in intellectual functioning, speed changes are less useful in explaining age changes in intellectual functioning.

VALIDATING THE SUBSCALES OF THE ANXIETY ABOUT AGING SCALE.

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Factorial validity has been established for the Anxiety about Aging Scale. This study examines the construct validity of two factors of the AAS scale. Psychological Concerns and Fears of Losses. Both the Life Satisfaction Inventory and Lawton's PGC Morale Scale (Factor 2, Attitude Toward Own Aging) have face validity with the Psychological Concerns subscale and to a lesser extent to the Fear of Losses subscale. The two scales were administered along with the AAS for the factorial validity study ($\underline{N}$=361). Both AAS subscales were significantly correlated ($\underline{p}$=.01) to the PGC Morale Scale and the Life Satisfaction Inventory. Further analysis showed males had higher aging axiety than females. Blacks reported less aging axiety, but also lower scores on life satisfaction and on attitudes toward own aging.

ANTIQUES OR JEWELS? ELDER MENTORS' LESSONS ON GERONTOLGOICAL THEORIES.

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Understanding gerontological theories presents a challenge to many 1st year master's students. In an endeavor to help students gain a deeper comprehension of stage, trait, social gerontology, retirement, and psychological theories, for the past 2 years the professor (CAG) of "Psychosocial Aspects of Aging" required each student (one of whom was SM) to select an elder mentor. Students met with their respective mentors 4+ times and kept a journal of their interactions. They were instructed to elicit their mentors' views about the various theories as they applied to their own lives. However, if mentors just wanted to recount their life experiences, students were to record this autobiographical information and later decide if the mentor's life was suggestive of any theories we were studying.

CAG & SM wanted to assess the long-term impact of these mentor-mentee dyads. Using semi-structured questions, CAG interviewed 8 former elder mentors; SM interviewed 8 former students. They also reviewed the students' journals. SM & CAG performed content analysis and ran frequencies to analyze the data.

Mentors and students expressed largely positive views about the mentor liaison both during and after the class. Elder mentors enjoyed the opportunity to share their lives with students; students felt seeing theory in action helped them better understand its application.

CAG & SM will present their findings, read salient passages from journals, and offer suggestions for further enhancing this learning exercise in the future.

THE IDENTITY AND EXPERIENCES SCALE AND THE DEFENSE MECHANISMS INVENTORY: CLINICAL IMPLICATIONS OF THE IDENTITY PROCESSING PERSPECTIVE

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This study was an examination of the validity and reliability of the Identity and Experiences Scale (IES), a newly developed Likert-type self-report scale designed to assess quantitatively the use of identity assimilation, accommodation, and balance in older adults (Whitbourne, 1996). To this end, we explored the relationship between the IES and the Defense Mechanisms Inventory (Gleser & Ihilevich, 1969) in a sample of 34 male and 84 female community dwelling adults (age range 42-82, $\underline{M}$=55.74, $\underline{SD}$=11.24). We also explored the relationship between the IES and a composite measure of "object relatedness" derived from the DMI (Juni, 1982). Results from this correlational analysis were partially consistent with theory. Factor analysis yielded the expected three factors accounting for 33% of the variance. The present sample yielded α coefficients of .75 for the assimilation subscale, .82 for accommodation, and .86 for balance. The clinical applicability of identity assimilation, accommodation, and balance to the psychotherapeutic process in the older adult will be discussed.

HEALTH CHALLENGES: OLDER WOMEN IN CALIFORNIA (CA), 1997-1998

S Merrill, N Baumrind, California Women's Health Survey (CWHS) CMRI (CA Medical Review, Inc.) San Francisco CA

Women are an increasing majority of the aging population. As health care dollars shrink, understanding health needs of older women and those nearing senior status is imperative. New data (CWHS) are used to describe health and health care status of older women in California (CA has ~10% of U.S. Medicare population, ~40% of whom are in managed care). The CWHS is an annual, random-digit-dialed phone survey of 4000 adult women in CA, about 30% of each sample are ages 55+. Subjects were asked about health insurance, health behaviors, disability, incontinence, chronic pain, caregiving, mental health and social support. Women were stratified by age [55-64 (~40%), 65-74 (~37%), 75+ (~23%)] and race/ethnicity [African American (AA), White (W), Hispanic (H), Asian/Pacific Islander (API)]. Analytic data are weighted to reflect CA population. The majority of the sample was W (75%), married (65%), high school educated (85%). Annual incomes were < $10,000 for 40% of women; 12% of each age group was impoverished and ~30% of AA and H women were impoverished. Managed care enrollment was lowest for younger H women (31%). Risk for unhealthy behaviors decreased with age, though oldest H women were most at risk for hunger (38%). Caregivers include 30% of younger and 20% of oldest women. Social support was available for most women (85-90%), though AA and H women reported less. Urinary incontinence increased with age. Most women of all ages reported regular Pap (~90%) and mammography (~80%) screening. Older, poorer CA women, particularly AA and H, may benefit from health services targeted specifically toward their specific needs. BSS-7

Life Transitions in the Old-Old

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While the transition period experienced by older adults as they move from middle adult to old age has been well documented, the transition occurring as older adults move from young old to old-old age has received less attention. Yet the fastest growing segment of the elderly is comprised of those in their 8th decade of life. This is a time when many elderly are moving from active lives into a time of greater frailty, from independent living into institutionalized settings.

The purpose of this qualitative pilot study is to explore the transitions experienced by octo- and nono-generations during their eighth decade. Analysis of findings indicate that individuals experience difficulty mobilizing energy to perform desired activities and that they alter their expectations of themselves to conserve their energies for their most desired activities. Additionally they express great concern that they will become dependent on others and therefore become a burden to family, friends, and society. By identifying the nature of this transition time, care providers will be more able to develop ways to assist these individuals to adapt to the changes they are experiencing and facilitate these very old adults to maintain relatively independent lives of desirable quality.

Age and Sex Differences in Adults' Agency vs. Communion Orientations

S. K. Owen, M. Diehl, L. M. Youngblade, Department of Psychology, University of Colorado at Colorado Springs, Colorado Springs, CO 80933.

This study used Harter and Monsour's (1992) self-portrait diagram to investigate adults' role-specific self-representations. From this diagram, participants' self-attributes were coded in terms of their agency vs. communion orientation. The sample consisted of 158 adults (80 men, 78 women) ranging in age from 20 to 87 years. Participants were grouped into 3 age groups: young adults (age 20-39), middle-aged adults (age 40-59), and older adults (age 60+). Univariate analyses of variance were used to examine age and sex differences in the number of agency and communion words. With regard to the number of agency words, significant main effects of age group and sex, and a significant age group by sex interaction were found (all p's < .05). Older adults had a smaller number of agency words in their self-portraits compared to young and middle-aged adults. Also, women's self-portraits had a smaller number of agency words than men's self-portraits. This sex difference, however, was not significant in young adults, and was particularly pronounced in the oldest age group. No significant effects were found with regard to the total number of communion words. Additional correlational analyses linking adults' agency vs. communion orientations to psychological well-being are also reported.

GENDER DIFFERENCES IN NURSING HOME HOSPITALIZATIONS C. E. Bird, O. Intrator, J. Teno, and D. Gifford, CGHCR, Brown University, Providence, RI 02912.

Recent research indicates that male nursing home residents are hospitalized more often than females adjusting for demographic characteristics, diagnoses, and illness severity. Yet previous research has not adequately examined the causes or consequences of this gender disparity.

To limit the heterogeneity in physiological differences and differences in disease mechanisms, we studied a cohort of long-staying residents diagnosed with probable Alzheimer's disease. We examined 1995 MDS data from 5 case-mix demonstration states merged with Medicare claims. Our cohort included 16,811 women and 4,350 men. To restrict hospitalizations to common diagnoses, for which we would not expect gender differences in care, we studied those for which the primary reason for admission was infection. 12-month rates for hospitalization with infection showed that men were hospitalized more than women (6.0% vs. 3.6%). Compared to women, men were more likely to exhibit physically abusive behavior (21.9% vs. 13.6%) and to be married (46.6% vs. 14.7%). Men and women were equally likely to be severely demented (62.8% vs. 65.6%). We modeled hospitalization for men and women separately, adjusting for age, race, do-not-hospitalize and do-not-resuscitate orders, diagnoses, verbally abusive behavior and ADL dependency. Among women, marriage was associated with lower likelihood of hospitalization (AOR = 0.81, 95% CI [0.63,1.04]) as was less severe dementia (AOR = 0.79, 95% CI [0.35,0.99]). Among men, those who were physically abusive were less likely to be hospitalized (AOR = 0.65, 95% CI [0.43,0.99]). This study is a first effort toward developing educational interventions to reduce unnecessary gender differences in the care of nursing home residents.

LIFE REVIEW – A PSYCHOLOGICAL IMPERATIVE OR SOURCE OF INDIVIDUAL DIFFERENCE? P. Wink, B. Schiff, Department of Psychology, Wellesley, MA 02481.

Data from the Berkeley Guidance and Oakland Growth Longitudinal Studies of men and women were used to investigate the concurrent and long-term implications of life review in old age. Life review was scored from answers to open-ended questions taken from a face-to-face interview conducted when the participants in the studies were on the average 73 years of age. Only a third of the sample gave evidence of undertaking life review in old age. Women were more likely to review their life than men. As hypothesized, in old age life review was positively associated with generativity, personal growth, spirituality, and creativity. Contrary to expectations, life review was not related to a measure of acceptance of the inevitability of one's life cycle and other measures of mental health and life satisfaction. For women, life review at age 73 could be predicted from a measure of cognitive commitment (emphasis of intellectual pursuits, introspection, and breadth of interests) obtained in adolescence. For men, a significant relation between life review and cognitive commitment did not emerge until midlife. Implications of current findings for our understanding of life review and ego integrity are discussed.

140

IDENTIFICATION & ANALYSIS OF INDIVIDUALIZED INTERVENTIONS FOR DEMENTIA FAMILY CAREGIVERS

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'Anne Harrington & Assoc., Inc.

Family caregiving, especially for those with dementia, is a significant public policy and fiscal issue for the U.S. and other countries. There is widespread evidence that caregiving adversely affects the physical, mental, and emotional health and well-being of family members caring for someone with dementia. Their contributions are enormous, valuable ($196 billion), and essential. However, they need support for their caregiving role. To delay institutionalization, it is essential to identify and analyze significant caregiver intervention programs which, by their very nature, are tailored to the unique needs of each family. Some caregivers can participate in group interventions. Others need more individualized approaches. The most cost-effective interventions may prove to be those that directly increase the capacity of family caregivers to provide needed care and also arrange for informal and formal support. This presentation will identify and categorize the dementia caregiver intervention literature, research in progress, and selected on-going provider programs. The particular focus will be on individualized home or community based interventions such as skills training, behavior management, affect management, cognitive restructuring, home modification, fitness and self-care initiatives, and technological interventions. We will highlight the most innovative interventions identified and comment on the strengths and weaknesses of various provider programs. We will discuss trends in programming and research and recommendations for policy, practice and research.

SRPP-7

CAREGIVERS' LIMITATIONS IN PROVIDING CARE TO CHRONICALLY ILL ELDERS

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This study of 148 chronically ill elderly examined informal caregivers' limitations in post-hospital care. Using respondents' reports and interviewers' observations about the care situation, geriatric nurse interviewers identified caregivers' limitations in 13 ADL and IADL areas. Logistic regression analyses indicated older caregivers had greater likelihood of having a physical limitation and less likelihood of having a responsibility limitation. Being a spouse caregiver and caring for an elder with lower functional ability were associated with a physical limitation. When elders rated caregivers' health more positively, caregivers were less likely to have a responsibility limitation. There was a trend for caregivers to have greater likelihood of a physical limitation and for caregivers living farthest from elders to have less likelihood of a responsibility limitation. Implications of findings for research and practice are discussed

FAMILY VOLUNTEERS IN NURSING HOMES: AN UNTAPPED RESOURCE?

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Although family members continue to visit spouses and parents in nursing homes, few make the decision to volunteer their time to improve the quality of life for all residents. The goal of this analysis is to examine characteristics that might identify a pool of potential volunteers from among family members of residents of nursing homes. Data for this NIA funded analysis were derived from telephone interviews with 366 family caregivers of residents of 17 special care units in nursing homes in Massachusetts, New Hampshire, and Rhode Island. Seven characteristics significantly distinguished volunteers from non-volunteers. Family members who volunteered were significantly more likely to be spouses, over 62 years of age, to visit more than once a week, to be involved in care planning and provision of direct care to the resident, and, in the past month, to have attended religious services and joined in an activity with the resident. Only 6% of all family members report volunteering at least once in the previous month. Among family members with 2 of the above characteristics, 1 of every 17 volunteered. From among caregivers with more than 2 of these characteristics (representing 59% of all family volunteers) one of every 4 family members volunteered. This latter strata represents a family subgroup that could reasonably be targeted as potential volunteers. Given the goal of increasing volunteerism, by focusing on this group and doubling the rate, the typical 100-bed facility could go from an expected rate of 4 to 8 family volunteers.

INTERGENERATIONAL COALITIONS AND PASSAGE OF THE CAREGIVERS INVESTMENT BILL

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Gerontologists find a common bond with professionals in the various disabilities fields in the issue of family caregiving. Aging and disabilities intersect when those with lifelong, developmental disabilities grow old and when formerly healthy elders acquire late-onset disabilities. Caregiving by family members is the common method of chronic care. Aware of how critical yet under-recognized are family caregivers, a coalition of professionals, consumers, and caregivers sought redress. First assembled as a component of the AoA-funded Partners III Project, this coalition undertook several initiatives, including legislative relief for families providing chronic care. It conceptualized, sought patronage for, and testified in support of The Caregivers Investment Bill, a $500 tax credit for families providing chronic care to relatives of any age with two or more ADL impairments. After four sessions of the General Assembly, the Bill was passed and signed into law as The Caregivers Grant Fund, providing $500 grants to caregivers with incomes uner $50,000. This paper reports the Bill's history, especially the ever broader intergenerational coalition that propelled its unanimous passage into law.

Permanency Planning Among African American Caregivers of Relatives with Mental Retardation

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Planning for the permanent placement of African American adults with mental retardation has been a neglected area of research. This study used a sample (n=100) of caregivers, whose family members with mental retardation were 30 years of age or older, to predict plans for the permanent placement of their relatives when they can no longer take care of them. Using logistic regression analysis, two measures of permanency planning (financial and future living arrangements) were regressed on caregiver and care receiver characteristics, social support, caregiver burden, and level of satisfaction with services provided by mental retardation agencies. The study found caregiver characteristics (age, income, health, and self-efficacy), social support (from friends and church members), and satisfaction with mental retardation services predicted future financial planning, while caregiver characteristic (age and self-efficacy) and satisfaction with mental retardation services predicted future living arrangements. Implications for making the service delivery system more responsive to the needs of African Americans will be discussed.

141

PREVENTING ELDER ABUSE: A GLOBAL STRATEGY

R.S. Wolf Institute on Aging, UMass Memorial Health Care, 119 Belmont St., Worcester, MA 01605.

Participants:

E. Dow (Newfoundland Univ., St. John's, Newfoundland Canada A1C 5S7). Reaching a Research Agenda for the International Network for the Prevention of Elder Abuse

G. Bennett (Tower Hamlets Healthcare, Mile Hospital, London E1 4DG, UK) Action on Elder Abuse in the United Kingdom

L. Daichman (Consultant in Geriatrics/Gerontology, Buenos Aires, Argentina; L. Machado (Institute of Gerontology, Candido Mendes Univ. Rio de Janeiro, Brazil) Latin American Committee for the Prevention of Elder Abuse

E. Podnieks (Ryerson Polytechnic Institute, Toronto, Ontario M5B 2K3, Canada) A Canadian Network for the Prevention of Elder Abuse

T. Tatara (Shukutoku Univ., Chiba, Japan 260). Elder Abuse Research and Programs in the Far East

R. Wolf (UMass Memorial Health Care, Worcester, MA 01605). Report on National Organizational Developments in the United States, Australia, and South Africa.

Two years ago, an International Network for the Prevention of Elder Abuse (INPEA) was organized to create a global network of national and regional organizations on elder abuse as a means of increasing the world's ability to recognize and respond to the mistreatment of older people. With representatives on six continents, a website, and newsletter, INPEA has undertaken a program to facilitate the transfer of information on elder abuse between developed and developing countries.

This Symposium will describe 5 national models representing Canada, Australia, Latin America, United Kingdom, and United States, as well as elder abuse research and programmatic activities underway in Japan, Korean, Taiwan, and South Africa. While all models aim to further public awareness, education, training, research and advocacy in behalf of abused elders, each one is distinctive, reflecting the national character and direction of its elder abuse movement. The value of INPEA as a mechanism for determining research needs and promoting cross-national studies will also be explored.

REACHING A RESEARCH AGENDA FOR THE INTERNATIONAL NETWORK FOR THE PREVENTION OF ELDER ABUSE (INPEA)

Chair: E. Dow, School of Social Work, Memorial University of Newfoundland, St. John's, Newfoundland, Canada. A1C 5S7.
(edow@morgan.ucs.mun.ca) (709) 737-8044.

At the World Congress in Gerontology (Australia, 1997), a round table on elder abuse looked at the feasibility of setting up an International Network for the Prevention of Elder Abuse (INPEA). Representatives of 12 different countries supported the establishment of a network. Health Canada funded a Colloquium and

Symposium in the spring of 1998 (Podnieks, Dow & McDonald, 1998). At the 2nd National Elder Abuse Conference in Canada, Health Canada funded an initiative that brought together representatives from Canada, Africa, Australia, Argentia, Brazil, Britain, Norway, Japan, and the USA where the INPEA Constitution was adopted by the Steering Committee. This presentation will highlight the vision, mission, goals and objectives of this new organization. Inclusive membership from the global community is sought. The results of a forum to determine research needs, conducted during the 2nd National Elder Abuse Conference in Canada, will be presented.

LATIN AMERICAN COMMITTEE FOR THE PREVENTION OF ELDER ABUSE L. Daichman Consultant in Geriatrics/Gerontology, Arenales 1391, 8vo. "B" (1051) Buenos Aires, Argentina; L. Machado. Institute of Gerontology, Candido Mendes University, Rua Joana Angelica n° - sala 100 Ipanema RJ-CEP 22+20-030, Brazil.

Awareness of elder abuse is crucial to achieve social changes but action must follow recognition. With the US National Committee for the Prevention of Elder Abuse as a model, members of the International Association of Gerontology in Argentina and Brazil formed the Latin American Committee to raise awareness among the nations in South and Central America. Uruguay, Venezuela, Cuba, Chile, and Brazil have been the focus of educational and consultation programs. The Latin American Committee acknowledges the need for creative strategies that will speak to the multiple ethnic variations in the region. Efforts in Brazil have been related to the development of ways to introduce prevention and treatment programs on elder abuse in the country and to help and advise the government on policy development. The formation of a National Network for the Prevention of Elder Abuse in Brazil is viewed as a way to unify actions within this large country.

ACTION ON ELDER ABUSE IN THE UNITED KINGDOM G. Bennett, Dept. of Health Care of the Elderly - Bancroft Unit, The Royal London Hospital (Mile End) Bancroft Road, London E1 4DG, UK

Throughout the 1990s in the UK a gradual increase in concern about the abuse and neglect of elderly people was evident. Following the example set in the US with the formation of the National Committee for the Prevention of Elder Abuse, a steering committee was formed in the UK and Action on Elder Abuse created first as a subsidiary charity of Age Concern England and then in 1995 as a registered charity. Its focus has been on information and support services for the general public and professional workers carried out through professional meetings and publications. The many hundreds of inquiries led to the establishment of a national Elder Abuse Response Line. With funding from the national government and grant giving trusts and companies, Action on Elder Abuse continues to expand its educational and service efforts. As a national model it is distinct from other versions (Latin America, Canada, Australia, US) having a paid administrative and service (response line) staff. The benefits and ways of achieving this status will be explored in relation to the variations in aging service delivery in developing and developed countries.

A CANADIAN NETWORK FOR THE PREVENTION OF ELDER ABUSE. E. Podnieks, Ryerson Polytechnic University, School of Nursing, 350 Victoria St., Toronto, Ontario, Canada M5B 2K3.

The concept of a National Network for the Prevention of Elder Abuse emerged over eight years ago at the annual meeting of the Canadian Association on Gerontology (CAG) where the question was asked "Do we need a National Committee for the Prevention of Elder Abuse?" Although the idea was endorsed at the time, the actual implementation has been slow and labored. The geographic vastness of Canada, coupled with financial cutbacks made it difficult for individuals and organizations to come together to plan and organize. Last October at the annual meeting of the CAG, a Network was finally formed. This paper will describe the process and the challenge of creating partnerships that build on the strength of our diversity, acknowledge the two official languages of the country, and are inclusive of senior citizens as active participants.

ELDER ABUSE RESEARCH AND PROGRAMS IN THE FAR EAST T. Tatara, Shukutoku University, 200 Daiganji-cho, Chuo-ku, Chiba-shi, Chiba 260-8701, Japan.

Although books, articles, and surveys on elder abuse have been published in Japan, research on the topic was scarce, partly because most researchers, government officials, and practitioners believed that the majority of elders were being treated well and cared for adequately by their families. The review of foreign studies on elder abuse convinced some researchers to form the Society for the Study of Elder Abuse. In response to their investigations, a helpline for abused and neglected elders was established. Two other research groups on elder abuse in Japan have been organized, one by nursing faculty and the other by social work and sociology faculty. A community-wide survey, a study of intergenerational dynamics and the role of visiting nurses in identifying elder abuse are examples of projects underway. The likelihood of a national elder abuse strategy in Japan and the status of elder abuse movement in Korea and Taiwan will be discussed.

REPORT ON NATIONAL ORGANIZATIONAL DEVELOPMENTS ON ELDER ABUSE IN THE US, AUSTRALIA, AND SOUTH AFRICA R. Wolf (Institute on Aging, UMass Memorial Health Care, 119 Belmont St., Worcester, MA 01605).

One of the activities of the US National Committee for the Prevention of Elder Abuse has been to serve as a model for other countries in increasing awareness about the problem, its prevention, and treatment. Research in many developing and developed countries has confirmed the existence of elder abuse but few information sharing and training opportunities or specialized services. One new model is the Australian Network for the Prevention of Elder Abuse organized in 1998 for the purpose of sharing information. Its initial efforts include creating a list of participants representing all the states/territories, developing aims and objectives, and identifying activities that will be consistent across Australia. An Australia wide common definition of elder abuse is one of its tasks. While South Africa has not yet created a national group, there is increasing recognition of elder abuse. Attempts are being made to pass mandatory reporting legislation and to incorporate institutions as residences within the Domestic Violence Act. Through the International Network for the Prevention of Elder Abuse, efforts are underway to increase awareness and training not only to South Africa but to other African countries.

142

GRANDPARENTS RAISING GRANDCHILDREN: IMPLICATIONS FOR RESEARCH, PRACTICE AND POLICY

J. Sainer, The Brookdale Foundation Group, 126 E. 56th Street, New York, NY 10022.

Participants:

K. Roe, (San Jose State Univ. Walnut Creek, CA 94598) "The Current Status of Research and Practice Affecting Kinship Caregivers and their Families"

M. Brintnall-Peterson, (Univ. of Wisconsin - Extension, Madison, WI 53703) and D. Targ, (Purdue Univ. - Extension, West Lafayette, IN 47907) "Evaluation Data from the 280 sites participating in the National Video Conference on Grandparents Raising Grandchildren"

L. Poe, (West Coast Children's Center, El Cerrito, CA 94530) "Clinical Research on the Intergenerational Impact of Second Shift Parenting"

D. Butts, (Generations United, Washington, DC 20001) "Policy Developments on Surrogate Parenting at the Federal, State and Local Levels"

Discussant

M. Cantor, (Fordham Univ. Grad. School of Social Services, NY, NY 10023)

The growing phenomenon of grandparents raising grandchildren is affecting families from all segments of the population and all ethnic groups. Nationwide 2.1 million children are being cared for by kin with no parent present due to substance abuse, incarceration, abuse and neglect, and other societal problems. These changing social conditions and new family structures require an interdisciplinary approach if the needs of the caregivers and children are to be met. This Symposium will present the newest research and practice experience regarding surrogate parenting and the implications for future policies will be highlighted.

143

LEGAL ISSUES FOR PEOPLE WITH DEMENTIA: INTERNATIONAL PERSPECTIVES.

H. Wilkinson, Centre for Social Research on Dementia, Stirling University,
Scotland FK9 4LA.

Participants:

M. B. Kapp (Office of Geriatric Medicine & Gerontology, Wright State University, Dayton OH 45401-0927) Legal interventions for persons with dementia - does the US know it all?

H. Wilkinson (Centre for Social Research on Dementia, Stirling University FK9 4LA) The law in Scotland for people with dementia: paternalistic or empowering?

R. Jones (Queens Medical Centre, Nottingham, UK) The law and dementia - the view from England and Wales.

A.C.F. Sandston (Sandston Eason Lawyers, Christchurch, New Zealand.)
The New Zealand perspective and experience of legal issues for people with dementia.

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Discussant:

D. Marson (Dept of Neurology, University of Alabama, Birmingham AL 35233 7340)

Dementia is associated with a decline in ability to reason and make judgements. This can have severe implications for individuals trying to make sound financial and personal decisions. The availability and effectiveness of legal interventions, for both empowering and protecting individuals with dementia are therefore important.

The countries represented in this symposium have all implemented various empowering and protective strategies through their legal systems. Several of these systems are now in a state of flux.

This symposium will present an overview of the different systems and discuss the ethical and legal values which currently underpin the approaches to legal interventions for people with dementia. Presenters will then look at the proposed changes and ways forwards in policy and practice terms for their country. Finally, presenters will discuss the ways in which we can learn from each other and propose a future research agenda.

Individual Symposium Abstracts

LEGAL INTERVENTIONS FOR PERSONS WITH DEMENTIA - DOES THE U.S. KNOW IT ALL?

Marshall B Kapp (Office of Geriatric Medicine & Gerontology, Wright State University, Dayton OH 45401-0927)

The U.S. legal system has evolved a number of methods by which the state or private parties may intervene to protect persons, including those with dementia, who lack sufficient cognitive or emotional capacity to make and express autonomous choices about various aspects of their lives. These interventions may be planned and voluntary (e.g., durable powers of attorney, living trusts, living wills, joint bank accounts) or unplanned and involuntary (e.g., guardianship/conservatorship, adult protective services). This presentation will explore the ethical and cultural valuesundergirding the American alternatives and their theoretical and practical strengths and weaknesses when measured against those values. The presentation will pose issues about which American policy makers, health and human service practitioners, and attorneys might seek wisdom from the alternative strategies that other nations have developed to deal with the challenge of protecting, but not overprotecting, their own citizens with dementia.

THE LAW IN SCOTLAND FOR PEOPLE WITH DEMENTIA: PATERNALISTIC OR EMPOWERING?

H. Wilkinson (Centre for Social Research on Dementia, Stirling University FK9 4LA)

The legal interventions which are currently available in Scotland can be divided between those which remove control and those which may enhance the control of an individual with dementia in making decisions. The use of advanced directives and living wills presumes a certain cognitive capacity. The growing emphasis on early diagnosis for people with dementia provides an opportunity for people to plan and control decisions about financial management and welfare.

This paper coincides with a move to reform Scottish Law through the 'Incapable Adults Bill' which proposes a more integrated and flexible approach to the legal management of the affairs of people with reduced decision making capability. The paper presents a review of the recent literature on the use of legal interventions for people with dementia and their families and discusses the empowering or disempowering nature of the interventions particularly in relation to an early diagnosis of dementia.

THE LAW AND DEMENTIA - THE VIEW FROM ENGLAND AND WALES

R. Jones (Old Age Psychiatry, Queens Medical Centre, Nottingham, UK, NG7 2UH)

No special law relates to old people with dementia (or younger sufferers) in England and Wales. Should there be special law akin to, for instance, that for children, in the Children Act? The major problem is absence of a legitimate decision-making mechanism for health or social welfare decisions with individuals lacking mental capacity. Thus doctors treating demented people for physical ill health can turn to no one else for consent under statute law if the patient is incapable. This can become particularly acute with decisions relating to the end of life and withholding/withdrawing treatment. A proposed Mental Incapacity Act would authorise much informal decision-making with demented people through a General Authority to Act Reasonably. Also proposed is a Continuing Power of Attorney whereby an individual is nominated ahead of incapacity supervening who then can make and implement decisions on their behalf throughout the full sphere of their life and activities. The Act would give full legal force to Advance Statements about Health Care.

Concerns with these proposals arise from limited attention to defining best interests of the individual and to potential conflicting wishes of various involved individuals. All these issues will be addressed in this presentation.

THE NEW ZEALAND PERSPECTIVE AND EXPEREINCE OF LEGAL ISSUES FOR PEOPLE WITH DEMENTIA

A.C.F. Sandston (Sandston Eason Lawyers, Christchurch, New Zealand.)

The focus in New Zealand concerning legal issues and people with dementia is the Protection of Personal and Property Rights Act 1988. That Act has legislated for firstly Enduring Powers of attorney as to Property and as to Personal Care and Welfare and secondly for Court Orders as to Property Management and Welfare Guardianship. In all Court proceedings a lawyer is appointed by the Court to act for the person the subject of the application paid for by the Government if necessary. Hearings are in private. There is a sunset clause on both Management and Welfare Guardianship Orders, the latter relating to caring for Personal Care and Welfare of the person. Court proceedings might be called the high road. The low road is the signing of an Enduring Power of Attorney either as to property or as to personal care and welfare whilst one has the capacity to do that.

This paper will discuss these issues as they relate to the person with dementia.

144

REFERRAL OF TERMINALLY ILL PATIENTS FOR HOSPICE CARE

E.H.Bradley, T.R. Fried, S.V.Kasl, D.V. Cicchetti, R.J. Hurzeler, S.M. Horwitz Dept of Epidemiology/Public Health, Yale University, 60 College Street, New Haven, CT 06520.

Satisfaction with hospice care among terminally patients and their families is well-documented, yet previous research suggests many patients who are eligible for hospice may not receive hospice care. The objectives of this research were to estimate the proportion of terminally ill outpatients (with life expectancy < 6 months) referred for hospice care and identify factors that promote or impede hospice referral. Using data from a cross-sectional survey of randomly selected internists, cardiologists, pulmonologists, and oncologists (n=223, response rate=52 %), the study revealed that 55 % of terminally ill patients were referred for hospice care. This percentage varied by specialty. Oncologists were most likely to refer (68%); pulmonologists and cardiologists were least likely to refer (44% and 38% respectively). Other factors independently associated with fewer referrals in multivariate analysis as a proportion of the number of terminally ill cared for were lack of board certification, having more terminally ill patients in one's practice, having a larger percentage of sudden deaths, poorer knowledge about hospice eligibility rules and policies, and lower satisfaction with hospice (p-values<.05). Physician's age, gender, and previous training in hospice or palliative care were not associated with referral patterns. Many terminally ill patients do not receive hospice. Although some of the factors limiting hospice referrals may be difficult to modify, others related to specialty and knowledge may be amenable to targeted interventions.

PREDICTORS OF ADVANCE DIRECTIVE COMPLETION AND SUPPORT OF PHYSICIAN-ASSISTED SUICIDE: DO SOCIO-CULTURAL BELIEFS EXPLAIN ETHNIC DIFFERENCES?

K.L. Braun, V.M. Tanji, R. Heck, University of Hawaii, Honolulu, HI 96822

While most Americans support the concept of advance directives (AD), few Americans actually complete them, and those who have are likely to be white and middle class. Research also suggests that over 50% of Americans support physician-assisted suicide (PAS), yet support varies by ethnicity and religious affiliation. While demographic variables have been linked to rates of AD completion and PAS support, little work has been done to recognize and explicate the socio-cultural beliefs that influence these outcomes. This study surveyed 245 adults in five ethnic groups in Honolulu, used factor analysis to identify and quantify socio-cultural beliefs related to end-of-life planning, and used logistic regression to test their relative influence in predicting AD completion and PAS support. Five socio-cultural belief factors were identified--willingness to plan for death; trust in family and physician to make the right decisions; religiosity, fears and anxiety about life's end; and fatalism about the timing of death. When entered into the regression models, socio-cultural belief factors (rather than ethnicity, religion, and other demographic variables) were significant predictors of support for PAS. In AD completion models, greater age and fears about life's end were the only significant predictors. While more work is needed, the current study supports the value of looking at socio-cultural beliefs, rather than ethnicity or religion, as predictors of end-of-life choices.

ENGAGING CHURCHES IN EFFORTS TO IMPROVE END-OF-LIFE CARE

A. Gross, K. Braun, Center on Aging, School of Public Health, University of Hawaii, 96822.

Hawaii has a very high percentage of elders who die in the crisis-oriented setting of a hospitals where it is difficult to discuss end-of-life options. Experts recommend earlier attention to these discussions. Previous research suggests that churches may be a good venue for discussion. The purpose of the present project was to examine differences in perceptions in persons of differing faith traditions and ethnic backgrounds regarding end-of-life issues and determining whether their churches are appropriate venues for end-of-life education. Using structured, open-ended questions, fifteen focus groups (N=150) were conducted on the island of O'ahu. Findings reveal the need for increased education in the emotional, practical, and liturgical domains. Church leaders, however, vary in their willingness to implement new programs despite their belief that churches are appropriate venues for such efforts. The findings are being used to develop curriculum strategies to educate clergy and congregations thereby enhancing spiritual and culturally sensitive care of persons nearing the end of life.

CONSUMER-DIRECTED LONG-TERM CARE: IMPLICATIONS FOR ELDERLY PERSONS

J. Tilly, J. Wiener, The Urban Institute, 2001 M St., NW, Washington, DC 20037

A major new innovation in long-term care for elderly persons is the development of consumer-directed home care. This research project compares consumer-directed programs that permit clients to hire and fire their own workers to programs that pay home care agencies to provide services to clients by studying publicly-financed programs in eight states. The data collected include: program descriptions and costs; client choice between consumer-directed and agency-directed programs; recruitment and management of workers; clients', caregivers', and workers' experiences in the two types of programs; quality assurance; and fraud and abuse. The data come from two sources: 1) telephone interviews with key state officials and representatives of clients, workers, and provider agencies, and 2) collection of available data from the programs. Compared to agency-directed programs, consumer-directed programs provide clients with greater control over choice of providers, but generally provide little help in finding workers or providing training. As a result, many clients rely on family or friends as paid caregivers. Workers in consumer-directed programs often have lower wages than those in agency-directed programs. In addition, workers in consumer-directed care often provide more hours of service than agency workers. Finally, quality assurance is rudimentary or lacking in most programs.

Relationship Between Self-Transcendence and Advance Directives. Ilene Decker. Northern Arizona University, Department of Nursing, Box 15035, Flagstaff, AZ 86011

Little is known about how the elderly make end-of-life decisions. Self-transcendence, a developmental indicator, may be one factor that influences end-of-life choices. The purpose of this paper is to present results of a study that attempted to gain insight into factors that might account for patient choices about end of life care. A sample of 126 community dwelling elderly (ages 60-98) in rural and urban Arizona were asked to complete a 15 item Self-Transcendence (ST) Scale that measures a sense of connectedness with self, others and the broader environment. The ST score was compared to the end-of-life treatment desired as indicated on an Advance Directive (AD) form. Findings showed that participants had a high level of ST. Using a regression model, there was no significant relationship between self-transcendence and ADs. However, there was a significant relationship among age, education, prior experience with a life-threatening illness, prior completion of a living will, location, and desired end-of-life treatment. Further research about the role of self-transcendence in making choices for end-of-life treatment is needed.

BEYOND THE GENOME: AN EPIDEMIOLOGICAL VIEW OF COURAGEOUS AGING
Ilene Nathanson, DSW, College of Management, Long Island University, Post Hall, Brookville, N.Y. 11548 and Terry Tirrito, Ph.D., College of Social Work, University of South Carolina, Columbia, SC 29208

The paper presents the findings of a study of the components of successful aging, including psychological, biological, social, political and religious factors. The authors utilized an inductive research approach, which emphasizes the constant comparison of interview data in the generation of theory. The sample consisted of over 75 adults ranging in age from forty to ninety. The study focused on defining and re-interpreting the late life stages of human development and thus expanding on and modifying existing life span theories, particularly those of Erikson and Gail Sheehy. The data suggest that the metamorphosis of adult to older adult parallels that of the child to adolescent. For example, the process of latency in childhood development bears striking similarity to a middle age development that the authors have labeled "complacency". Biological and genetic factors are considered in the context of life style and psychological criteria in developing a predictive tool for evaluating courageous aging potential. A research implication addressed by the authors is the apparent mitigating impact of lifestyle, diet and exercise on many genetic pre-conditions, such as heart disease and breast cancer. The authors further evaluate subjects' receptivity to cutting edge advances in biochemistry and genetic engineering; and, propose strategies for promoting accurate use of bio-technological resources.

145

CONSUMER SATISFACTION SURVEYS IN NURSING HOMES.
F.K. Ejaz & J.Cohen-Mansfield, Benjamin Rose Institute, 850 Euclid Avenue #1100, Cleveland, OH 44114; & Hebrew Home of Greater Washington.

Participants:

D.R. Zimmerman & B.J.Bowers (University of Wisconsin-Madison) Satisfaction Surveys and Other Sources of Information on Quality of Long-Term Care.

L.S. Noelker & F.K. Ejaz. (The Benjamin Rose Institute, 850 Euclid Avenue, #1100, Cleveland, OH 44114) Research Results on the Use of Satisfaction Surveys in Ohio Nursing Homes.

G.C. Uman, H.N. Uman, M. Hirsch (8380 Melrose Ave., # 309, LA, CA 90069) Satisfaction Reports from Nursing Home Residents with Cognitive Impairment.

S.B. Slater (Morse Geriatric Center, West Palm Beach, FL 33417-4748) Using Employee Surveys in a Skilled Nursing Facility.

Moderator:

J.Cohen-Mansfield (Hebrew Home of Greater Washington, 6121 Montrose Rd, Rockville, MD 20852)

This symposium will focus on the consumer perspective on satisfaction with care and operations in nursing homes (NH) and its impact on the quality of long-term care services. This symposium will begin by linking consumer satisfaction to the larger issue of quality of care and how different sources of information have contributed to the measurement of both quality of care and quality of life. Based on empirical data, the relationships between quality of care, quality of life and resident expectations will be discussed, and suggestions made to integrate residents' perspectives into measures of quality of life and care. A second paper will examine the actual use of satisfaction surveys in 81 randomly selected NHs in Ohio. The problems and pitfalls encountered in their implementation will be described. A third paper will deal with the challenge of including the large numbers of NH residents who suffer from dementia in the survey process. The final paper will focus on the inclusion of employees in satisfaction surveys in NHs. It will discuss the development of employee surveys, and their use as a mechanism to involve employees in quality improvement initiatives. These presentations represent new perspectives in the efforts to clarify the potential uses of satisfaction surveys to improve NH environments for residents and their formal and informal caregivers. SPONSORED BY RESEARCHERS IN LONG TERM CARE INFORMAL INTEREST GROUP

(BSS-11 & SRPP-14)

SATISFACTION SURVEYS AND OTHER SOURCES OF INFORMATION ON QUALITY OF LONG TERM CARE

D. Zimmerman, B. Bowers, The University of Wisconsin, Madison, WI 53705.

This presentation explores how satisfaction surveys and other sources of information have been used to evaluate quality in long term care settings. Specifically, the potential and limitations of the Minimum Data Set (MDS) in measuring quality of care and quality of life are discussed. Based on this review and a recent pilot study, the presenters suggest possibilities for developing a new organizing framework to understand and evaluate quality of care and quality of life in long term care. The discussion identifies and examines the role and possible sources of resident expectations in assessing satisfaction and raises questions about how to integrate resident expectations into both assessments of satisfaction and evaluations of quality in long term care.

(BSS-11 & SRPP-14)

RESEARCH RESULTS ON THE USE OF SATISFACTION SURVEYS IN OHIO NURSING HOMES.

L. S. Noelker, F.K. Ejaz, The Benjamin Rose Institute, 850 Euclid Ave., #1100, Cleveland, OH 44114.

Findings from a survey of 81 randomly selected skilled nursing facilities in Ohio are used to highlight key issues related to the design, implementation and application of consumer satisfaction surveys in long term care. Because the state-wide association for proprietary nursing homes provides satisfaction survey services to its members at no cost, Ohio is an ideal state in which to investigate these issues since many facilities are likely to use the service. In fact, results show that almost 80% of the facilities in the sample regularly conduct satisfaction surveys, primarily for quality improvement purposes.

Moderate levels of satisfaction were expressed by facility staff with the survey process and outcomes. Chief complaints are the low response rate and the quality and timeliness of the information. Findings also suggest that pressures from accrediting bodies, boards, and managed care organizations have contributed to their wider use. The different approaches taken to improve the quality and timeliness of the data are discussed. Yet, the central issue that remains unclear is the extent to which survey results actually improve quality of care and the process by which this occurs.

(BSS-11 & SRPP-14)

SATISFACTION REPORTS FROM NURSING HOME RESIDENTS WITH COGNITIVE IMPAIRMENT

G.C. Uman, H.N. Urman, M. Hirsch, Vital Research, LLC, 8380 Melrose Ave., Suite 309, Los Angeles, CA 90069

Because so few residents are included in satisfaction studies and surveys in NHs, their responses may not typify the entire population of a facility and may not represent the cognitively impaired, who are hypothesized to receive worse care and therefore be less satisfied. The purpose of a series of three studies (1996-1999) was to develop a methodology for eliciting residents' opinions across cognitive levels. Using structured interviews, 69% of long stay NH residents are willing and able to report their perceptions of daily life. Between 42% and 90% of residents are willing and able to respond across CPS levels 0 (intact) through 4 (moderately to severely impaired). Specially tailored one-step questions (concrete behavioral indicators) requiring a yes/no response elicit a wide range of responses both within and between NHs. Examining stability of responses over time, on 28 of 39 indicators, cognitively impaired residents had stability coefficients in the moderate range or higher (70 percent agreement). The indicators that generated both the highest and lowest satisfaction rates were nearly identical for the cognitively impaired and cognitively intact groups. Those with cognitive impairment are significantly less satisfied with some help and assistance indicators, but this is not surprising, because impaired residents in general have more need for help than intact residents. It is desirable, possible, and useful to include cognitively impaired residents in satisfaction studies in NHs.

(BSS-11 & SRPP-14)

USING EMPLOYEE SURVEYS IN A SKILLED NURSING FACILITY

S.B. Slater, Joseph L. Morse Geriatric Center, West Palm Beach, FL 33417-4748

The several hundred employees of a 280 bed skilled nursing facility have participated in three administrations of an attitude/satisfaction survey. The surveys were conducted in Feb. 1994, Nov. 1995 and Nov. 1997. The response rates were 90%, 95% and 98%, respectively. The survey instruments contained 59, 71 and 59 attitude/opinion questions(respectively), and addressed such subjects as the Center as a place to work, employee-supervisor and employee-management relations, sense of fulfillment from the job, and stress on the job. Since many of the same or similar questions were asked in two or three administrations (24 used all three times, and 18 used twice) there are data on changes in employees' attitudes and opinions related to organizational changes. Reliability tests (Cronbach alpha) for each of the three instruments were at acceptable levels; $\alpha = 0.90$ for 1994, $\alpha = 0.94$ for 1995 and $\alpha = 0.87$ for 1997. There is a feedback process which includes all employees in the examination of the results, the identification of issues and suggestions for corrective actions. The surveys have provided useful information for management to assess the "morale" of the employees, identify issues which require attention or correction, and to get feedback on previous innovations and changes. It also provides a mechanism for including employees at all levels in quality improvement initiatives. The cost has been trivial compared to the benefits.

(BSS-11 & SRPP-14)

146

DEVELOPING A RIGHTS AND PROTECTIONS CAMPAIGN FOR AMERICAN INDIAN AND ASIAN PACIFIC ISLANDER POPULATIONS.

D.L.Yee, National Asian Pacific Center on Aging, 1511 Third Avenue, Ste 914, Seattle, WA 98101.

Participants:

M. Garrett (National Indian Council on Aging, Albuquerque NM) Reaching American Indian Medicare & Medicaid customers
in Washington, Alaska and Idaho.

D.L. Yee (National Asian Pacific Center on Aging, Seattle WA) Developing an education/information to assure rights and responsibilities of API consumers of HCFA programs.

Discussants:

M. Katz (Health Care Financing Administration, Baltimore MD)

E. Stults (PRO West, Seattle, WA)

The Medicare Beneficiary Grassroots Rights and Protections Outreach Project for Vulnerable Populations was created by HCFA to seek ways to encourage and strengthen the full participation and inclusion of special needs populations, as equal partners in their own heath care and treatment decisions, by promoting greater awareness of their rights and responsibilities and improving access to their rights and protections.

A series of four studies were conducted using secondary (e.g. Census and US Geologic Survey, Bureau of Land Management) and primary (i.e. survey) data analyses to assess demographic, support system, and information infrastructure issues related to service access, information dissemination, and service delivery issues. These pilot studies targeted American Indian/Native Alaskan and Asian Pacific Islander (API) older persons Washington, Alaska, and Idaho.

Recommendations will be presented on ways that HCFA can collaborate with communities to improve information and outreach, and access to quality care. Discussed will be the ways that HCFA and a peer review quality assurance organizations can improve service access and care quality for American Indian and API older persons in the US.

REACHING AMERICAN INDIAN AND ALASKA NATIVE MEDICARE & MEDICAID BENEFICIARIES IN WASHINGTON, ALASKA AND IDAHO.

D. Baldridge, M. Garrett, L. Henriksen, and M. Inglis. National Indian Council on Aging, Albuquerque, NM 87111.

American Indians and Alaska Natives in the Pacific Northwest are diverse and are located across a large geographic area. A series of pilot studies were conducted to assess demographic, support system, and information infrastructure in areas where American Indian and Native Alaskan elders live in the states of Washington, Alaska, and Idaho.

US Geological Service, Bureau of Land Management, and Medicare utilization data were used to display and identify key social, economic, and health status characteristics of American Indian and Native Alaskan elders in the target states. A mailed survey collected data from providers of services to American Indian and Native Alaskan elders to assess information dissemination efforts and issues.

Findings suggest ways to develop collaborative relationships with Indian-specific service systems, Tribal and Native Alaskan governments, HCFA and its partners to improve information dissemination and assistance to Indian and Alaska Native elders to improve service access and health outcomes.

INFORMATION STRATEGIES TO ASSURE RIGHTS AND RESPONSIBILITIES OF API CONSUMERS OF HCFA PROGRAMS.

D.L. Yee, D. Rose, A. Shin, K. Bostock. National Asian Pacific Center on Aging, Seattle, WA 98101.

A series of pilot studies were conducted to assess demographic, support system, and information infrastructure in areas where API elders live in the states of Washington, Alaska, and Idaho.

Census data (1990) were analyzed in the context of historic and contemporary immigration patterns to identify the ways in which social and economic circumstances of older API ethnic groups (primarily Filipino, Japanese, Korean, Southeast Asian, and Pacific Islanders) might affect their participation in HCFA programs. A survey of formal service system providers and API language media users was conducted (n=100) to assess information dissemination levels between formal service system providers and API communities.

Findings suggest outreach efforts would be substantially improved by (1) developing collaborative arrangements with API community leaders, (2) disseminating information in API languages and through current API language information venues, and (3) helping service providers better understand and respond to differences among API ethnic populations with regard to their circumstances and likelihood of need for specific kinds of financial and medical assistance, and their linkage to supportive services.

147

Terry Tirrito, Ph.D.
University of South Carolina
Columbia, South Carolina 29208
Peter Camilleri, Head, Dept of Social Work
Australian Catholic University
Canberra, Australia

Social Work Education in Ageing: United States and Australia

This presentation will discuss the United States study (Damron-Rodriquez, Villa, Tseng, &Lubben, 1997) and the Australia study (Tirrito & Camilleri, 1999). In the United States two national surveys of schools of social work examined the relationship between demographic and organizational variables and the adoption of gerontological curriculum. Evidence is clear that increases in demographics are global and the need for geriatric health and social services will impact the need for gerontologically trained professionals. Data from the U.S. studies suggests that schools of social work are not preparing to meet the projected need for social workers trained in ageing. The U.S. survey instrument was used to examine the gerontological curriculum in schools of social work in Australia. Australia is sixth in the world in life expectancy and the impact of increased life expectancy on social services will demand gerontologically trained professionals. This presentation will review the existing data of the U.S. studies and present new data from the Australian study which examined all schools of social work in the country. Both

countries have 13% of their population over 65 and both are preparing to experience a baby boom explosion. Aging in a post genome era will bring many new opportunities for health professionals worldwide if professional schools are preparing them to meet the need.

PROJECT AGE: ALLIANCE FOR GERONTOLOGY EDUCATION.

S. Glista, Department of Speech Pathology and Audiology,
M. Petersons, Department of Family and Consumer Science,
Western Michigan University, Kalamazoo, MI 49008.

Project AGE is a personnel preparation project to provide allied health students with the competencies needed to serve elderly people, especially in underserved rural areas and among multicultural populations. The project is designed to (1) infuse curricula with gerontology content across five focus areas in blind rehabilitation, dental hygiene, dietetics, exercise science, occupational therapy, community health and recreation, and speech pathology and audiology; (2) develop interdisciplinary practica; and (3) provide allied health continuing education. Project AGE was developed and funded because a critical need exists for more allied health personnel with special competencies for serving older persons in a comprehensive manner within well-coordinated interdisciplinary health-care and health-promotion systems. Allied health employment is projected to grow by 50% between 1990 and 2005, higher than nursing or any other health profession. Project AGE provides a discipline-specific curricular infusion model, interdisciplinary thematic practice-related modules, and off-campus practicum site interdisciplinary partnerships which demonstrate successful inclusion of life-span development issues. The project is being implemented over three years. Project AGE includes cross-disciplinary involvement from the College of Health and Human Services and the College of Education at Western Michigan University as well as from Kalamazoo Valley Community College. It attracts the participation of the southwest Michigan community through collaborations with existing gerontology education programs; interfaces with WMU training grants that are introducing gerontology in rural health education, orientation and mobility, and rehabilitation teaching, and through partnerships with practitioners in model practicum sites.

Geriatric Assessment Center: A Model of Interdisciplinary Service and Education.

S. Widdis, Unified Clinics,
S. Glista, Department of Speech Pathology and Audiology,
Western Michigan University, Kalamazoo, MI 49008.

The Geriatric Assessment Center (GAC) has been established at the Unified Clinics of the College of Health and Human Services, Western Michigan University in collaboration with Michigan State University – Kalamazoo Center for Medical Studies and Ferris State University. The GAC has the dual focus of serving vulnerable community elders and also of educating students from the following disciplines: audiology, dietetics, medicine, pharmacy, physician assistant, nursing, occupational therapy, social work, and speech-language pathology. The GAC mission is: (1) to provide holistic assessment and preliminary intervention for identified high-risk geriatric clients from managed care organizations, and the community; (2) to educate students in the assessment and treatment of high-risk geriatric clients; (3) to develop, implement, and teach managed care interdisciplinary geriatric assessment services; and (4) to investigate and evaluate the effect of interdisciplinary geriatric assessment on client outcomes and student perceptions.

Students conduct home screenings, clinic visits, and client-family conferences. Within didactic educational components, which are interspersed between clinical activities, students are introduced to interdisciplinary managed care assessment practices, ultimately assuming leadership in care planning. Outcome data include surveys of student interdisciplinary experiences, client follow through, and referral source and client/family satisfaction. Student competencies are measured through demonstration of assessment skills. Service and education are interdisciplinary creating a model of best practice in interdisciplinary geriatric care that emphasizes comprehensive assessment. Students benefit through building team participation and leadership skills. Clients benefit by receiving expert consultation and recommendations.

DEVELOPING A GERIATRIC INTERDISCIPLINARY TEAM COURSE FOR LONG DISTANCE LEARNING.

F.E. Netting, I.A. Parham, A.L. Peyton, E.A. Welleford, H.G. Garner, & L. Halunko. Virginia Geriatric Education Center, Virginia Commonwealth University, P. O. Box 980228, Richmond, VA 23298-0228.

The Virginia GEC, Department of Gerontology, in cooperation with schools and departments in social work, education, medicine, nursing, pharmacy, allied health, and humanities and sciences has developed a long distance learning course on Geriatric Interdisciplinary Team Training. This poster features this course which is offered in four locations throughout the Commonwealth: Central, Northern Virginia, Tidewater, and Southwest. Designed as a 15-week course, instructors meet with students three Fridays during the semester in each location. During these sessions, all sites are linked via 2-way compressed video. In the first session, the course is introduced using a series of group exercises, followed by content on teaming, diverse geriatric settings, and team process. Between face-to-face sessions, students individually view videos developed specifically for this course and that use cases to guide learning. Each case contains content on team composition, decision-making, problems and conflicts, and strengths with emphases on the interaction of condition and setting with patient, team, and family. Featured are teams in home health (Housecalls), acute care, PACE, inpatient rehab, nursing home, and hospice settings. The design, development, substance, and evaluation of this course are presented in poster format.

EVALUATION OF A TRAINING PROGRAM TO INCREASE FACULTY PRODUCTIVITY IN AGING RESEARCH.

C. Mehrotra, The College of St. Scholastica, 1200 Kenwood Avenue, Duluth, MN 55811.

With NIA support, we have designed, implemented, and evaluated a research training program for psychology faculty. The overarching goal of the program is to build and sustain a community of college teachers committed to developing an active research agenda in aging. In summer 1998, fifteen psychology teachers participated in the initial two-week institute at The College of St. Scholastica and another group of 15 teachers will attend the program this summer. Members of each cohort will return for a one-week follow-up to report their progress. To date, evaluation efforts have focused on assessing the program's effectiveness in reaching the target population, monitoring the implementation of proposed activities, determining participants' satisfaction with the content and quality of instruction, and tracking their progress in developing a research proposal. Results indicate that the program has attracted a good mix of participants and they have given high ratings to the program. The program has helped participants (a) become aware of new developments in research methodology; (b) learn new ways of thinking about research; (c) become more interested in conducting aging research; and (d) maintain contact with one another and with the visiting professors. Two participants have now submitted a research proposal to NIA and eight have prepared and discussed a draft that they plan to finalize for submission by November 1999.

USE OF MENTORING TO ENHANCE STAFF DETECTION OF COGNITIVE IMPAIRMENT IN RURAL SENIOR CENTERS.

A. W. Lau & E. Rankin. WVU School of Medicine, Morgantown, WV 26506-9124.

A single-subject design was used to investigate the effectiveness of mentoring to enhance training and performance of senior center staff in detecting cognitive impairment. Seven staff members participated in the project. The training program consisted of two 3½-hour workshops which examined clinical manifestations of dementia, interviewing techniques with older adults, implementing a screening protocol (e.g., MMSE, GDS), and use of an algorithm for making referrals based on resulting scores. The evaluation program consisted of three phases (including baseline) with increasing goals for mastery. Progress was assessed by three separate measures: number of protocols administered, accuracy, and number of completed items within each protocol. Mentoring included bi-monthly group meetings in Phase I, monthly group meetings in Phase II, and one-on-one mentoring on an as-needed basis. The group format was selected to enhance peer support. Five of the 7 participants received one-on-one mentoring. There were clear trends towards mastery in conducting the protocol across all participants. Mean rates of goal attainment by phase improved from 43% at baseline, to 83% during Phase I, and 91% at Phase II. In the cases where there was room for improvement, performance improved further after one-on-one mentoring. Mentoring appears to increase participants' willingness to administer and master the screening protocol. Group mentoring plus one-on-one mentoring appears to be more effective than only group mentoring.

MANAGEMENT OF AGGRESSION IN THE CARE OF THE COGNITIVELY IMPAIRED ELDERLY: EVALUATION OF A CERTIFICATION PROGRAM FOR CLINICAL AND SUPPORT STAFF

S.E.Rivers, L.Schindel-Martin, C.Moonsawmy, D.Stewart. St. Peter's Hospital, 88 Maplewood Ave., Hamilton, ON, Canada L8M 1W9

Education in the prevention and management of resistive and/or aggressive behaviors among the cognitively impaired elderly was identified as a primary need for clinical support staff in the Behavioral health program at this institution. Purpose: the purpose of the study was to measure the impact of a certification program on the knowledge and attitudes of clinical and support staff in the prevention and management of these challenging behaviors. Methods: Methods used were pre- and post-testing of knowledge, focus groups, and personal performance evaluation, with a sample of 59 clinical and support staff. Results: Paired t-tests of pre- and post-test scores were significant, with a p-value of 0.019. Thematic analysis of the notes from semi-structured focus groups conducted immediately pre- and post-training identified changes in the areas of feelings, attitudes, knowledge, and daily work. Results of a Personal Performance Evaluation supported the focus group results. This study indicated that the educational program offered to all clinical and support staff did impact both knowledge and attitudes in a positive way. Further research is required to evaluate the impact of training on clinical practice. SRRP-5

DEVELOPMENT OF AN ALZHEIMER'S DISEASE CHANNEL FOR THE MICHIGAN INTERACTIVE HEALTH KIOSK PROJECT.

C. M Connell, B. Shaw, S. B. Holmes, H. A. Derry, & S. A. Graham. Michigan Alzheimer's Disease Research Center, 300 North Ingalls Building, University of Michigan, Ann Arbor, MI 48109

People with Alzheimer's disease (AD) are unlikely to seek information for themselves, due in part to their cognitive deficits and the stigma of the disease. Thus, efforts to increase knowledge and awareness among the public will play a major role in health decisions made on behalf of people with AD. The overall objective of this study is to describe the development of an innovative educational outreach program to increase knowledge and awareness of AD among the public. The program is based on interactive multimedia software and is accessible via kiosks that resemble a television set, require no computer experience, are user-friendly, and employ touch-screen technology. Over 100 kiosks are located at sites throughout Michigan, including underserved and rural areas as well as minority communities. Because the kiosks resemble a television set, program content areas are referred to as channels. All aspects of launching the AD channel are described, including developing appropriate content, hiring actors, and designing graphics. Strategies to monitor channel usage and evaluate impact on knowledge and awareness of AD are described. Implications for using interactive multimedia software to disseminate health information to older adults are discussed.

THEORIZING AND ENACTING OUR BODILY HISTORIES: DESIGNING AND IMPLEMENTING A GRADATE SEMINAR IN EMBODIMENT IN LATER LIFE

J.R. Sasser-Coen, Master of Arts in Interdisciplinary Studies Program, Marylhurst University, P.O. Box 261, Marylhurst, Oregon 97036-0261.

In this paper I discuss the design and implementation of a new graduate seminar called "Embodiment in Later Life." This seminar is one of the core courses required for the Graduate Certificate in Gerontology offered through the Master of Arts in Interdisciplinary Studies program at Marylhurst University. By intent and design, this seminar provides a context for participatory theorizing about the *meanings* surrounding biophysical aging changes at the individual and sociocultural level, as well as how states of health and illness impact our relationships with our bodily selves over the life course. Empirical and theoretical scholarship grounded in critical gerontology, life-span development, and feminist and cultural studies provide a formal theoretical framework for the collaborative project of developing a deeper understanding of the ways in which "bodily histories" unfold throughout the life course, most particularly the varieties of ways in which embodiment is experienced in later life. The pedagogical methodology utilized in this seminar has four main components: 1) reading interdisciplinary theoretical and empirical texts provided by the instructor; 2) doing participatory theorizing during the seminar; 3) writing three (3-4 page) integrative papers over the course of the term; and 4) collaborating on the development of a multi-media archive of images and texts on the topic of embodiment in later life. This presentation will be supplemented with the enhanced course syllabus, which includes descriptions of learning projects and outcomes, a week-by-week outline of discussion topics, the reading list, and the questions for the three integrative papers.

TEAM TRAINING: TRAINEE CHARACTERISTICS AFFECT TEAM CARE ATTITUDES AND SKILLS

J.H. Rose, D.M. Bass, K.J. Ishler, S.M. Moore, N. Whitelaw, & B. Miller, Case Western Reserve University, 12200 Fairhill Rd., Cleveland, OH 44120.

The Great Lakes Geriatric Team Training (GITT) project, funded by the John A. Hartford Foundation, Inc. of NY and the Cleveland Foundation, has conducted interdisciplinary team training in practice sites in Cleveland and Detroit for the past 3 years. To-date, 210 participants (145 practitioners, 65 students) have completed pre-test measures designed to assess attitudes and beliefs about interdisciplinary teamwork and skills in identifying key issues and team roles within a standardized case study. Pre-test data were analyzed to identify differences related to trainee education (students vs. practitioners), prior level of team training, and discipline (MD, RN, SWK). Student and practitioner trainees differed only on self-rated team skills, with practitioners rating their skills higher than students ($p < .01$). Trainees with prior formal team training rated their team skills higher ($p < .001$), held more positive attitudes toward team care values ($p < .01$), and were more positive in their beliefs about the efficiency of team care ($p < .05$) than those without prior training. Differences were also observed among trainees from different disciplines (all $p < .05$). RN and SWK trainees scored higher than MDs in terms of values about team care, motivation to pursue team care, and beliefs about the centrality of physicians' roles on teams. SWK trainees scored higher than other disciplines in terms of beliefs about the efficiency of team care. On the standardized case study, RNs scored higher than SWK trainees, displaying greater ability to identify key issues and roles in team care. Such pre-existing differences among trainees suggest that team training programs need to be tailored to address differences among trainees with respect to education, prior experience, and discipline. These findings have implications both for the development and the evaluation of interdisciplinary team training programs.

TRAINING NEEDS OF RURAL PROVIDERS: TOPIC AREAS AND PREFERRED TRAINING METHODS

P.S. Mayberry & J.A. Krout, Ithaca College Gerontology Institute, Ithaca, NY 14850.

The purpose of this study was to determine training needs of health and social services providers in a 15-county area of New York served by the Finger Lakes Geriatric Education Center. A mail survey identified training gaps and appropriate training methods for organizations in the catchment area, and follow-up telephone interviews with 20 respondents further explored perceptions about best training approaches. Of the 169 survey respondents, 44 percent served an all-rural population and an additional 33 percent served at least some rural elders. Factor analysis of 57 specific training topics resulted in 11 training categories. Organizations serving rural client populations had higher-than-average training needs on financial issues, geriatric assessment, abuse, and home and community-based services. Preferred training methods, which did not differ significantly for rural and non-rural providers, included workshops/seminars, videotaped presentations, and written materials. Distance learning via interactive internet or video was considered appropriate by a small percentage despite the fact that such technology was available to a majority of organizations. This presentation will provide suggestions for planning and implementing training activities for rural providers.

CANADIAN SNOWBIRDS' ATTITUDES TOWARD OLDER ADULT VOLUNTARISM: STUDY IMPETUS AND IMPLICATIONS

M. J. Yaffe, I. M. Dulka, W. S. Rowe, Department of Family Medicine and School of Social Work, McGill University, Montreal, Canada H3T 1M5, J. J. Kosberg, School of Social Work, Florida International University, S. Paré, Conseil consultatif des ainés et ainées de l'Est-du-Québec.

This paper presents the theoretical framework and design of a study of older adults' perceptions of voluntarism by seniors. Older adults fight for a safer and healthier environment; they work as community volunteers, act as parents to children without parents, and make a myriad of volunteer contributions that need increased recognition and support. The focus of this interdisciplinary and multi-sectorial study is a better understanding of the perceptions of the half million Canadian Snowbirds who winter in Florida each year. The impetus, design and preliminary outcomes of the study will be of interest to those involved in the design and evaluation of programs that support and promote volunteer activities of older adults. The presentation concludes with recommendations to more fully recognize and facilitate volunteer activities of older adults.

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THE EVOLUTION OF GRADUATE LEVEL GERONTOLOGY CERTIFICATE EDUCATION: ANALYSIS OF THREE FOLLOW-UP STUDIES.

G.L. Euster, College of Social Work, University of South Carolina, Columbia, SC 29208

The graduate certificate in gerontology remains the most widely awarded credential resulting from the proliferation of gerontology and geriatrics education in American colleges and universities (Peterson, Wendt, and Douglass, 1994). The requirement of multidisciplinary educational structures generates concerns about curriculum development, quality, vitality, and continuity. I have examined the evolution of gerontology certificate education at the University of South Carolina using the findings of three follow-up studies of graduates completed since 1987. In each study graduates provided data pertaining to the usefulness of the graduate education program in their career progression, employment status and activities, and recommendations for gerontology curriculum content, knowledge, and experiences. Analysis of these studies indicates that gerontology educators must continue to refine curriculum content in response to the emergent roles of graduates in such fields as social work, nursing, psychology, health administration, and health education and promotion. Gerontology certificate graduates in all disciplines require increased course content related to direct services in aging network agencies, changing living environments for older adults, and preparation for administrative and program development positions.

UNDERGRADUATE INTEREST IN AGING: WHAT MAKES A DIFFERENCE?

Brooke Funderburk, M.S.W., UCLA Dept. of Medicine, Geriatrics, GRECC (11G), VA GLAHS, 11301 Wilshire Blvd., L.A., CA 90073, JoAnn Damron-Rodriguez, Ph.D, GRECC, VA GLAHS, Yehudit Gorelik, Ph.D., GRECC, VA GLAHS, and David H. Solomon, M.D., UCLA Dept. of Medicine, Geriatrics.

Purpose: This research examines the impact of age, gender and contact with older adults on undergraduate student interest in aging. Interest in aging is conceived of on a continuum, ranging from initial interest, taking an aging course, to substantial interest as evidenced by academic and career interest. **Methods:** Undergraduate students who have taken a course in aging (n=189) and a stratified random comparison group (n=261) self-assessed interest in aging and provided background information on the frequency, duration and type of contact with older family and non-family individuals. Logistic regression was used to assess the impact of age, gender and contact with older adults on initial interest in aging. Forward stepwise multiple regression was employed to determine the impact of initial interest in aging on substantial interest in aging. **Results:** Being female ($p \leq .001$), having contact with older non-family individuals ($p \leq .05$) and/or having frequent contact with older family members ($p \leq .01$) are all significantly associated with initial interest in aging. Initial interest in aging is significantly associated with substantial interest in aging ($p \leq .001$), *i.e.*, taking more aging courses, majoring in gerontology, working with older adults, and planning to pursue a career in aging. **Implications:** To attract students to the field of aging, opportunities for interaction with older adults should be offered.

THE DEVELOPMENT AND USES OF EDUCATIONAL BROCHURES DESIGNED FOR NURSING ASSISTANTS CARING FOR COGNITIVELY IMPAIRED RESIDENTS.

D. Schur, L. Noelker, W. Looman, K. Bensing, The Benjamin Rose Institute, Cleveland, Ohio 44114

NAs caring for cognitively impaired residents deal with a myriad of problems, not the least of which are emotional and physical aggression from the residents.

This research used cross-sectional survey data from interviews with 114 NAs and 133 family members who had contact with these NAs from 5 suburban nursing homes in the Greater Cleveland area.

Research findings indicated there were 3 areas of concern for these NAs: their interaction with residents' family members, dealing with residents' problem behaviors and the negative aspects of being a NA.

Using data from both the NAs and family members, 3 educational brochures were developed to address these concerns and also to provide continuing education credits (CEU) for the nursing assistants.

One brochure, "Families Praise NAs" highlights the positive comments families made about the NAs. It provides specific ways in which NAs give individualized care thus fostering positive perceptions of the NA's role in caring for cognitively impaired residents.

The brochure "Managing Difficult Behaviors" was developed because many of the NAs indicated that both the initial 75 hours of training and the continuing education sessions did not prepare them to work with cognitively impaired residents. This brochure suggests strategies to deal with difficult resident behaviors associated with memory loss.

"What's Good About Being a Nursing Assistant" focuses on the positive aspects of the job and also offers suggestions on how to develop and improve interaction skills with family members of memory impaired residents.

The information in these 3 brochures will be presented in depth along with the educational tests developed for each topic.

(SRPP-14)

KNOWLEDGE OF AGING AND ATTITUDES TOWARD GERONTOLOGY EDUCATION AMONG COLLEGE FACULTY.

Rajean Moone & Angela Rosenberg. College of St. Scholastica, 1200 Kenwood Ave., Duluth, MN 55811.

Educators play a key role in incorporating gerontology into college curricula. While it is obvious that students training for health care and social service provision are likely to work with older adults and need a background in gerontology, it does not appear to be a shared perception that most future college graduates would benefit from similar training. Demographics suggest otherwise. As our population ages, workers in a variety of fields will be addressing aging in some regard. Will college graduates be prepared? This study surveyed college faculty from a variety of disciplines as to their knowledge about and training in aging, and their attitudes about gerontology education for students in their disciplines as well as college students in general. Data from 61 college professors was included in the initial analysis. Forty-one percent of respondents have had some training in gerontology or geriatrics, 57% had not (2% unknown). As measured by Palmore's Facts on Aging quiz, professors from different disciplines did not differ in their knowledge of aging (F (10, 50) = .739, p = .684) or in the importance they placed on college students having coursework in aging (F (10, 50) = 1.475, p = .177). They did, however, differ in the importance they placed on gerontology education for students in their respective fields (F (10, 50) = 4.02, p = .000). Those in the health care and social service fields placing greater importance. Having had some training in gerontology or geriatrics was a mitigating factor in these attitudes. Further analyses will compare data collected from other colleges, including how the presence of a gerontology program at the college might influence faculty attitudes.

SRPP - 5

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Fostering Teamwork to Improve Care of Rural Elders

Rebecca Hunter, M.Ed, Jan Busby-Whitehead, M.D., UNC-CH School of Medicine. CB 7550. Chapel Hill. NC. 27599.

The tremendous growth in the population of rural elders poses a great challenge to many communities already struggling with significant resource limitations. To meet this challenge now and in the future, we must build the capacity of practitioners and communities to address the needs of elders. This presentation will focus on a campus-community initiative to train practicing rural health and human service providers, as well as students, in key interdisciplinary clinical and programmatic strategies important to the health and well being of rural elders. Methods and outcomes will be described along with lessons learned and implications for future training.

The training model is designed to respond to the needs of rural practitioners: it was developed and field tested over a two-year period with community-based practitioner teams and with students in the health professions and social work. Methods include interdisciplinary team-building and teamwork skills development, strategic planning to address organizational and community-specific health and health-related issues, and strengthening geriatrics expertise of generalist practitioners. Distance learning strategies are also employed, including telemedicine and web-based applications.

Outcomes for participants are universally positive with gains in professional self-efficacy relative to the care of rural elders, increased teamwork and collaboration within and across organizational boundaries, and increases in perceived support. Specific data will be shared relative to these outcomes as well as sample instructional units. Conclusions drawn relative to the strengths of the training model in enhancing practitioner capabilities to serve older persons and support the health of the community. SRPP-5

PROGRAMS IN GERONTOLOGY AT GERMAN UNIVERSITIES: A COMPARISON

M. Reichert, A. Carell
Institute of Gerontology, Evinger Platz 13, D-44339 Dortmund, Germany

The growing number of older people and the complex and rich life situation of the elderly necessitating well prepared professionals in the field of Gerontology. Therefore, programs and courses which are developed to qualify professionals who would like to work or who are already working in the field of aging gain importance. The aim of this presentation is, to give an overview of existing programs in Gerontology at German Universities. In detail, the following aspects will be touched: (1) main aims and concepts of the courses, (2) socio-demographic structure of participants and motives of taking part, (3) comparison of the different curricular, (4) advantages and disadvantages of the programs, (5) analysis of the used teaching models. In addition, it will be examined in which way German programs differ or correspondent with selected university courses in the United States.

LEVERAGING OPPORTUNITIES BETWEEN GEC AND GITT PROGRAMS IN INTERDISCIPLINARY TEAM TRAINING

J. Howe, C. Cassel, Dept. of Geriatrics, Mt. Sinai-NYU Medical Center, 1 Gustave Levy Pl., NY, NY 10029; T. Fulmer, A. Sherman, NYU Div. of Nursing, 50 W. 4th St., NY, NY 10012; J. Toner, Columbia Univ., 100 Haven Ave., NY, NY. 10032

The Consortium of NY Geriatric Education Centers (GEC), funded by HRSA, and the Mount Sinai Geriatric Interdisciplinary Team Training (GITT) Program and NYU GITT Resource Center, both supported by the John A. Hartford Foundation, are developing collaborative approaches to provide training and education in geriatrics teamwork. This is occurring through the integration of team training into the core GEC curriculum and the development of a specialty course in teamwork. Content focuses on roles and functions of team members, patients' quality of life, team development and maintenance, teamwork in medical residency training, and the role of the team in managed care. Teaching techniques include case presentations, lectures, videos, and a range of experiential activities. This collaborative model enables maximum use of program resources, dissemination to a wider audience and continuation of team training through the GEC as the profile of GITT funding changes.

THE SUMMATIVE EVALUATION OF ADMINISTRATOR-IN-TRAINING INTERNS IN LONG-TERM CARE

Linda Schroeder and **Darlene Yee**, Gerontology Programs, San Francisco State University, San Francisco, CA 94132-4151.

This one-time, non-experimental study utilized secondary data collected from self-administered surveys using the AIT Internship Evaluation Form (Yee, 1995). The sample (N=22) was drawn from long-term care facilities associated with the academic emphasis in Long-Term Care Administration at San Francisco State University. The goal of this study was to evaluate the knowledge and skills of the AIT Interns. The objectives of this study were to show that the knowledge and skills of the AIT Interns enabled them to: relate theory to practice; utilize available resources; seek out resources when not readily available; follow policies and procedures of the facility; carry out assignments; initiate, work independently and make suggestions; organize time efficiently; maintain thorough records; write clearly and comprehensibly; speak well; relate well to supervisor(s); and relate well to co-workers. Descriptive statistics (frequencies, percentages, and means), inferential statistics, and qualitative analyses were used to examine the responses of the participating AIT Preceptors on the AIT Internship Evaluation Form. The findings indicated that AIT Interns are meeting the objectives of the AIT Learning Contract. The hypothesis that the AIT Interns possess the knowledge and skills to successfully complete the AIT Internship is supported by analysis of the data.

EXPLORING STUDENT ATTITUDES TOWARD AGING: A CLASS PROJECT. A.L.Babic, Syracuse University, Syracuse, NY 13224

Two undergraduate classes (Intro to Gerontology, 1997 and 1998) each was asked to respond to an informal free association test at the beginning of the semester. An overwhelming majority of both classes responded that "65 = the speed limit".

Three months later, each class member submitted a project designed to challenge a myth of his or her choice. The projects were to be directed toward the general population and specifications were strictly limited.

Most of the projects exceeded all expectations, in terms of insights into aging and creativity. They illustrated that the students recognized that older people were subjected to many misconceptions. It appeared that "65" no longer meant the speed limit. However, the most interesting result is the observation that the challenges chosen by the students are quite similar, if not identical, to those faced by the students themselves.

An informal poll of faculty and students, plus the responses of an alumnae group, resulted in the selection of five "outstanding" projects. These are presented and critiqued, in terms of: content, creativity, utilitarian value, and whether they are, indeed similar to student concerns. Additional student work is available for perusal, as well as details about the assignment, composition of the classes, and insights into this type of assignment.

AN AGE-BASED ANALYSIS OF BARRIERS TO PARTICIPATION IN HIGHER EDUCATION D.K. Dawson & S.L. Patterson, Virginia Polytechnic Institute and State University, Blacksburg, Virginia 24061

This research examined the relationship between age and self-perceived barriers to completing a degree program in higher education. A sample of 170 undergraduates, graduate students, and alumni from a major university were surveyed to evaluate their perceptions regarding fourteen potential institutional barriers to completing a program of study. A low, negative correlation and only a small amount of shared variance (3%) were found between age and total degree of self-perceived barriers for the overall sample. Undergraduates perceived a higher degree of institutional barriers as compared to the alumni group, $p < .01$. For students over 45 years of age, the top three perceived institutional barriers to completing their degrees were parking, scheduling of classes, and technology and computerization. For students under 45 years of age, the top three perceived institutional barriers were scheduling of classes, costs, and teaching methods. Findings suggest that age is not a significant predictor of barriers to completing a degree in higher education

148

Dealing With Physical Aggression in Caregiving: Non-Physical and Physical Interventions

One (65 minute)/color videotape; 1998
Produced by Terra Nova Films, Inc.

This video teaches all levels of nursing home staff how to organize and employ "The Unified Group Response" to an escalating or out of control situation. The trainer, a clinical social worker and accomplished martial artist, demonstrates humane and effective responses:

- releases from a variety of grabs, bites, and hair pulls
- releases from chokes,
- responses to attacks with objects (cane, walker, tray, etc.)
- methods for applying physical containment

The goal of the training is to ensure safety and dignity for both staff and resident. The staff is taught how to process the event after calm has been restored, and also how to approach the patient with acceptance and reassurance after the event is over.

Contact: James Vanden Bosch, Terra Nova Films, 9848 S. Winchester Ave., Chicago, IL 60643 800.779.8491; FAX 773.881.3368; e-mail: jvb@terranova.org

149

VA/GRECC SYMPOSIUM: OBESITY AND AGING: MOLECULAR, CELLULAR, AND CLINICAL PERSPECTIVES
R.I. Gregerman and M.S. Katz GRECC, South Texas Veterans Health Care System, San Antonio, TX 78284; organizers.

Participants:
R.I. Gregerman (GRECC, South Texas Veterans Health Care System and University of Texas Health Science Center, San Antonio, TX)
PREADIPOCYTES, OBESITY, AND AGING.
P. Scarpace and N. Tümer (GRECC, Gainesville VAMC, Gainesville, FL)
LEPTIN RESISTANCE WITH AGE.
A.M. Matsumoto, T. Wolden-Hanson, B.T. Marck (GRECC, Seattle VAMC and University of Washington School of Medicine, Seattle, WA)
THE MALE BROWN NORWAY (BN) RAT AS A MODEL TO STUDY AGE-RELATED ALTERATIONS IN THE NEUROENDOCRINE REGULATION OF FOOD INTAKE (FI) AND BODY WEIGHT (BW) AND BODY COMPOSITION.
A.P. Goldberg, B. Nicklas, D. Berman, N. Lynch, A. Ryan, E. Rogus, L. van Rossum, K. Dennis (Baltimore VA GRECC and University of Maryland, School of Medicine, Baltimore, MD)

METABOLIC RESPONSES TO WEIGHT LOSS AND EXERCISE IN OBESE POSTMENOPAUSAL WOMEN (PMW).

Discussant:
R. Andres (Gerontology Research Center, National Institute on Aging, Baltimore, MD)

Obesity is a major public health problem which contributes to the development of age-related diseases such as diabetes. This etiologically complex process involves control of fat cell and adipose tissue development, which in turn regulates food intake through production of the fat cell-produced hormone leptin. In the central nervous system leptin normally regulates pathways which modulate food intake through the actions of mediators such as neuropeptide Y. Obesity in the human is associated with resistance to leptin's action. At the level of the intact human, various lifestyle influences, e.g., physical activity, contribute to the development of the obese state and its metabolic consequences. Obesity has age-dependent effects on human longevity, but only in its severest forms does it increase the overall rate of mortality.

PREADIPOCYTES, OBESITY, AND AGING

R.I. Gregerman, GRECC, South Texas Veterans Health Care System, Audie L. Murphy Division, and University of Texas Health Science Ctr, San Antonio, Texas 78284.

The tendency of individuals to accumulate and redistribute body fat as they grow older is without doubt multifactorial, but a central role for the fat cell is obvious. What is not clear, however, is how much of this process is intrinsic to age-related, regional alterations of fat cell function, including hormonal responsiveness, and how much to changes of hormonal milieu.

Age-determined alterations of gene regulation are probably responsible at least in part for such phenomena, which range from changes in receptor-specific adrenergic pathways (α- and β-), with resulting differential effects on lipolysis in particular fat depots, to the altered secretion and/or action of fat cell-produced hormones (e.g., leptin). Even in preadipocytes, age of the donor animal affects differentiation and replication rate in cell culture. Preadipocytes, differentiated in vitro, may offer advantages for identifying the factors that determine age-related changes in adipocytes. While preadipocytes can be induced to differentiate by a mixture of agents (glucocorticoid, insulin, c-AMP) known to control this process via various transcription factors, the *normal* in vivo regulation of preadipocyte differentiation is probably controlled by a fat-cell secreted, paracrine-acting cytokine, adipocyte differentiation factor (ADF). The isolation of this 55 kDa protein is in progress. Its molecular identification and availability will advance our understanding of fat cell differentiation, permit determination of ADF's role in obesity, and facilitate the use of the preadipocyte culture system for age-related studies.

LEPTIN RESISTANCE WITH AGE

P.J. Scarpace and N. Tümer, GRECC, VA Medical Center & Dept. of Pharmacol., Univ. of Florida, Gainesville, FL 32608

Leptin contributes to the regulation of both food intake and energy expenditure. Both humans and F-344xBN rats demonstrate a steady increase in body fat into early senescence, followed by a decline. We found that the increase in adiposity in rats with age could not be attributed to either increased food intake or impaired leptin production. Serum leptin and leptin mRNA in WAT were increased with age, thus, the aged rats become obese in spite of the elevated leptin, suggesting the relationship between leptin, adiposity, and food intake is altered with age. Leptin suppresses neuropeptide Y (NPY) synthesis in the hypothalamus. When serum leptin was manipulated by fasting, there was a corresponding reciprocal change in hypothalamic NPY mRNA in young rats but no changes in older rats, suggesting that the regulation of hypothalamic NPY mRNA by leptin is impaired with age. Following leptin infusion, the decrease in food intake and the increase in energy expenditure were blunted in the aged rats. Moreover, leptin diminished hypothalamic NPY levels by 50% in young rats, whereas there were no changes in senescent rats. In summary, aged rats demonstrate a reduced responsiveness to leptin, including a diminished decrease in food intake and no increase in energy expenditure. The mechanism may involve an impaired suppression of hypothalamic NPY mRNA by leptin. This leptin resistance may be due to either the elevated obesity and serum leptin with age or due to age itself or both. (Supported by VA Medical Research)

THE MALE BROWN NORWAY (BN) RAT AS A MODEL TO STUDY AGE-RELATED ALTERATIONS IN THE NEUROENDOCRINE REGULATION OF FOOD INTAKE (FI) AND BODY WEIGHT (BW) AND BODY COMPOSITION.

A.M. Matsumoto, T. Wolden-Hanson, B.T. Marck. GRECC, VA Puget Sound Health Care System and University of Washington, Seattle, WA 98108.

We have shown that aging male BN rats exhibit reduced rates of FI and BW gain associated with decreased gene expression of neuropeptide Y (NPY, a potent stimulator of food intake) in the arcuate nucleus (ARC) of the hypothalamus, both during *ad-libitum* feeding and refeeding after a 72-hr fast. We also found that with aging, they demonstrate increased peripheral and central adiposity, and decreased relative lean body and muscle mass, associated with increased serum insulin and leptin levels, and decreased serum testosterone and IGF-1 concentrations. Similar changes in FI and BW homeostasis, body composition and trophic hormones occur in aging humans. Recently, we found that chronic administration of troglitazone (TGZ, an insulin sensitizer) in male BN rats decreased serum insulin and leptin levels and relative fat mass, increased relative lean mass, and improved the blunted FI and BW gain in response to fasting in old vs. younger rats, but had no effect on ARC NPY gene expression after refeeding, suggesting that increased insulin, leptin and/or body fat contributes to age-related impairments in FI and BW regulation in response to fasting. We are currently testing whether alterations in fasting-induced increases in NPY and/or changes in other brain neuropeptides contribute to the improvements in age-related alterations in energy regulation induced by TGZ administration. Our studies suggest that the BN rat is a useful model to investigate age-associated changes in the neuroendocrine regulation of FI, BW and body composition.

METABOLIC RESPONSES TO WEIGHT LOSS AND EXERCISE IN OBESE POSTMENOPAUSAL WOMEN (PMW).

A.P.Goldberg, B.Nicklas, D.Berman, N.Lynch, A.Ryan, E.Rogus, L.van Rossum, K.Dennis. Baltimore VA GRECC and Univ. Maryland,

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Obesity in PMW increases their risk for cardiovascular disease (CVD) and diabetes. Hypocaloric diet therapy is effective, but the rate of weight loss (WL) decreases over time with a high rate of weight regain. We studied the metabolic effects of the addition of low intensity aerobic exercise (AEX) to WL in 45 obese (BMI:32 ± 4 kg/m2) sedentary (VO_2max:20 ± 3 ml/kg/min) PMW (mean ± SD age) 60 ± 6 yrs. Reductions in weight and fat mass were comparable (~7%), and VO_2max (L/min) increased 9% with WL+AEX, but not with WL. The PMW with the greatest increase in VO2max had the greatest reduction in intra-abdominal fat (IAF) ($r = -0.35$, $p<.05$;-18% vs.-6%,$p<.01$). Relative changes in leptin correlated with changes in total fat and subcutaneous fat, but not with IAF or VO_2max. Resting metabolic rate and fat oxidation decreased more with WL than with WL+AEX, as did basal and β-agonist stimulated lipolysis in gluteal and abdominal adipocytes. Thus, the addition of AEX to WL is associated with a greater loss of IAF and more favorable metabolic adaptations than observed with WL alone. This suggests that in PMW the combined programs of WL+AEX have the potential to reduce risk for CVD and diabetes more than WL alone.

150

GROWTH HORMONE SECRETAGOGUE RECEPTOR (GHS-R) AND AGING

Roy G. Smith*, Oksana Palyha#, Scott Feighner#, Carina Tan#, Karen Kulju McKee#, Sheng-Shung Pong# and Andrew Howard#. Huffington Center on Aging and Department of Cell Biology, Baylor College of Medicine, Houston, Texas 77030 and Merck Research Laboratories#, Rahway NJ.

Our laboratory cloned a new orphan G-protein coupled receptor expressed exclusively in the brain and anterior pituitary gland. Its activation by synthetic ligands initiates and amplifies pulsatile growth hormone (GH) secretion. The physiological significance of the GHS-R is exemplified in the elderly. Rather than replacing GH exogenously, stimulation of GHS-R in elderly subjects by the orally active synthetic ligand, MK-0677, produces a physiological pulsatile profile of endogenous GH release typical to that seen in young adults. MK-0677 was generally well tolerated in the frail elderly and effects on the GH/IGF-1 axis are sustained for at least one year resulting in improvements in body composition but only modest improvements in shoulder and knee strength. The rejuvenation of the GH axis implies that production of a natural ligand for the GHS-R declines during aging. This may have profound significance because the GHS-R is expressed in regions of the brain involved in circadian rhythms, memory, cognition, learning and mood. Because the orphan GHS-R appears to be the first of a new family of G-protein coupled receptors, we wished to determine its molecular evolution. A homolog having 58% identity to the human GHS-R was cloned from the Pufferfish genome. Remarkably, three structurally distinct synthetic ligands, that activate the human receptor, also activated the Pufferfish receptor. Hence, the structure of the ligand domain has been highly conserved in evolution (~400 million years) suggesting that an unknown endogenous natural ligand has also been conserved.

152

NURSING ASSESSMENT OF ILL NURSING HOME RESIDENTS

C. Barry, K. Brown, M.D. Denning, D. Esker, , R. Kruse, & E. Binder. Division of Geriatrics and Gerontology, Washington University School of Medicine, St. Louis, MO, 63108.

Accurate and timely nursing assessment information is crucial to provide appropriate care for ill nursing home (NH) residents. We studied the assessment made by NH nurses of NH residents participating in a lower respiratory infection (LRI) study. Incidents of LRI in 35 NHs were tracked for two years. Residents with an acute change in condition identified by the NH staff were referred for participation in the study. Data for vital signs (N=4957) and nursing assessment (N=289) at the time of illness onset were obtained by NH medical record review and nurse interviews. Of all residents identified as potentially ill, 31% had no vital signs recorded at illness onset. Of these residents with no vital signs recorded, 22% met criteria for a LRI. At the time of symptom identification, 58% of the residents with an acute non- respiratory change in condition had no physical assessment recorded. Of the residents with an acute respiratory change in condition, 45% had no lung assessment recorded. A review of the nursing documentation for those residents who received a lung assessment showed that 48% of the NH nurses used non-standard terminology to describe lung sounds. We conclude that a significant percent of NH residents may not receive a nursing assessment at the onset of an acute illness. The relationship between lack of assessment and other indicators of NH quality needs further exploration.

STROKE POST-ACUTE CARE IN SNF: PRELIMINARY LOOK AT PATIENTS WITH AN MDS ASSESSMENT.

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This study describes Medicare patients with stroke admitted into skilled nursing facilities (SNF) in 4 states during the first 6 months of the Case-Mix Demonstration project. Inclusion criteria were: Medicare beneficiary, primary inpatient diagnosis of stroke (ICD-9 430, 431,432, 434, 436), admission to SNF in 4 states (Me, NY,SD, MS) during the period of July 1, to Dec 31, 1995 with at least one associated Minimum Data Set (MDS) assessment. In total, 2290 patients met the study criteria. The majority (90.8%) were transferred directly from hospital, 3.2% had a gap in service of 4-30 days and 6.0% had an intervening stay in inpatient rehabilitation. Mean ADL scale (0:independent-32:dependent) at initial assessment was 24.0 (sd 8.0). Most patients were classified within rehabilitation rugs groups (57.7%) or clinical complexity groups (19.5%). Thirty-five percent had swallowing problems and 17.7% received tube feedings. In the week prior to the assessment, 70.8% received physical therapy, 51.4% occupational therapy and 24.7% speech therapy. Seventy percent had two or more MDS assessments. Overall, 14.1% died in SNF or within 1 day of discharge, 21.8% received home health care within 30 days of discharge and 25.6% were re-hospitalized while in SNF or within 30 days. Further work is underway to classify facilities as to rehabilitation orientation and to examine outcomes within sub-groups of patients within each type of facility.

ADVERSE DRUG REACTION TO ANTIBIOTICS IN ELDERLY PATIENTS.

C. Pedone, M. Pahor, L. Carosella, G. Onder, S. Urgese, P. Carbonin and the GIFA Investigators.
Cattedra di Geriatria - CEMI, Università Cattolica del S. Cuore, L.go Vito 1, 00168 Roma - ITALY

Ageing is associate with alteration of immune response. Since adverse drug reaction (ADR) to antibiotics are mainly allergic, elderly patients could be less prone to these reactions. Aim to this study is to compare the incidence of ADR to antibiotics in younger (age <80 years) and older patients (age ≥80 years) during hospital stay. We utilized data from a large collaborative study on ADR in hospitalized patients. 9622 patients were taking antibiotics, mean age was 72.6±15 years, men were 52.7%. Patients aged ≥80 years were 37.4%. Patients experiencing an ADR to antibiotics were 2.4% in younger and 1.6% in older patients (p<0.01). Overall, allergic ADR were 42.5%, while gastrointestinal (GI) and renal/hepatic ADRs were 23.2% and 11.8%, respectively. When age groups were considered, allergic ADR were more prevalent in younger patients (45.2% vs. 39.7% in older patients). Older patients had more GI ADR (27.1% vs. 22.2%) and more renal/hepatic ADR (17.5% vs. 9.5%). Patients aged ≥80 years are less likely to experience allergic ADR to antibiotics, probably because of decreased immune function.

REDUCING NEUROLEPTIC MEDICATIONS (NM) IN THE LONGTERM CARE (LTC) INSTITUTIONS

de FIGUEREDO, J. MD, NG,R Rph, M, GUPTA, K. MD

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Psychoactive medication are commonly used in LTCs. Because of their serious side effects, the use of neuroleptics or antipsychotics remains an area of major concern and even survey deficiencies. As a result of rising percentage of residents receiving neuroleptics, we decided to review the need and appropriateness of NM in all residents in a 400 bed academically affiliated nursing home. A total of 64 residents were noted to be on NM. All residents were evaluated by the Geropsychiatrist with the goal of reducing or discontinuing the neuroleptics. 28 residents were noted to have a primary psychotic condition, NM were discontinued in 3 (10.7%) and switched to safer alternatives, less likely to cause tardive dyskinesia in another 3 (10.7%) residents. In the remaining 22 (78.5%) cases no changes were made.

36 residents with dementia but no primary psychiatric condition were on NM. In 16 (44.4%) of them neuroleptics were successfully discontinued, in 2 (5.5%) switched to safer alternatives and continued with no change in 18 (50%) residents. All residents were observed for at least 6 weeks; of those discontinued, none required the reinstitution of neuroleptics. We conclude that nursing homes can achieve greater success in reducing the use of NM with a focused review and psychiatric evaluation of residents receiving neuroleptics.

HYPOTHERMIA IN THE NURSING HOME: PREVALENCE AND ASSOCIATED FACTORS.

K. Zaman, G. Kochersberger, Division of Geriatrics, Dept. of Medicine, University of Rochester, Rochester, NY

Hypothermia is a recognized public health concern in community dwelling elderly, resulting in over 300 deaths annually in the U.S. Little is known of the prevalence of this disorder in the chronically institutionalized population - yet this group maybe especially at risk due to medications, dementia and other factors which may disrupt normal thermoregulation, even in the absence of significantly lowered environmental temperatures.

To assess the prevalence of hypothermia in the nursing home population, we examined 607 long-term residents of two nursing facilities in upstate New York. Tympanic temperatures were collected and for those individuals found to have temperatures at or below 35C, rectal temperatures were obtained for verification of core temperature. Ambient temperatures were measured in the facilities and medical records were reviewed for information on diagnoses, medications and any associated laboratory abnormalities.

Sixteen individuals (2.6%) were found to have temperatures ≤ 35C. Environmental temperatures recorded in the facilities ranged from 20 - 23C; 81% of the affected individuals carried diagnoses of neurodegenerative disease , one-third had associated thrombocytopenia , 19% were hyperkalemic and 81% were on psychotropic medications.

This study is one of only a few published reports documenting the prevalence of hypothermia in the nursing home. Further investigation is warranted to document the relationship between hypothermia and clinical outcome as well as strategies for remediation.

153

Effect of Different Resistance Training Programs on Lower Extremity Strength and Muscle Soreness in Previously Untrained Older Adults

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To preliminarily investigate whether a less strenuous resistance training is as beneficial as a traditional program, a 10 week randomized study was done examining the effects of two different resistance training programs on lower extremity muscle strength, delayed-onset muscle soreness (DOMS), rated perceived exertion (RPE), and serum creatine kinase (CK) levels in older adults. Untrained, community-dwelling older adults (age 69-82 years) were assigned to either traditional program of training 3 times per week using 3 sets of 8 repetitions (EX-3; n=5) at 80% of their 1 repetition maximum (1RM) or less strenuous program of training twice weekly using 2 sets of 8 repetitions at intensities alternating between 80% and 66% of 1-RM (EX-2; n=5). While none of the EX-2 subjects withdrew or suffered injuries, three EX-3 subjects withdrew, 2 due to injuries. Significant intragroup strength gains occurred in EX-2 (P < 0.001). EX-3 experienced more DOMS than EX-2, but no difference in RPE or CK levels existed between groups. Preliminary data support the hypothesis that 10 weeks of lower frequency, volume, and intensity resistance training is as effective as conventional programs for increasing lower extremity strength in older adults. Moreover, those exercising at lower frequency, volume, and intensity, experienced less muscle soreness and fewer injuries than those in the more traditional training program.

GENDER DIFFERENCES IN THE IMPACT OF FITNESS ON FUNCTION.

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The purpose of this study is to: 1) examine gender differences in function at baseline and following exercise training; 2) examine the influence of cardiorespiratory fitness on function; and 3) explore how change in function following exercise training is affected by baseline fitness and gender. Participants (n=114) were adults (65-90 yrs.) with functional impairments who completed 3-months of exercise training. Baseline gender differences were attenuated following exercise for physical performance measures but not for self-reported function.

	Pre-exercise		Post-exercise	
	Men	Women	Men	Women
Peak Oxygen Uptake	22.14*	17.39	23.84*	18.10
Physical Performance				
Ten meter walk	8.28*	9.41	8.17*	8.84
Stand-supine time	9.32*	10.63	9.51	10.22
Turn time	9.74*	10.85	9.81	10.05
Self Report				
Rosow-Breslau	0.03*	0.32	0.06*	0.24
Nagi Difficulty	0.80*	2.03	0.83*	1.72
MOS-SF36	82.98*	71.46	86.29*	78.80

* $p < 0.05$, 2-sided t-test between men and women

For both genders, persons in the lowest fitness strata consistently had the poorest scores on performance and self-reported function. Males showed no apparent relationship between baseline fitness status and change in function. In contrast women, who had lower baseline fitness than men, showed an inverse relationship between fitness and improvement in performance and function. Fitness influences function and is modifiable with exercise. Functionally impaired women may benefit more from exercise than men.

EFFECTS OF AEROBIC EXERCISE REHABILITATION ON CARDIOVASCULAR RISK FACTORS OF OLDER PATIENTS WITH PERIPHERAL ARTERIAL OCCLUSIVE DISEASE.

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Objective: To determine whether a 6 month exercise rehabilitation program can improve cardiovascular risk factors in patients with peripheral arterial occlusive disease (PAOD). ***Design of study***: Pre – post longitudinal intervention study. ***Subjects***: Thirty-two PAOD patients with intermittent claudication (Fontaine stage II); mean age 68 ± 8 years, range 54 – 84. ***Intervention***: Exercise rehabilitation. ***Results***: Treadmill times to onset and maximal claudication pain increased by 108% and 65% ($p<0.0001$), while peak aerobic capacity increased 7.2% ($p < 0.04$). Exercise rehabilitation lowered total cholesterol and LDL levels by 5.6% and 8% respectively ($p < 0.002$ and $p < 0.01$ respectively). Systolic blood pressured declined by 5.7% ($p<0.04$) with no change in diastolic blood pressure. These changes in cholesterol and LDL were related to their initial values. Fasting glucose, TG and HDL-C did not change. There was no correlation between improvement of cardiovascular risk factors and functional performance measurements. ***Conclusions***: Exercise rehabilitation not only improves functional performance, but it also results in favorable alterations in cardiovascular risk factor profile which may lower the risk of subsequent cardiovascular morbidity and mortality.

RELATIONSHIP OF AGE AND PHYSICAL ACTIVITY TO STRENGTH AND FLEXIBILITY OF THE CALF MUSCLES OF WOMEN

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The relative contributions of age and activity level to age associated changes in strength and flexibility are unclear. The purpose of this study was to investigate the separate and combined effects of age and activity level on the strength and flexibility of the calf muscles of women across the life-span. Eighty-one women, age 20 to 84, participated. Physical activity was measured by self-report, and strength and flexibility of the calf muscles were measured on an isokinetic dynamometer. Hours of strenuous activity were significantly correlated to strength and flexibility measures. Higher age and lower activity levels were associated with lower strength and flexibility measures. Age and activity combined explained between 30 and 55% of the variance in strength and flexibility. Hierarchical linear regression indicated that age explained considerably more of the variance in strength and flexibility than level of activity. Results may have been affected by the muscle group studied and the activity level of the subjects.

DO ROCKER SOLES REDUCE FOOT PRESSURES IN OLDER ADULTS WITH DIABETES NEUROPATHY & ULCERATION?

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Aim: To evaluate alterations in plantar pressure reduction and gait parameters associated with rocker sole modifications on shoe gear for older adults with diabetes.

Methods: Mid-gait walking steps from 32 subjects with diabetes, neuropathy and plantar ulceration to the hallux or 1st MPJ region were analyzed with an in-shoe pressure analysis system. Subjects were fitted with shoes that had had the outsole modified according to X-ray measures of their metatarsal parabola. Two base line shoes were tested, a canvas oxford and an unmodified therapeutic shoe. Five outsoles were tested and they were a 15, 20 and 25 degree forefoot rocker with the apex placed proximal to the parabola and two 20 degree rockers that were placed level with and distal to the parabola.

Results: Analysis of the means of the peak pressure results are statistically significant ($P<0.05$) but are not clinically relevant due to the significant difference being less than 10kPa per shoe. The measured effect on pressures from the different rockers varied per location on the foot and in the presence of ulceration. There were marked differences between individual subjects.

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Further analysis of the patterns of pressures over time is currently underway.

Conclusions: This study does not support the clinical assumption that a rocker soled shoe always reduces the peak pressure experienced by the forefoot during gait. The wide variation in pressure results between subjects does not support the prescription of one rocker over another and individual in-shoe pressure analysis may be the most effective means of determining efficacy prior to permanent shoe prescription.

154

Driving Rates among Cognitively Impaired Elders

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Previous studies have shown an increased rate of motor vehicle accidents (MVA) among cognitively impaired elders. Frequently, the impaired elders are at fault. Despite these data, substantial numbers of older people continue to drive. Failure of clinicians to detect mild cognitive impairment may be a factor.

We designed a prospective study to determine the rate of undetected mild cognitive impairment in a busy primary care, multi-physician practice. Cognitive function is assessed by the Cognitive Abilities Screening Instrument (CASI). Driving data are collected by patient self-report. The study population consists of a sequential sample of 300 patients aged $\geq$65 years, from this clinic. This preliminary report is based on 235 evaluations (78% of final sample).

Cognitive impairment was defined as a CASI score of <74 (correlates approximately as MMSE < 22). Severity was determined by Clinical Dementia Rating scale (CDR). Twenty-three cases of cognitive impairment have been identified with 15 mild, 6 moderate, and 2 severe. Rates of driving were 27% (4/15), 0% (0/6) and 0% (0/2) respectively. Three of the four drivers were not thought to have cognitive impairment by their physicians.

These preliminary data suggest that significant numbers of cognitively impaired elders still drive. Poor recognition of mild cognitive impairment by clinicians may be a contributing factor. The correlation of severity of cognitive impairment and MVA's remains to be determined in future studies.

THE ALGASE WANDERING SCALE (AWS): INITIAL PSYCHOMETRICS

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Researchers are showing increased interest in wandering behavior. However, conceptualization and measurement remain underdeveloped, particularly regarding wandering types or dimensions. Here we report initial psychometrics of the AWS, an inventory for measuring wandering and its dimensions. The AWS' 28 items were either gleaned from scales for behavioral disturbances in dementia or generated based upon dimensions of wandering identified by literature review (Algase, 1999). Nursing home personnel (N=177) rated 47 randomly-chosen, ambulatory, demented nursing home residents on the AWS. Analysis revealed seven factors (diminished circadian rhythm, navigational deficit, elopement behavior, restless pacing, frequent random walking, lapping or perseveration, security-seeking) and explained 69% of the variance in AWS scores. Alpha reliability was .89 for the AWS and .90-.53 for subscales (M=.73). ANOVA by rater (nurse, CENA, other staff) was not significant, suggesting reliability of the AWS regardless of caregiver type. ANOVAs revealed significant differences on the AWS and its subscales among different classes of wanderers. Further, scores on the AWS and four subscales correlated significantly (r=.41-.71, M=.56) with measures of cognitive impairment (MMSE, TSI). ANOVAs by level of cognitive impairment (mild, moderate, severe) were significant for only two subscales (navigational deficit, restless pacing). Also, a pattern of relationships among the AWS and its factors to observed frequency and duration of wandering and wandering patterns (random, lapping, and pacing) was shown. Analyses support a claim for the AWS as a valid and reliable scale for wandering and its dimensions in nursing home residents, but refinement is still needed.

Neurologic Markers of Dementia Progression

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Dementia is characterized by widespread neuropathology which the classic neurologic examination may be suitable for detecting. We examined the prevalence of abnormal response in 52 different neurologic signs as markers of differential dementia severity in groups defined as normal, preclinical, mild, moderate, and severe using data from the clinical examination of 2923 subjects in the 1991 CSHA (which included a neurological examination entailing a uniform structured assessment of parkinsonian signs, cranial nerves, extremity strength, deep tendon reflexes, extensor plantar responses, abnormal movements, frontal-releasing signs, praxis, position sensation, and vibratory sensation in feet). We found that 7 release signs and 6 motor system symptoms showed strong ($p<.001$, test for trend) patterns of increasing prevalence with increasing dementia severity. A next step toward finding markers that signal the subtle changes in dementia will be to identify signs that progressively cluster together as dementia severity increases.

GENETIC-ENVIRONMENTAL INTERACTION IN THE CAUSATION OF ALZHEIMER'S DISEASE.

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To assess the extent to which Alzheimer's disease (AD) results from interaction of genetic and environmental risk factors, we compared 122 cases of AD with 279 controls identified in a prevalence study of a geographically-defined region of Quebec. Two genetic factors (sibling history of dementia of the Alzheimer type (DAT), one or more Apolipoprotein E - e4 alleles) were assessed, in addition to history of head trauma with unconsciousness, childhood poverty and attained education. Interactions were evaluated using Ottman's method. Interactions were seen between sib history of DAT and the 3 environmental factors, with significant associations found only in those with positive sib history of DAT. Although ApoE e4 alleles independently increased the likelihood of AD, none of the environmental risk factors examined showed an interaction with ApoE e4. We conclude that environmental risk factors mainly have their effects in individuals with genetic susceptibility indexed by family history.

PREDICTORS OF IMPROVED FIM SCORES IN A GERIATRIC DAY HOSPITAL.

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A prospective cohort study of 360 patients was conducted to identify predictors of improved functional independence measure (FIM) scores and to determine if a correlation exists between improved FIM score and percentage of goals met during the course of their day hospital program.

The mean patient age was 76 years, 49% were males, 92% spoke English, mean admission MMSE was 25/30, GDS 7.2/15, FIM 89/126, number of drugs 6.5. The mean difference between admission and discharge FIM score (Δ FIM) was 6.2 (SD 7.6). On average 82.5% of patient's goals were met.

Regression analysis on 224 subjects revealed the following predictive factors of Δ FIM. Lower Δ FIM can be predicted if admission FIM is lower, if behavioral problem or urinary incontinence are present, whereas more improvement can be predicted if admission MMSE score is higher.

The percentage of goals met in the course of the program is correlated with Δ FIM with a correlation coefficient of 0.166.

Patient outcome in the day hospital can be predicted based on FIM and MMSE score, behavioral problems and urinary continence.

155

OUTCOMES OF LOWER RESPIRATORY INFECTIONS IN COMMUNITY NURSING HOME RESIDENTS: THE MISSOURI LRI STUDY

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Participants:

D.R. Mehr (Department of Family and Community Medicine, University of Missouri-Columbia). The Missouri LRI Project: Subject Identification and Evaluation.

S.C. Zweig (Department of Family and Community Medicine, University of Missouri-Columbia). Clinical Presentation of LRI in Nursing Home Residents.

D.R. Mehr. Identifying Risk Groups for 30-Day Mortality from LRI in Nursing Home Residents.

E.F. Binder (Washington University School of Medicine, St. Louis, Missouri 63108). Functional Outcomes of Lower Respiratory Infection (LRI) in Nursing Home Residents.

Discussant:

J.M. Teno (Center for Gerontology and Health Care Research, Brown University, Providence, RI)

Lower respiratory infections (LRI) play a significant role in morbidity, mortality, and hospitalization of nursing home residents. However, management of this condition varies greatly, including choice of antibiotics and whether to hospitalize residents or treat them in the nursing home. Important decisions, such as whether to hospitalize a resident with LRI, depend on understanding the risk for poor outcome. Though risk models exist for hospitalized patients, only a minority of nursing home residents with LRI are hospitalized. We have conducted a prospective three-year study of residents of 35 Missouri nursing homes in both rural and urban areas. From 2589 evaluations, we studied 1465 residents with LRI. We will describe subject identification using a physician-authorized protocol for acute-illness evaluations. We will also describe the clinical presentation of patients with and without LRI. Clinical prediction models for 30-day mortality and functional decline will be presented to help clinicians identify low- and high- risk patients. These findings have implications for clinical decision making and quality improvement.

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THE MISSOURI LRI PROJECT: SUBJECT IDENTIFICATION.AND EVALUATION

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Lower respiratory infections (LRI) are a leading cause of morbidity, mortality, and hospitalization of nursing home residents. From August 1995 through September 1998, we conducted a prospective cohort study to identify predictors of 30-day mortality and functional decline in 35 central Missouri and St. Louis nursing homes with over 4,000 beds. Under a physician-authorized protocol, project nurses identified ill nursing home residents 60 and older and clinically evaluated those with any of the following criteria: 1) two lower respiratory symptoms (e.g., cough, purulent sputum); 2) one lower respiratory symptom and one acute-illness symptom (e.g., fever, new confusion, decline in activity); or 3) one acute-illness symptom without obvious other cause. In most cases, the evaluation included a chest x-ray, complete blood count, and chemistry panel. Of 4,959 reports received, staff evaluated 2,589 (52%). Of those not evaluated (exclusions), 50% did not meet our evaluation criteria, 25% lacked physician agreement to participate, 7% lacked patient or family agreement, 23% were not eligible (e.g., not in facility at least 2 weeks), and 8% were identified too late to do a timely evaluation (total is > 100% since some residents had more than one reason for exclusion). Of those evaluated, 61% had two respiratory symptoms, 29% one respiratory and one acute-illness symptom, and 10% one acute illness symptom without obvious cause. Conclusion: By creating a widely accepted physician-authorized protocol for nurse evaluations, we were able to identify a large representative population of nursing home residents to determine outcomes of LRIs.

CLINICAL PRESENTATION OF LRI IN NURSING HOME RESIDENTS

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Lower respiratory infections (LRI) are a leading cause of morbidity, mortality, and hospitalization of nursing home residents. Under a physician-authorized protocol, we identified residents with LRI in 35 central Missouri and St. Louis nursing homes with over 4,000 beds. Based on a consensus panel definition, we defined an LRI as follows: 1) probable pneumonia on chest x-ray plus 2 of 6 LRI signs and symptoms; or 2) in the absence of pneumonia, 3 or more signs and symptoms. Further, we required a fever (38°C) in those with congestive heart failure or chronic obstructive lung disease. Of 2,589 evaluations, we identified 1,465 LRIs; 67% of these had probable or possible pneumonia on x-ray. Staff obtained a new Minimum Data Set (MDS) assessment on residents at the time of evaluation. Overall, 75% of those with LRI were 80 years old or older, 68% were female, 80% exhibited cognitive impairment (score of 2-6 on the MDS Cognitive Performance Scale), and 82% had 4-6 Katz ADL dependencies (based on corresponding MDS items). Of those with LRI, 93% had at least one respiratory symptom. The most common presenting symptoms and findings were: cough (82%), abnormal lung findings (85%), respiratory rate > 25 (54%), fever (49%), and decline in cognitive or ADL status (41%). However, cough (68%), and abnormal lung findings (60%) were also common in the absence of LRI (false positive rate). False positive rates for respiratory rate >25 and cognitive or ADL decline were modest at 32% each and only 11% for fever. Purulent sputum was not common in either those with (26%) or without (20%) an LRI. Conclusion: Most clinical findings in nursing home residents with LRI are non-specific, but 93% have at least one respiratory symptom.

IDENTIFYING RISK GROUPS FOR 30-DAY MORTALITY FROM LRI IN NURSING HOME RESIDENTS

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To identify mortality predictors, we prospectively identified 1,465 residents with LRI in 35 Missouri nursing homes with over 4,000 beds. We split the data into 70% developmental and 30% validation samples. Variables were considered in clinically meaningful groups, and the best predictors from each group were entered into a stepwise logistic regression to identify predictors of 30-day mortality. A temperature-squared term was forced into the model to improve fit. Otherwise all variables were significant at the p< .05 level, except age 60-69 (p=.067). Overall, 14% of subjects died within 30 days. Risk for increased mortality included: male gender (adjusted odds ratio [OR].2.7, 95% confidence interval [CI] 1.7, 4.3), BUN ≥ 30 (OR 2.3, 95% CI 1.4, 3.5), lymphocyte count < 800 (OR 1.7, 95% CI 1.0, 2.9), pulse ≥ 90 (OR 2.1, 95% CI 1.3, 3.4), respiratory rate (OR 1.03, 95% CI 1.0, 1.06), systolic BP <95 (OR 2.6, 95% CI 1.4, 4.9), presence of CHF (OR 1.8, 95% CI 1.1, 2.8), increased ADL dependence (a 4-level variable) (OR 1.5, 95% CI 1.2, 1.9), and stupor (OR 3.0, 95% CI 1.8, 4.9). Predictors indicating lower risk included: high body mass index (OR .9, 95% CI .86, .96), and age < 70 (OR .3, 95% CI .08, 1.1). Slight temperature elevations predicted lower mortality. The C statistic was .814, and goodness-of-fit statistic had p= .5172, indicating good model fit. We used the model to identify 5 risk groups. Observed mortalities were: 1.2%; 7.5%; 10.7%; 20.8%; and 57.0%. Conclusion: This clinically sensible risk model suggests low- and high-risk residents can readily be identified at LRI presentation to aid treatment decisions.

FUNCTIONAL OUTCOMES OF LOWER RESPIRATORY INFECTION (LRI) IN NURSING HOME RESIDENTS

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Although LRI is a common infection among nursing home (NH) residents with significant associated morbidity and mortality, very little is known about the impact of LRI on performance of daily activities (ADLs). The purpose of this study was to describe the changes in ADL function at 30- and 90-days following an incident LRI in a sample of elderly NH residents. NH residents (n=935) were recruited from 35 NH sites in urban and rural Missouri. Change in ADL function was defined as a score change of 3 or more on a scale summing 7 ADL self-performance items from the Minimum Data Set (MDS).

At 30 days post-LRI, 14% of the sample experienced worsened ADL function, while 18% had worsened ADL function at 90 days. However, among persons who were worse at 30 days, only 5% were worse at 90 days, while 15% of those who were the same or better at 30 days were worse at 90 days. In multivariate logistic regression, important predictors of 30-day ADL decline included: age (p=.0005), presence of a decubitus ulcer (p=.01), BUN ≥ 30 (p=.073), stupor (p=.0008), sodium < 150 (p=.0793), temperature-squared (p=.0038), better ADL self-performance scores for bed mobility and eating (p=.0001 and p=.001, respectively). The Cognitive Performance Scale was marginally significant in some models. The C statistic was .713, and the model fit well (p-value for goodness-of-fit statistic .3917). The sodium result is anomalous and bears further study.

Conclusions: Older age is an important predictor of ADL decline following LRI as are some illness severity indicators. Residents more impaired in eating and bed mobility are presumably less likely to decline because they are already severely impaired (a floor effect).

156

ORGANIZATIONAL FACTORS RELATED TO THE ASSESSMENT OF PAIN IN CANCER PATIENTS LIVING IN LONG TERM CARE

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Background: Treatment of advanced and terminal cancer often occurs outside of the hospital setting. Data describing organizational characteristics of nursing homes (NH) that adequately evaluate and manage pain are lacking. **Methods:** We identified 22,452 cancer patients aged 65 and older living in any of 1492 NH in five US states from 1992-1996. Using the Minimum Data Set, we evaluated the presence of daily pain and adequacy of pain management. In addition to individual factors (e.g. sociodemographics), we evaluated the role of organizational factors (e.g. experience, structural, market factors) using random effects regression. **Results:** Cognitive functioning was inversely related to documentation of pain, yet had little effect on the odds of receiving adequate treatment. Organizational factors associated with the under-recognition of pain, but not its treatment included for-profit status (Odds ratio (OR): 1.23; 95% Confidence Interval (CI): 1.11-1.37), size of the facility (OR: 1.13; 95%CI: 1.06-1.21), and number of physicians (OR: 1.22; 95% CI: 1.06-1.41. **Conclusions:** Inadequate management of pain is prevalent. Organizational factors appear to explain the under-recognition of pain.

THE IMPACT OF A NEIGHBORHOOD UNIT DESIGN ON RESIDENT HEALTH & WELL-BEING OUTCOMES

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A significant multi-method post-occupancy evaluation was conducted on Creekview, a demonstration nursing home unit (built in 1997) designed in a neighborhood model and based on concepts of self, family, home and neighborhood. Of the 88 nursing home resident study participants, 36 moved to Creekview, and 52 remained in the traditional nursing home setting. Data from surveys, direct observations, interviews, and archival data were collected one month prior to the relocation, and six months and one year post move. As part of a multi-dimensional research agenda, MDS data, informant based resident assessments, behavior mapping, and resident and family interviews were analyzed for the impact of the new design on resident outcomes. While prior to the move the residents who relocated to the neighborhood were statistically higher functioning on four MDS variables, one year later they were higher functioning on 20 variables. Of these 20 variables, seven were significant at the $p<.001$ level, and nine were significant at the $p<.01$ level, suggesting it is unlikely that these differences are due to chance. These variables cross all domains of the MDS assessment: cognitive, emotional, behavioral, and functional. Other results were mixed, with some indicators being more positive (increased positive social interaction during meals, $p<.01$) and some less positive (more time spent alone in one's room, and less likely to participate in non-solitary activities inside, $p<.01$, or outside, $p<.05$). Implications of the design process for quality of life will be discussed.

SHORT-STAFF, NURSING ASSISTANT JOB STRESS AND QUALITY OF CARE IN NURSING HOMES

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We examined the impact of short-staff among nursing assistants (NAs) and NA self-report of occupational distress on the quality of verbal interaction between residents and NAs during care routines. The number of regularly scheduled versus pulled or agency NAs was monitored on day and evening shifts for a four-week period across five nursing homes. Job stress was measured by six subscales of the Occupational Stress Inventory (OSI; Osipow & Spokane, 1983): (a) Role Overload (RO), (b) Role Insufficiency (RI), (c) Role Ambiguity (RA), (d) Role Boundary (RB), (e) Responsibility (R), and (f) Physical Environment (PE). Data on the amount and quality of interaction between NAs and residents were gathered using computer-assisted, real-time observational techniques. Stepwise multiple regressions using backward elimination were conducted on the amount of resident speech, the amount of staff speech, the amount of resident disruptive behavior, and the rate of positive statements per hour of care made by NAs or residents. Preliminary results indicate that neither resident nor staff speech were affected by staffing or job stress variables. The amount of resident disruptive behavior was predicted by the number of regular evening shift NAs, unclear RB and RI (R^2=.42). More evening shift NAs, low role demands/loyalties at work, and feeling that skills/training are inappropriate predicted resident disruptive behavior. The rate of positive statements per hour of care was predicted by the number of regular day shift NAs, RB and R (R^2=.23). More day shift NAs, high role demands/loyalties at work, and feeling less pressure from difficult individuals predicted more positive interactions.

CM-13

A TARGETED GERIATRIC MEDICINE CONSULTATION SERVICE IN THE LONG-TERM CARE SETTING

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Most physicians currently providing primary care in long-term care facilities do not have fellowship training in Geriatric Medicine. We initiated a pilot program to provide Geriatric Medicine consultations to assist primary care physicians in managing certain common problems. All residents of our 450 bed skilled nursing facility who fall, who develop skin ulcers, or who have chronic or acute pain problems are evaluated by a fellowship-trained geriatrician. Multidisciplinary teams add insight to the evaluation of the fall patients (including a physical therapist and nursing staff) and the skin ulcer patients (including an enterostomal nurse specialist, additional nursing staff, and dietitian). Podiatry and plastic surgery consultations are available if needed.

A formal consultation report is generated, and recommendations are communicated verbally to the primary care physician. We will describe the practical issues that are important in instituting such a program, such as reimbursement, physician relations, and nursing staff concerns. We report on the first 100 consultations.

RELIABILITY OF RAPS TRIGGERED USING MULTIPLE MDS ADL ASSESSMENTS

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Are the required 21 assessments of ADLs over 7 days using the MDS necessary for reliable standardized care planning with Resident Assessment Protocols (RAPS)? This prospective longitudinal study evaluated the reliability of using 3 MDS ADL assessments of 42 residents in 2 nursing homes for triggering pressure ulcers, urinary incontinence, and ADL-rehabilitation RAPS. The kappa reliability coefficients comparing the RAPS triggered by the first assessment to the second and third assessments documented excellent reproducibility: pressure ulcers ($k = 1.00, 0.79$); urinary incontinence ($k = 0.81, 0.95$); and ADL-rehabilitation ($k = 0.84, 0.88$) (all $p < .001$).

Repeated measures ANOVA documented non-significant average change in each resident's RAPS across 3 assessments for pressure ulcers (*p* = .783); urinary incontinence (*p* = .249), and ADL-rehabilitation (*p* = .372) RAPS. Results documented reliable and stable RAPS triggered by 3 rather than 21 MDS ADL assessments. Use of fewer MDS ADL assessments for care planning may not adversely affect quality of care, and may decrease staff burden. Research supported by NIH NINR (RO1 NR04299).

157

DYSPNEA SENSATION INDICES IN ELDERLY WITH ASTHMA AND COPD

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Old people may commonly experience breathlessness because of age-related declines in respiratory function and concurrent cardiopulmonary disease. The elderly usually seeks medical attention when dyspnea interferes or limits the quality of life since sensivity to respiratory loads is blunted.

The aim of this study was to evaluate some dyspnea indices and to identify dyspnea determinants in the elderly with asthma and COPD. To answer these question, we evaluated 24 elderly asthmatics (13 M, 11 F; mean age: 78.2 ± 4.7; FEV1 59% ± 13.8), 31 COPD patients (27 M, 4 F; mean age: 72.1 ± 4.8; FEV1 44% ± 14). Dyspnea was measured by Visual Analog Scale (VAS) and by modified Borg scale; spirometry with reversibility test, 6-min Walking Test (WT) and Saint George's resapiratory questionnaire, Mini Mental State Examination (MMSE), Geriatric Depression Scale and Barthel scale also performed in all subjects.

Both VAS and Borg scale appared similar results when the patients were globally considered ($r= 0.67$ - $p< 0.01$) and were negatively related with FEV1% ($r = -0.38$ - $p< 0.01$ and $r= -0.33$ - $p< 0.05$ respectively) in COPD and asthma elderly, but with WT (m) only for COPD patients ($r = -0.5$ - $p< 0.01$ and $r = -0.46$ - $p<0.05$). The MMSE score was significantly lower in COPD ($p<0.01$) and only in subjects with MMSE score <26 the VAS correlated to the grade of obstruction, thus suggesting that VAS is more immediate and clear than the Borg scale.

Pharmacotherapy of behavioral disturbances associated with dementia (BDD) with trazodone: An ongoing case series in a long term care setting. C Rojas-Fernandez, Rebecca Sleeper, Tom White, Ted Nicklaus. Texas Tech Univ. Health Sciences Center, Amarillo, TX, 79106. carlosr@cortex.ama.ttuhsc.edu

Background: Many patients with dementing illnesses suffer from BDD at some time during the course of their disease. Pharmacotherapeutic management of BDD is often non-specific leading to widespread use of various psychotropic medications. Therapy is seldom targeted at the putative neurochemical root of the problem behavior. Furthermore, current treatment guidelines do not satisfactorily address the issue of targeted pharmacologic strategies in BDD. Objective: To develop treatment strategies for BDD which have a neurochemical (NC) rationale, implement these in a long term care facility and present preliminary results of an ongoing case series. Methods: Treatment strategies were developed based on a literature review of NC correlates of BDD. Newly admitted residents with BDD who required pharmacotherapy were treated according to these strategies and monitored using the Behavioral Pathology in Alzheimer's Disease (BEHAVE-AD) scale. Results: The NC rationale for treatment strategies will be presented. To date [program began in January 1999] we have treated 5 consecutive residents [mean age 79.4 (range 75 to 90) years; 2 males and 3 females] with trazodone [doses ranged from 50 to 100mg per day] for various behavioral symptoms. BEHAVE-AD scores improved in 4 residents - 60%, 70%, and 85% decrease from baseline in 2, 1 and 1 residents, respectively. In one resident the score increased by 15%. No adverse drug events have been noted thus far. Conclusion: In this open label, unblinded and uncontrolled case series, trazodone appears to be safe and effective in the management of BDD.

PREDICTION OF BODY FAT PERCENTAGE IN PATIENTS WITH INTERMITTENT CLAUDICATION USING BIOELECTRICAL IMPEDANCE P.S. Montgomery, M.P. Vandborg, A.W. Gardner, Div. of Gerontology, Claude Pepper Center, U. of Maryland, and GRECC, Baltimore VA Medical Center, Baltimore, MD 21201.

Body composition is an important measure to obtain in peripheral arterial disease patients limited by intermittent claudication (IC) because it has an affect on ambulatory function. Established prediction equations developed on healthy elderly populations may not be appropriate to use on IC patients because their extensive smoking history and sedentary lifestyle results in greater central adiposity. Therefore, the purpose of this study was to develop a population-specific equation in IC patients to accurately predict body fat percentage (BF%) using bioelectrical impedance (BI). Body composition of 32 IC patients (age = 69.2 ± 7.9 yrs; mean ± SD) was measured using the criterion method of dual energy x-ray absorptiometry (DEXA) and BI. Age, height, weight, and gender were entered into the BI analyzer to determine BF%. The regression equation was: DEXA BF% = 13.3 + (BI BF% X 0.63); R = 0.79, R^2 = 0.63, SEE = 3.8. In conclusion, DEXA BF% of IC patients can be predicted within 3.8% using BI. Thus, BI is a promising technique for assessing body composition in IC patients requiring minimal training and time of clinicians.

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DUAL CEREBRAL OXIMETRY EVALUATION OF CHANGE IN CEREBRAL OXYGEN SATURATION DURING COGNITIVE & PHYSICAL CHALLENGE IN OLDER ADULTS. V. Neelon[1], B. Carlson[1], B. Marks[2], J. Albo[2], & L. Katz[3]. School of Nursing[1], Dept.P.E.E.S.S[2] & School of Medicine[3], Univ. of North Carolina, CB# 7460, Chapel Hill, NC 27599.

Cerebral oximetry, a noninvasive method based on near-infrared spectroscopy (NIRS) allows monitoring change in regional cerebral hemoglobin oxygen saturation (rcSO2). **OBJECTIVE**: We examined the utility of rcSO2 as a method to evaluate cerebral ischemic risk and present representative subject data during a series of cognitive and

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orthostatic challenges in a sample of older adults. **METHODS**: Abstract data are based on evaluation of the 7 normal adults (61-85 yr., 4 men). The cerebral oximeter (INVOS 4100) uses two sensors placed on each side of the forehead to monitor rcSO2. Subject data were collected at rest and during a programmed series of 6 cognitive challenges balanced for verbal-spatial stimuli and an orthostatic (lying-sitting) challenge. We used a waveform acquisition system to collect rcSO2, peripheral arterial pulse oximetry, and finger pulse pressure. **RESULTS**: Mean resting rcSO2 values across subjects were right side 64.4% (60-74), left side 62.7% (56-74). Only one subject had greater left side rcSO2. Handedness did not seem to affect these differences. Maximum change in rcSO2 to cognitive challenge was 8% (x=3%). Orthostatic challenge decreased rsSO2 (4-7%) & coincided with a decrease in measured finger pulse pressure. **CONCULSION**: Subjects' rcSO2 response to challenge could be grouped into four patterns suggesting differences in oxygen delivery and consumption. (SUPPORT: P30NRO396, RR00046, T32NP.07091)

BIOLOGIC EFFECTS OF DHEA REPLACEMENT IN OLDER PEOPLE.

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We studied the effects of 6 mo of DHEA replacement, 50 mg/d in 10 women and 8 men aged 73 ± 5 yr. Over the 6 mo period, total body bone mineral density (BMD) increased 1.5 ± 2.5% ($P < 0.05$), while lumbar spine BMD increased 2.3 ± 3.5% ($P < 0.05$). Total body fat mass assessed by DXA decreased 1.3 ± 1.7 kg ($P < 0.01$), while fat free mass increased 1.2 ± 1.1 kg in the women and 0.5 ± 2.3 kg in the men ($p < 0.05$ for both). The plasma insulin response to a 75 gm oral glucose tolerance test was decreased after 6 mo of DHEA with no change in glucose levels. HDL cholesterol decreased by 6 ± 7 mg/dl ($P < 0.05$) in the women and was unchanged in the men. Serum IGF-1 increased from 109 ± 8 to 143 ± 7 U/ml ($P < 0.001$) in response to the 6 mo of DHEA treatment. Total serum testosterone increased from 3.1 ± 1.0 ng/ml to 4.5 ± 1.5 ng/ml in the men and from 0.6 ± 0.2 ng/ml to 1.3 ± 0.4 ng/ml in the women ($P < 0.01$ for both). Except for transient mild acne in 1 woman, no clinically adverse effects were noted. No significant changes in any of the parameters measured occurred in control subjects over the 6 mo period. We conclude that these promising preliminary results justify more extensive evaluation of a possible role of health benefits of DHEA replacement in elderly men and women.

Alpha-2 receptor stimulation/inhibition has no effect on LH or testosterone secretion in healthy older men

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To determine whether alpha-2 receptor stimulation/inhibition has an effect on LH or testosterone secretion and whether this effect, if present, changes with aging, we studied eight young (age 23-46 years) and eight older (age 60-79 years) healthy men. At 2300, subjects received: a)yohimbine 5.4 mg; b) clonidine 0.1 mg; or c) placebo. Treatment was given in a double-blind, randomized, crossover design. An indwelling catheter was placed in a forearm vein to collect blood samples every 10 minutes between 2300 and 0700 while subjects slept. The effect of yohimbine, clonidine or placebo on LH and testosterone secretion was estimated via deconvolution analysis, then compared using Friedman's analysis of variance.

Clonidine, an alpha-2 receptor agonist, decreases libido and REM sleep, the stage of sleep when erections occur. Both libido and REM sleep correlate with serum testosterone concentration. Yohimbine, an alpha-2 receptor antagonist, increases sexual interest and may, therefore, augment LH and testosterone secretion. We previously reported that in young and older subjects clonidine decreased REM sleep, yohimbine had no effect.

In both young and older subjects, clonidine and yohimbine had no significant effect on LH or testosterone mean concentration, production rate, or parameter estimates of hormone secretion and clearance.

We conclude that the alpha adrenergic system does not play a major role in the regulation of LH and testosterone secretion in healthy young and older men.

A REVIEW OF PRN MEDICATION USE ON AN INPATIENT GERIATRIC PSYCHIATRIC UNIT

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Concern had been expressed by the nursing and medical staff on the dementia unit of the Homewood Health Centre Inc. that PRN (pro re nata) medications were being administered in high proportions. The goals of this study were to review all medications given on the unit and determine whether PRN's were in fact being given in high proportions (relative to findings in the literature) and to identify those medications which would be better suited to be administered as part of the standing orders. A retrospective chart review of patients admitted to the dementia unit between January 1, 1996 and December 31, 1997, was conducted. Demographic, diagnostic and medication information was abstracted from 30 medical records which met the inclusion criteria. Data indicated that 70% of patients received PRN medications. The number of PRN medications per patient ranged from 0-11 with a mean of five medications per patient. Approximately 13% of the records had a PRN medication which was also prescribed as a standing order. The most frequently prescribed therapeutic classes included: anxiolytics, sedatives/hypnotics, antipsychotics, analgesia and laxatives, respectively. Relative to the findings in the research literature, it does not appear that the proportion and frequency of PRN medications ordered and administered, is high. With regards to changing from an PRN order to a standing order, this would seem most appropriate for certain medications, such as laxatives and some analgesics.

MUTI-DISCIPLINARY APPROACH TO AMBULATORY GERIATRIC ANTICOAGULATION: OUTCOMES AND CHALLENGES

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Data from recent clinical trials provide strong evidence for the use of anti-coagulation with warfarin, particularly in patients over 75 years of age with atrial fibrillation. However, the geriatric population pose a considerable challenge for implementing anticoagulation due to increased bleeding risk, compliance, polypharmacy and related drug interactions. Our Ambulatory Geriatrics Program utilizes a multi-disciplinary team to manage a frail elderly population. The Clinical Pharmacist, as part of the team, provides educational support to elderly patients and caregivers including anti-coagulation information and verbal patient counseling: importance of laboratory monitoring, drug, and diet compliance, and self-monitoring for unusual bleeding or thrombotic events. Recommendations are provided to adjust warfarin therapy based on current INR response or anticipated drug-interactions, diet, or other health status changes which have been prospectively identified. The average age of the patients followed was 83 years (range 78-94). The average percentage of INR's within the desired therapeutic range (INR=2.0-3.0) was 56±12 percent. Despite the advanced age and frailty of our population, INR responses were comparable with published results from various anti-coagulation monitoring programs which demographically service much younger populations. Of the of INR responses outside of the desired therapeutic range, 21% (19/91) were determined to have an identifiable cause: 79% (15/19) patient compliance, 16% (3/19) drug interactions, and 5% (1/19) interruption in therapy. Methods employed to improve compliance included simplification of medication regimens, weekly counseling, and mnemonic devices. The low incidence of INR variability due to drug interactions was thought to be related to prospective clinical interventions. There were no episodes of thrombotic events or major bleeding. There were no office visits, emergency room visits, or hospital admissions related to anti-coagulation adverse or thrombic events. In a high benefit, high risk population, safe and effective use of warfarin can be accomplished with a multi-disciplinary model.

LONG-TERM USE OF BENZODIAZEPINES IN THE ELDERLY

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Objective: To estimate the prevalence of benzodiazepine (BZD) use in a cohort of elderly individuals (65+ years) and to examine the sociodemographic and health factors associated with long-term use.

Methods: The sample included older HMO enrollees (n=1559) who were participants in a health promotion trial (mean age 72.5 yrs ± 5.5, 59% female). BZD use was ascertained through automated pharmacy files and was summarized as number of daily doses/year based on recommended doses for the elderly. Long-term use was defined as filling at least one prescription in the year prior to the baseline interview (1987-88) and in each of the following four years. The number of primary care visits was determined from automated files, while other variables were determined by mailed questionnaire.

Results: 164 persons (10.5%) had at least one fill for a BZD in the year before baseline. Of these, 64 persons (39%) were long-term users; 8 (12.5%) were infrequent [≤ 20daily doses/year], 35 (54.7%) were occasional [>20-150 daily doses/year], 12 (18.8%) were frequent [>150-300 daily doses/year], and 9 (14.1%) were daily [>300 daily doses/year] users at baseline. Baseline factors associated with long-term use included being female (OR 3.1; 1.5, 6.2), fair/poor self-rated health (OR 2.6; 1.4, 5.2), more primary care visits in year prior to baseline (OR 1.8; 1.3, 2.4), nervous/emotional problem in year prior to baseline (OR 2.8; 1.4, 5.7), and body mass index < 25 (OR 2.0; 1.1,3.6).

Summary: Thirty-nine percent of BZD users at baseline were long-term users. Factors associated with long-term use were similar to those found for prevalent drug use in other studies.

CARDIAC DRUG USE AND HEALTH-RELATED QUALITY OF LIFE (HR-QOL) AMONG OLDER MEN AND WOMEN

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Cardiac drugs are the most commonly prescribed medications for the elderly. It is therefore important to understand associations between use of these drugs and aspects of HR-QOL. The sample for this study were current prescription drug users enrolled in Pennsylvania's Pharmaceutical Contract for the Elderly (PACE) who completed a mail version of the CDC's BRFSS HR-QOL survey (n=70,521). Fifty-six percent of the sample were cardiac drug users. Regression analyses controlling for age and gender found that cardiac drug users, compared with non-cardiac drug users, reported more days of poor physical health ($\beta=.07$), activity limitation due to health ($\beta=.05$), pain ($\beta=.06$), poor sleep ($\beta=.05$) (all $p<0.001$) and anxiety ($\beta=.04$, $p<0.01$). Among the cardiac drug users only, regression analyses controlling for age found that males reported significantly more days of poor physical health ($\beta=.07$), poor mental health ($\beta=.04$), activity limitation due to health ($\beta=.05$) and depression ($\beta=.03$) (all $p<0.001$). Females reported more days of feeling very healthy and full of energy ($\beta=.05$ $p<0.001$). These results indicate that elderly cardiac drug users report more negative HR-QOL compared to those using other prescription drugs and that male cardiac drug users report less favorable HR-QOL than females. Analyses by specific cardiac drug categories will also be presented. CM-2

THE MDS-MED GUIDE: A TOOL TO INCORPORATE MDS DATA INTO THE PHARMACEUTICAL CARE PLAN

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The MDS-MED Guide is an innovative tool for consultant pharmacists and other long-term care health professionals to assist in the federally-mandated resident assessment process and to promote the integration of resident assessment data with the monitoring of drug therapy. The goal of the MDS-MED Guide is to improve the quality of care and quality of life for nursing facility residents by enhancing the evaluation of medications as a cause or aggravating factor contributing to a resident's problem that can be avoided, managed, or reversed. This poster presentation will describe the methodology used to develop the MDS-MED Guide and will describe the appropriate use of this much needed tool. The MDS-MED Guide includes a wall chart abd pocket guide, both which will be displayed at the presentation. The Minimum Data Set (MDS), a required component of the resident assessment process in all Medicare/Medicaid certified nursing facilities, is a rich source of data for use in monitoring for adverse events and evaluating drugs as a cause or contributing factor in a patient's functional decline.

UNDERUTILIZATION OF ASPIRIN AND BETA-BLOCKERS IN YOUNGER AND OLDER PATIENTS WITH CORONARY ARTERY DISEASE

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Objective: To study the frequency of aspirin and beta-blockers (BB) use in younger (<65 years) and older (≥ 65 years) ambulatory care patients with coronary artery disease (CAD).

Methods: A retrospective chart review study of a randomly selected sample ($n=119$) of patients with the diagnosis of CAD attending the cardiology and/or the primary care clinics at a teaching community hospital.

Results: A contraindication to aspirin or BB use was present in 7 and 5 patients, respectively. These were excluded from the analysis. Aspirin was utilized in 71% of younger, and 75% of older patients with CAD. Beta-blockers were utilized in only 54% of younger, and 50% of older patients with CAD. Compared to primary care physicians, cardiologists were more likely to prescribe aspirin (84% vs. 61%, $p<0.05$), and BB (65% vs. 40%, $p<0.05$) to their patients with CAD.

Conclusion: There is underutilization of aspirin and beta-blockers in both younger and older patients with coronary artery disease. Cardiologists were significantly better than primary care physicians in prescribing aspirin and beta-blockers to their patients with CAD.

CORRELATES OF SELF-REPORTED SLEEP DISTURBANCE IN A COHORT OF JAPANESE AMERICAN OLDER ADULTS.

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This study presents data from a community-based longitudinal study of memory and aging in the Japanese American community in King County, WA. A total of 1,614 cognitively intact persons age 65 or older who completed both baseline and 2-year follow-up interviews were included (mean age = 72.0 years; mean education = 13.0 years; 44% male; 19% Japanese speaking). At baseline, 36% of participants indicated that their sleep had been restless one or more nights during the previous week. Of these, 22% reported that they often snore loudly, 13% reported that their sleep was disturbed by leg cramps several times per week, and 21% reported problems with cold feet. In ordinal logistic regression, poor sleep independently correlated with depression symptoms ($p \leq .0001$) and cold feet ($p \leq .01$), but not with age, gender, baseline cognitive function, primary spoken language, or health-related behaviors (including tobacco or alcohol use). Persistence of subjective sleep complaints at two-year follow-up was most strongly predicted by leg cramps ($p < .05$). There was a trend towards a significant relationship between poor sleep and leg cramps ($p < .10$) at baseline and cold feet at 2-year follow-up. Leg cramps and cold feet are frequently under-recognized contributors to sleep loss in older adults, and as such should be included in geriatric sleep assessment and treatment protocols.

158

STABILITY AND CHANGE IN DEPRESSIVE SYMPTOMS OVER TIME: EVIDENCE FROM THE BALTIMORE LONGITUDINAL STUDY OF AGING.

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Trait psychology emphasizes stable interindividual differences in adult personality over state-like components of personality characteristics. High observed stability might also be due to autocorrelated residuals or high environmental stability. To evaluate these explanations, we used 5 waves of biennial data from 737 participants ($M_{Age}=73$, 39% women) in the Baltimore Longitudinal Study of Aging (BLSA) to examine stability and change in depressive symptoms across an 8 year period. Latent trait-state models were used to partition variance into trait and state components and test for carry-over effects in the form of autoregressive effects. Systematic biases due to attrition were examined and corrected via direct maximum likelihood. We also tested and established factorial invariance. Results provide clear evidence for both trait and state variability, with trait-like variance accounting for two-thirds of the reliable variance, while state-like variance decreased over the 5 waves from one-third of the reliable variance to just over one-fifth. No evidence was found for carry-over effects for the two-year intervals considered here, suggesting that situational effects do not have an enduring impact beyond this time-frame. Findings both support and elaborate previous work in this domain.

Change in the Relationship Between Chronic Illnesses And Depression Among Community-Dwelling Old-age Cohorts

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The goal of this study was to advance our understanding of depression symptomatology among elderly persons by examining over time, the effects of chronic illness on depression while holding constant other relevant variables that have emerged from prior studies as predictors of depression. A longitudinal study which tracks the development of depression in relation to chronic illness is in order.

The study sample consists of 359 older individuals aged 55-93 who have participated in consecutive waves of the University of Southern California Longitudinal Study of Generations, between 1988-1991. The findings from the bivariate and multiple regression analyses indicate that over time, the effects of chronic illnesses are differentially associated with depression and are not stable. The results show that at wave 1 digestive disorders were significantly related to increasing depression. But by wave 2, heart problems, and respiratory troubles also emerged as significant predictors of depression. In addition, the data show a cohort effect such that the depression scores of those in the aged 75+ birth cohort were less affected by chronic illness or other factors than individuals in the aged 55-64 cohort, or those in the aged 65-74 cohort. Overall, the findings suggest a need for better understanding of the influence of individual chronic illnesses in the presence of other psychosocial factors, on depression. BSS-12

MENTAL HEALTH IN OLD AGE: DIFFERENTIAL PREDICTORS OF DEPRESSIVE SYMPTOMS

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Although the absence of depression is regarded as a psychological survival attribute, elevated levels of depression are observed in the oldest old. To understand this "paradox of longevity" we examine a variety of depression measures and depression predictors. The purpose of this paper is threefold: First, we examine age, gender, and ethnic differences in depressive symptoms in sexagenarians, octogenarians, and centenarians. Second, we compare the prevalence of depression of these samples with normative data. Third, we investigate whether the personality state of Fatigue substantially attenuates age differences in depression. Three hundred and twenty seven participants of the Georgia Centenarian Study were assessed with the Geriatric Depression Scale, the Lethargy Scale of the OARS, the Bradburn Affect Balance Scale (separate scales for positive and negative affects), and the Fatigue Scale of the 8SQ. One-way ANOVAs revealed significant age differences for all measures of depression with the exception of Negative Affect. Significant gender differences were obtained for two measures. No ethnic differences were detected. Frequency analyses showed the highest prevalence of depression in centenarians. As expected, Fatigue attenuated age differences, but there were no significant Fatigue x Age interactions. We conclude that Fatigue is a significant predictor of depressive symptoms from age 60 to 100 years. The results also demonstrate that the "paradox of longevity" holds for some, but not all aspects of depression.

NEIGHBORHOOD ENVIRONMENT AND INCIDENT DEPRESSION: EVIDENCE FROM THREE STUDIES OF AGING

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While researchers suggest that environment influences psychological health in older people, few epidemiologic studies examine this hypothesis. This paper investigates whether neighborhood environment is associated with incident depression in people over age 55 years. Participants in three studies of aging, the Study of Physical Performance and Age-Related Changes in Sonomans (Sonoma), Health and Functioning in Marin (Marin) and the Alameda County Study (Alameda), rated their neighborhoods for severity of six neighborhood problems (e.g. traffic and noise) and difficulty accessing five types of resources (e.g. public transportation and food shopping). Incident depression was measured using the CES-D in Marin and Sonoma and the Roberts depression scale in Alameda. Analyses used log-binomial models to estimate the risk of incident depression while adjusting for age, sex, income and baseline health. Residence in multiple problem neighborhoods was associated with incident depression in all three studies. As might be expected, different neighborhood types present different patterns: in a wealthy suburban county, difficulty accessing resources was associated with incident depression (Marin: CIR=2.16 p=0.002). In an urban and dense suburban county, high neighborhood problems are associated with incident depression (Alameda CIR=1.59 p=0.076). In the small town of Sonoma, both neighborhood problems (CIR=2.33 p=0.001) and difficulty accessing resources (CIR=1.64 p=0.032) are associated with incident depression. These results confirm that neighborhood environment may play a vital role in shaping health of older populations, and offer evidence that research and intervention must be tailored to the area in question.

THE EFFECT OF DEPRESSION ON COGNITIVE PERFORMANCE IN SURVEY RESEARCH: RESULTS FROM THE AHEAD SAMPLE

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The impact of depression on cognitive performance in people over the age of 70, was evaluated using the AHEAD dataset (N=7,447). Analyzing data from Waves I & II of AHEAD, we found that depressed respondents not only performed more poorly on cognitive tests than non-depressed respondents, but also performed qualitatively differently, than non-depressed poor cognitive performers. It has been repeatedly shown in clinical studies that people suffering from depression, regardless of age, perform worse on tests of cognitive ability, than people who are not depressed. However, this is a particularly important issue when assessing a geriatric population in survey research: poor cognitive performance may automatically be interpreted as sequelae of a dementing condition in an elderly respondent, rather than considered as a "red-flag" for depression. This issue is of paramount importance for survey researchers, such that, if the characteristics of depressed respondents are not well understood and evaluated in statistical analyses of cognitive performance, population estimates of cognitive decline may be erroneous.

159

The Impact of Job Loss on the Health Habits of Older Workers

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This study investigates the link between late-life job loss and negative health habits. Using panel data from the first two waves of the Health and Retirement Survey (HRS), we estimate multivariate logistic regression models to assess the effects of involuntary job loss (i.e. job loss from layoff or plant closing) on two behavioral health outcomes: cigarette smoking and alcohol consumption. The analysis sample contains 226 displaced older workers (age>51) and a

comparison group of 3,058 similar continuously-employed workers. We stratify the sample into those who were using these substances at baseline, and those who were not using these substances at baseline to determine whether involuntary job loss was (1) associated with increased smoking/drinking among baseline users, and/or (2) associated with incident use among non-users at the baseline. Our results suggest that, among baseline users, subsequent involuntary job loss did not lead to increased use of either cigarettes or alcohol. However, among baseline non-users, those who experienced involuntary job loss were more than twice as likely to begin drinking alcohol than non-displaced workers (Odds Ratio=2.35; p-value<.01), even after controlling for a comprehensive set of sociodemographic factors. The analysis suggests that involuntary job loss among older workers may have more than economic consequences, and may result in fundamental changes in health behavior, as well. The reasons for these changes in behavior require further investigation. BSS-26

GENDER AND THE EFFECTS OF HEALTH STATUS ON WORK TRANSITIONS IN LATER LIFE

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The goal of this study is to examine the differences between older men and women in their work responses to poor health. Studies have long established that health status is associated with late-life work behavior. Recent research by the authors suggests that among older men, the strength of the association between health and work transitions, including both work exits and returns to work, is shaped by other characteristics of the individual, especially age, economic status, race, and marital status. The extent to which this conclusion may be generalized to women is unclear. Women differ in work behavior and work history as compared to men; moreover, the health profile of older women is quite different than that for older men. In addition, and central to our study, women and men appear to adapt to health contingencies in different ways.

In this paper, we consider the extent to which women and men respond differently to health contingencies when making decisions about work behavior in later life. Using the first two waves of the Health and Retirement Study (HRS), we examine work transitions for men and women aged 51-61 in 1992. We find that men are less likely to exit the workforce than are women, but rates of return are more similar by gender. Working men and women respond to health in similar ways when exiting the workforce. However, nonworking women appear to be less subject to the effects of health when making decisions about reentry than are their male counterparts. Gender differences in the effects of other characteristics related to both health and work transitions are also considered. We conclude that overall, the labor force response to health contingencies is different for men and women.

DISOWNING RETIREMENT: MEN, WORK, AND IDENTITY IN RURAL AMERICA

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The successful organization and negotiation of one's day in retirement requires resolution with an individual's past role as a worker with one's longstanding ideology toward work. This paper addresses the central question of "How do men in rural settings negotiate the role change from workers to retirees and, how do they construct the meaning of retirement?" This study examines the experience of retirement through participant observation of a group of retired men from a rural Midwestern community who meet daily for morning coffee. Data were gathered over a five-month period. Drawing from field notes, the research analyzes the interpretive processes these men undertake to resolve the contradiction between identities based in the work ethic and identities associated with contemporary constructions of leisure in retirement. To accommodate this incongruity, findings suggest that these men disown retirement by constructing themselves as "busy" individuals (as suggested by Ekerdt, 1986). Through their self-portrayals and in their organization of time, these men construct a current identity that is consistent with their previous working identity, resolving the contradiction between a continuing allegiance to the work ethic and the amorphous role of retirement. (BSS-26)

JOB CHARACTERISTICS AS DETERMINANTS OF OLDER WORKERS' EMPLOYMENT SATISFACTION.

B. McIntosh & N.L. Danigelis, Center for the Study of Aging, University of Vermont, Burlington, VT 05405.

Skill identity, task identity, task significance, autonomy, and feedback have long been recognized as the core job characteristics that significantly influence workers' behaviors and attitudes (Hackman and Oldham, 1980). Unanswered is the question whether these components are differentially important by age of worker. This study examines the determinants of job satisfaction for different age cohorts using mail survey responses from older (>46, n=216) and younger (<45, n=294) workers in a moderate-sized New England firm. Multiple regression results show the most important predictors of older workers' job satisfaction to be autonomy and feelings of contributing to the organization ($r^2 = .467$) For younger workers, the most significant predictors were feeling challenged or stimulated on the job and feelings of contributing to the organization ($r^2 = .544$). Career development opportunities were significant only to the job satisfaction of younger workers. Surprisingly, feedback, while significant to both groups, was not a large contributor to job satisfaction. These results (1) offer preliminary evidence that freedom to perform the work as one sees fit is more important than the work itself for older workers and (2) reinforce the point that more attention needs to be directed toward organization characteristics and worker attitudes in order to understand employee retention (Merggenhagen, 1994; McIntosh and Danigelis, 1998). Results are discussed in terms of the Job Characteristics Model (Hackman and Oldham, Renn and Vandenberg, 1995).

DO GOOD JOBS MAKE GOOD PLANNERS: THE ROLE OF JOB-RELATED REWARDS IN RETIREMENT PLANNING.

K. Kosloski, D. Ekerdt, S. DeViney. Univ. of Nebraska at Omaha, Univ. of Kansas, and Univ. of Maryland-Eastern Shore.

The purpose of this study was to investigate whether workers with jobs high in work-related satisfactions are less likely to engage in retirement planning behaviors. Using confirmatory factor analysis, data from the first wave of the Health and Retirement Survey (n=4,237) were used to evaluate a three-factor model of work-related satisfactions: intrinsic, extrinsic (social relations), and self-expression (social ascendency). Using structural equation modeling, three separate definitions of planning, (1) thinking about retirement and discussing it with friends, (2) subjective estimates of the probability of working past the ages of 62 and 65, and (3) whether the individual had a plan for retirement versus not, were regressed separately on a set of predictors that included the three job-related satisfactions and seven covariates found to be related to planning in earlier research: education, age, sex, health, marital status, race, and pension eligibility. The results indicated that persons with jobs high in self-expression were more likely to think about retirement and/or discuss it with friends, and more likely to say they had a plan for retirement; but self-expression was unrelated to subjective estimates of the likelihood of working past ages 62 or 65. In contrast, persons with jobs high in intrinsic or extrinsic rewards were significantly less likely to engage in any type of planning, regardless of how planning was defined. The findings suggest that individuals who have jobs high in intrinsic or extrinsic rewards may actually be disadvantaged to the extent that they fail to plan for retirement.

THE FUTURE OF AMENITY RETIREMENT MIGRATION AS A MECHANISM FOR ECONOMIC DEVELOPMENT

W. Serow, Center for the Study of Population, Florida State University, Tallahassee FL 32306-2240; W. Haas, Department of Sociology, University of North Carolina-Asheville.

This paper reviews recent literature on the use of retirement migration as a strategy for local economic development. Communities which have embarked on this strategy over the past two or three decades have by and large been quite successful; the question which we address in this presentation is whether these successes are going to serve as accurate forecasts of the future of the retirement migration industry. For several reasons we argue that this is not necessarily the case: issues raised here include the time horizon of future migration cohorts; competition among destinations; changes in the age of retirement and in the source and nature of pension income; changes in social security coverage and criteria for full eligibility; changes in the nature of financial assets and the degree of liquidity in these assets. All these raise the question of whether the golden age of retirement migration was in the past or if it still lies in the future.

160

OCCUPATIONAL THERAPY FOR INDEPENDENT-LIVING ELDERS: FOLLOW-UP AND COST-EFFECTIVENESS

F. Clark, S.P. Azen, J. Hay, Departments of Occupational Science and Occupational Therapy, Preventive Medicine, and Pharmaceutical Economics and Policy, University of Southern California, Los Angeles, CA 90033.

It is crucial for society to identify effective health interventions for members of the growing elderly population, as these individuals are at risk for chronic disease, functional decline, and other health-related problems. The purpose of the current study was to examine the 6-month follow-up results and the cost-effectiveness of the Well Elderly Program, a preventive, lifestyle redesign-based occupational therapy intervention previously found to successfully promote health and quality of life in a randomized clinical trial involving 361 multiethnic elders living in federally subsidized apartments in Los Angeles. Based on responses to the RAND SF-36 Health Survey, the present results reveal that the treatment program produced lasting benefits in a variety of health domains, including physical functioning, role functioning, vitality, social functioning, and general mental health (p's < 0.05). Further, the Well Elderly Program marginally significantly reduced subsequent medical expenditures and was associated with an average quality-adjusted life year (QALY) gain of 4.4 units at a net expected cost of $21,496 per QALY. These results suggest that the treatment program was successful in inducing relatively permanent and impactful health changes in the participants. BSS-19

INTEGRATING FAMILIES INTO NURSING HOME CARE: AN INTERVENTION

M. Perkinson, Program in Occupational Therapy, Washington University School of Medicine, St. Louis, MO 63108.

The "Families in Nursing Homes Project" helped family members of nursing home residents redefine their roles as caregivers, offering strategies for becoming partners in care with nursing home staff. Eleven focus groups conducted with residents, family members, and staff identified families' issues and offered various solutions. The Family Guide to the Nursing Home evolved from these groups and from an extensive review of the literature. It includes an orientation to nursing homes and outlines ways to contribute to residents' quality of life. Fifty family members of residents on two units of a large nursing home received and reviewed the manual with the project social worker. Compared to a control group of 50 family members of residents from two comparable units, those who received the intervention showed significant improvement in their relationship with their elder ($p<.05$) and also showed a significant increase in contact with nursing home staff ($p<.01$). Implications for implementing family roles in nursing homes will be discussed. Funded by AARP Andrus Foundation.

THE ROLE OF PLEASURE IN EFFECTING TREATMENT AND FUNCTIONING.

M.H. Kleban, K. VanHaitsma, K. Ruckdeshel, M.P. Lawton, M. Reves, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141.

Aged, frail subjects (ages between 64 and 105) were randomly assigned to a no-program control (n=93), an attention-control (n=43) and a individualized intervention (n=44) programs (TREAT). The subjects were observed on 5-7, 10-minute intervals with recordings made on an automated observer. This paper focuses on the relationships of functions (ADL, COG, behavioral withdrawal (BW)), observed emotions (i.e., pleasure, anger, anxiety, depression and interest) with respect to TREAT. The data were analyzed by Analysis of Variance. Pleasure was the single most powerful predictor of TREAT (F=66.82, 2/176 df., p < 0.000). The effects supported the treatment programs with the Control < Attention-Control < Individualized Intervention. ADL and pleasure were powerfully related (F=25.53, 1/176 df.p < 0.000). By itself ADL does not predict TREAT. ADL does predict TREAT when partialled by pleasure (F=5.22, 2/176 df., p=0.006). Here a reversal occurred favoring the Controls. Intact ADL, pleasure experiencing subjects tended to profit from the Treatments. After partialling, the Controls had the lowest mean, the most intact ADL subjects. COG by itself did not predict TREAT, but it did after being partialled by pleasure. The Individualized Intervention group had more Cog impaired subjects. The relationships between the functions and the other emotions were unrelated to TREAT. These analyses will be displayed, examined and elaborated. Supported by Alzheimer's Association/ Tarcine Fund Pilot Research Grant #TRG-95-006.

AN EVALUATION OF INDIVIDUALISED INTERVENTIONS TO NURSING HOME RESIDENTS WITH DEMENTIA AND BEHAVIOURAL DIFFICULTIES.

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Kingston Centre, Warrigal Road, Cheltenham, Victoria,
Australia 3192

The effectiveness of multi-disciplinary interventions to reduce behavioural problems in nursing home residents has been rarely evaluated. We applied individually tailored psychosocial, nursing and medical interventions to 99 residents in 45 facilities and evaluated the effectiveness of our approach. The residents were selected by nursing staff and had to meet entry criteria of being over 50 years of age; resident for at least one month; a diagnosis of dementia; and observable problem behaviours (at least several a day). A four-week trial was conducted for two residents from each nursing home with a one-month follow-up assessment. The residents received an intervention that started at different times to provide a control period. Behaviour frequency and severity were rated throughout the 4 weeks by the Behavioural Assessment Graphical System (BAGS) and independent observers. The Cohen Mansfield Agitation Scale (CMAI) was completed at baseline and at the one-month follow-up. Interviews were also conducted with Directors of Nursing, staff and relatives. The means of behaviour measurements over the pre and post intervention periods were used to investigate if there was a reduced frequency/severity of the behaviours. Study variables included restlessness/anxiety, physical aggression, verbal disruption, socially/sexually inappropriate behaviours, and an overall behaviour score. The BAGS data showed a significant decrease in pre/post scores in all behaviors. The observational results showed a significant decrease in overall and restless/anxious behaviours. Staff ratings (CMAI and follow-up interviews) also showed a decrease in the frequency/severity of problems. The findings suggest that individualised interventions can reduce the impact of behavioural disturbances in the elderly.

EFFECTIVE COMMUNICATION DURING CARE ROUTINES: A STAFF TRAINING PROGRAM

Michelle S. Bourgeois, Katinka Dijkstra, Florida State University, 302 Regional Rehabilitation, Tallahassee, FL 32306-1200, Louis Burgio, Rebecca Allen-Burge, University of Alabama, Tuscaloosa, AL 35487.

The effects of a communication training program on the use of effective communication techniques by nursing aides (NAs) during care routines was examined. Nursing home units in five nursing homes were randomly assigned to treatment and control conditions. The criterion-based training for treatment group NAs included use of effective communication skills and memory books with residents with dementia (N=92; M age=84.4, SD=6.6, M MMSE=12.6, SD=6.7). The duration and quality of verbal interactions between NAs and residents during care routines was measured pre- and post-training using computer-assisted observational techniques, and effective and ineffective communication strategies using paper-and-pencil checklists (32 trained NAs; 40 control NAs). Repeated measures analyses revealed that the quality of interactions (i.e., frequency of positive statements) improved in the treatment group (F(1, 63)= 5.11, p=.027). The duration of verbal interactions between NAs and residents increased for both treatment and control groups (F(1,63)=4.88, p=.032). Effective strategies increased for the trained NAs (F(1,57)=27.63, p=<.001) but ineffective strategies did not significantly decrease in the treatment group (F(1,57)=0, p=.99). Trained skills were maintained by NAs in the treatment group throughout the post-intervention phase, and at the 3-month follow-up.

IMPROVING GLYCEMIC CONTROL IN PATIENTS WITH DIABETES AND VISION LOSS: AN EVALUATION OF A PSYCHOEDUCATIONAL GROUP PROGRAM.

L.A. Trozzolino, M.S. Tansman, P.S. Thompson, The Center for the Partially Sighted, Santa Monica, CA, 90401

A psychoeducational program for individuals with diabetes mellitus and secondary vision loss was evaluated to determine if program participants improved blood glucose control through better adherence to diabetic regimens. The program is designed to improve adherence through education about diabetes as well as through more effective coping achieved with cognitive-behavioral group therapy. Adherence to a diabetic regimen and subsequent blood glucose control have been found to decrease the risk of complications secondary to diabetes such as vision loss. There were 15 experimental subjects and 15 control subjects. Dependent variables were: hemoglobin A1c levels, a measure of long term blood glucose control; the Beck Depression Inventory, the Problems Areas in Diabetes Survey and the Michigan Diabetes Knowledge Test. Experimental subjects were successful at significantly lowering their blood glucose while participating in the group (p = .001) and significantly changed on all of the measures at the end of the group.. Statistical significance was not achieved on any psychological measures when compared to controls. BSS-16

161

POSITIVE ADAPTATION IN OLDER ADULT TRAUMA SURVIVORS.

J. M. Cook & L.W. Thompson, Veterans Administration Palo Alto Health Care System, Pacific Graduate School Of Psychology, Palo Alto, CA 94304, and Stanford University Medical Center, Stanford, CA 94305.

Participants:

J. M. Cook, L. W. Thompson, & K. Drescher (Veterans Administration Palo Alto Health Care System, Palo Alto, CA 94304) The Impact of Positive Adaptation in Older Adult Combat Veterans.

A. B. Higgins & V. Folette (VAPAHCS, Palo Alto, CA 94304 and University of Nevada-Reno, Reno NV 89557) Trauma and Coping in Later Life: The Long Term Effects of Interpersonal Violence.

A. Glicksman & K. Van Haitsma (Philadelphia Geriatric Center, Philadelphia, PA 19141) The Social Contexts of Adaptation to Traumatic Events: Soviet Jews and the Holocaust.

P. Swales & J. Sheikh (VAPAHCS, Palo Alto, CA 94304, and Stanford University Medical Center, Stanford, CA 94305) Coping and Childhood Abuse History in Older Women with Panic Disorder.

Discussant:

C. M. Aldwin (University of California, Davis, CA 95616)

Traumatic stress has increasingly received recognition and attention as an area of study in adulthood. However, limited attention has been paid to the experience of traumatic stress on older adults (or the aging process in survivors). Studies have documented that there are negative consequences of traumatic stress in older adults but few studies have examined adaptation to trauma. This symposium will focus on adaptation or resiliency in older adult traumatic stress survivors of warfare, childhood abuse, sexual and domestic assault, and the Holocaust. Results of the four studies emphasize that the effect of post-traumatic stress in four distinctly different older adult samples is related to various coping strategies employed. Implications for treatment and prevention of late-life psychological distress will be discussed.

162

RELIGIOSITY AND MARITAL HARMONY AMONG OLDER COUPLES IN THE SOUTH.

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This study examines the association between religiosity and marital harmony among a representative sample of 86 older couples (172 individuals) aged 55 and above in a metropolitan southern city in the heart of the Bible Belt. Although research has shown that higher levels of religiosity slightly decrease the likelihood of considering divorce, there is little evidence to suggest that a higher level of religious activity improves marital relations, enhances marital satisfaction, or decreases marital conflict. This study explores the forces that background factors, religious affiliation, and degree of homogamous commitment have on marital adjustment. Using multiple regression analysis, results indicate that greater marital harmony is clearly associated with a higher level of religious commitment ($B = .24$, $p < .003$), but not with ethnic background, sex, educational background, annual income, number of times married, or any change in religious denominational preference. Overall, the eight variables explain 8.4 percent of the variance ($p < .04$, 7/164 df) in the marital harmony variable. Half of this variance is accounted for by the influence of religiosity. These results show the robustious of religious commitment on marital relationships, independent of other factors. Those persons with greater religious commitment show a greater degree of agreement on aspects pertaining to married life, irrespective of other included variables.

FAMILY STATUS, MENOPAUSE, AND THE MIDLIFE MARITAL RELATIONSHIP

P.E. Goodwin, R.C. Intrieri, D.R. Papini, Department of Psychology, Western Illinois University, Macomb, IL 61455.

Past research has explored the concept of a crisis resulting from a number of midlife events. Two suggested crisis-inducing events are menopause and departure of children from the family of origin. The present study examines the midlife marriage in light of it's place in the family life cycle and menopausal status of the wife. One hundred seventy-seven middle-aged couples with children responded to a survey. In addition to menopausal status, questions explored whether all or some of the couple's children were out of the home, midlife and marital satisfaction. Information regarding mental well-being of both spouses was also obtained. Significant relationships between wife's menopausal status, life satisfaction and marital adjustment were found. Husband's awareness of wife's menopausal status was predictive of marital adjustment at $p < .05$, while life satisfaction was significantly related to marital adjustment for both husbands and wives. Significant relationships ($p < .01$) were also found between mental well-being and marital adjustment for both partners.

MIDDLE AND LATER LIFE MARITAL PROCESSES: THE ROLE OF OVERALL MARITAL HAPPINESS, COMPANIONDHIP, COMMUNICATION, FINANCIAL BENEFITS OF MARRIAGE, AND SEXUAL EXPRESSION IN DECISIONS TO DIVORCE

R. M. Goodman, Department of Human Development and

Family Studies, University of North Carolina at Greensboro, PO Box 21670, Greensboro, NC 27402-6170.

Using wave 1 and wave 2 of the National Survey of Families and Households, we examined the decision to maintain or dissolve current marriages. In addition to four constructs from the positive attractions category of Lloyd & Zick's (1986) exchange model of middle and later-life divorce: companionship, communication, perceived financial benefits of marriage, and sexual expression, overall marital happiness was assessed. The sample included only married respondents at least 40 years of age ($N = 1,827$). Comparisons were made between those in (a) stable/intact marriages ($n = 1,670$); (b) unstable, intact marriages ($n = 84$), and (c) those who had divorced or separated ($n = 73$). Preliminary results from analysis of variance indicate patterns supporting the hypothesis that married/stable individuals differed significantly on all of the five dimensions from both the married/unstable, and the separated/divorced groups. The married/unstable, and separated/divorced groups did not differ significantly on overall marital happiness, negativity of communication, and sexual expression, suggesting that they are similar to each other on these three dimensions of marital quality.

INTERDEPENDENCE OF DEPRESSIVE SYMPTOMS IN MIDDLE-AGED AND OLDER MARRIED COUPLES.

A. L. Townsend & B. Miller, Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, OH 44106

Marriage constitutes a critical social context shaping depression in adulthood. The possibility that husbands' and wives' depression may be correlated has been increasingly recognized by theories that emphasize social contextual or interpersonal influences on well-being. Yet there is limited empirical evidence on covariation of depression in middle-aged and older married couples. The present study had two goals: (1) to investigate variability in depressive symptomatology (measured by an 8-item version of the CES-D) within married couples and (2) to examine between-couple variability in depressive symptoms by couples' race/ethnicity. Dyadic data came from Time 1 interviews with middle-aged and older married couples (husbands and wives, ages 40-103) in 2 national, federally-funded surveys (HRS and AHEAD). Multilevel analyses of depressive symptoms in 676 African American couples, 256 Mexican American couples, and 4,957 White couples revealed significant correlation between spouses in depressive symptomatology (intraclass $r = .28$, $p < .001$, in both surveys). The magnitude of within-couple covariation in depressive symptoms varied by race/ethnicity, but the relative ranking of groups was different in HRS and AHEAD. Discussion emphasizes the desirability of studying depression from a couple-level rather than an individual-level perspective and the need to consider variability related to race/ethnicity.

MARRIAGE BENEFITS IN BLACK AND WHITE RACIAL DIFFERENCES IN MIDDLE AND LATER LIFE

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Marriage has been shown to have social, economic and emotional benefits for individuals. Our research uses NSFH I & II to examine racial differences in marriage benefits in mid and later life, as well as the effect of marriage loss on well-being. Findings suggest that for Blacks and Whites of both sexes, unmarried are worse off when compared to married persons. Emotional well-being is much lower for White men and women (especially White men), compared to their married counterparts, but for Blacks there is very little difference by marital status. Unmarried Black women and men reported significantly higher rates of happiness and lower rates of loneliness than unmarried White men. Among married persons, White men had the lowest levels of loneliness and depression of all groups studied. Among those who had lost a spouse between T_1 and T_2 White men and women had lower levels of happiness when compared to their White married counterparts. For Blacks there were no significant patterns of emotional well being change after a marriage loss. This research suggests that marriage serves to provide an economic benefit to both Blacks and Whites, but emotional well-being is more strongly tied to marital status among Whites (especially men) than Blacks. We suggest that in mid and later life, Whites focus more on the marital dyad, while Blacks may include alternative relationships to influence emotional well-being. This research points to the implications for sub-groups with regard to changes in marital status and the increase of persons affected by marital disruption in middle and later life.

163

DEVELOPMENT OF A WORRY QUESTIONNAIRE FOR LONG-TERM CARE RESIDENTS

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The assessment of anxiety symptoms in long-term care residents is complicated by the overlap with symptoms from physical disorders that are common in this population, or from the side-effects of medications used to treat these health problems. The Worry Questionnaire for Continuing Care Residents (WQCCR), a 25-item Likert scale (0=never, 4=almost always), was developed to assess the cognitive aspect of anxiety. Items were derived from a content analysis of open-ended questions eliciting residents' common worries. The WQCCR was administered to 69 residents (mean age = 80) along with a diagnostic interview (SCID-IV) and other measures of anxiety and depression, including the anxiety subscale from the Brief Symptom Inventory (BSI), the metaworry subscale from the Anxious Thoughts Inventory (ATI), and the Geriatric Depression Scale (GDS). Items most often endorsed involved worry about the "health of a loved one," followed by "staff response to needs." The internal consistency of the scale was excellent (alpha = .93), and inter-item correlations were acceptable. Convergent validity with other anxiety measures (SCID-IV, BSI, ATI) were likewise excellent ($p<.05$). However, consistent with research among other populations, the WQCCR was also highly correlated with measures of depression (SCID-IV, GDS). Test-retest data will be reported. This measure holds promise for improving the assessment of anxiety among long-term care residents. *This research was funded by a grant from the Alberta Heritage Foundation for Medical Research.*

Using Certified Nursing Assistants' Knowledge to Improve the Quality of Mealtime Care

E.S. Schell & J. Kayser-Jones, University of California, San Francisco, 94143-0610

The purpose of this qualitative study was to examine the interaction between certified nursing assistants (CNAs) and nursing home residents at mealtime. Ten completely dependent, physically and cognitively impaired residents were observed during six individual meals over a two-week period. At each meal all verbal and nonverbal interaction between the resident and the CNA was recorded. Particular attention was paid to the strategies used by CNAs when feeding residents. Analysis of data revealed that, because of their close daily contact, CNAs acquired valuable personal knowledge of residents' habits and preferences. The most skillful CNAs used this knowledge to develop effective, individualized care strategies, making meals pleasant and nourishing experiences. However, there was little transmission of this information to other staff. While some administrative staff understood that CNAs had this knowledge, there were few formal routes for recognizing and using this knowledge in planning care.

Having CNAs participate in care conferences and change of shift report would help supervisory staff to tap, refine, and strengthen the development of this detailed personal knowledge for use in the provision of individualized care. A simple easy to acquire method for transmission of this knowledge needs to be developed.

Staff Training on Nursing Home Residents Rights.

F. Brennan, D. Downes, L. Klein, M. Lubetkin, E. Meyers, L. Westreich, The Jewish Home & Hospital, 120 West 106 St., New York, NY 10025

The implementation and ongoing support of resident rights is a key issue for JCAHO accreditation. Healthcare organizations struggle with educating staff on the same topics and issues in a meaningful way year after year. At The Jewish Home and Hospital in New York City, the Social Work and Staff Development departments collaborated on a unique staff training program for all employees. Using exercises and scenarios developed from actual situations, all staff were trained in ensuring residents rights - specifically how they could empower themselves and their peers to create an ongoing healthcare culture which supports Resident Rights. Every session ended with a written personal pledge from each staff member to change one negative behavior that impacted on the residents' day-to-day experience.

Creating training that addresses the specific and unique needs of each facility is always a challenge. In order to overcome this challenge, this training strategy allows staff to identify barriers within the agency that create conflicts among staff, residents, and residents' families. This identification leads to meaningful solutions.

Nursing Assistants and Their Work: From "Hallways to Households"

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A nationwide initiative to change nursing homes away from a medically-based, "hospital-like" structure has direct implications for the work of nursing assistants (CNAs). Among other things, operating on a more "home-like" basis requires what has variously been called "multiskilling," "cross-training," or "job enrichment" for CNAs, permitting (or requiring) them to perform a wider variety of tasks. Given that CNAs play a central role in long term care facilities, such changes will have consequences for the overall quality of life for residents and staff alike, but we have little information about how the latter have responded. How might these intentional efforts to change the structure and culture of the nursing home affect the CNAs who work there? This presentation uses field research and interview data from an ongoing case study of a nursing home in transition from "hallways to households" to describe emerging themes regarding CNAs and their work. First, CNAs' retrospective accounts of work before and after the changes reveal that their routines, while still centered around "bed and body" work, have indeed been expanded to include other tasks. Second, although there was an initial period of doubt and adjustment, CNAs generally regard the changes as beneficial, both for residents and themselves. However, their concerns still include lack of support and appreciation from superiors, issues well-documented by previous research. Other perceived problems include staff shortages, other workers not doing their jobs, and the need for better communication among all levels of staff. Finally, these work-related changes in the nursing home will be situated in the larger context of the contemporary work world.

HOW I CAME TO BE HERE: NURSING HOME RESIDENTS TALK ABOUT ADMISSION

C. Berdes, Buehler Center on Aging, Northwestern University, 750 N. Lake Shore Drive, Chicago, IL 60611, J-M. Eckert, Statewide Independent Living Council, Springfield, IL

We interviewed 30 residents of nursing homes in Evanston, IL about the decision to seek long-term care and factors influencing choice of facility. While surrogates (usually adult children) were involved in all aspects of the process, respondents' determination not to live with children was part of the decision. They perceived the nursing home as independent living—independent from their children. They or surrogates had chosen the facility because of its *quality*, which meant (1) compared to other facilities, (2) cleanliness, and/or (3) social status of other residents. Residents' satisfaction with the living arrangement was related to whether they personally had made the decision to come to the nursing home. Those who were more dissatisfied focused on adjustment issues, issues of living in community, and issues of control vis-à-vis staff. The more satisfied described an active process of "coming to terms" with their lack of alternatives

Residents distanced themselves from their situation and fellow residents (espec. those with dementia) through euphemism, denial, and stereotyping.

ANALYSIS OF KEY INCIDENTS IN THE LIFE OF A NURSING HOME RESIDENT

C. Shawler, G. Rowles. University of Kentucky College of Nursing and Sanders Brown Center on Aging, Lexington, KY 40536-0084.

The emergence of incident analysis in gerontology reflects increasing recognition of the value of detailed case studies. Using data from a three year NIA supported anthropological investigation of residents 75+ and clusters of actors involved in decisions with or for these residents in four nursing homes, this study presents an in-depth analysis of key decision-making incidents in the life of a single resident. One nursing home resident, her daughter, a nurse, a hands-on non-medical staff member and the administrator were each interviewed five times over a 15-month period. Key incidents were identified and the perceptions of those involved were analyzed. Drastic differences were recorded in perceptions of decision-making events and in views regarding appropriate responses. The rhythms and routines of daily life for the resident involved a delicate balance of decisions related to the tension of establishing an inside presence and adjustment to the nursing home and maintaining connection to the outside via food, her hometown newspaper, and former friends. The necessity for frequent decision-making pertaining to changes in health status of the resident and her husband (prior to his death) compromised the coping abilities of the resident and her daughter. This case analysis spotlights the role of incident analysis in revealing the vivid reality of daily life experiences in end of life care for nursing home residents, their families and health care providers.

164

American Indian Elders: New Longevity—New Cultures—**Old Problems**

L. Carson and N. Henderson, (Univ. South Florida)

Participants:

R. Bell, T. Arcury, S. Quandt, J. McDonald, M.Vitolins (Wake Forest Univ.) Preventive Care Behaviors of Older Native Americans, White, and African-Americans in Rural North Carolina.

L. Carson (Univ. Of South Florida) The Cultural construction of Diabetes among Oklahoma Choctaws: Implications for Prevention and Treatment.

N. Henderson (Univ. of South Florida) Cultural Constructions of Dementia among Oklahoma Choctaws: Composite Professional , Folk, and Popular Sector Beliefs.

S. Quandt, T. Arcury, R. Bell, J. McDonald, M. Vitolins (Wake Forest Univ.) Social and Nutritional Meaning of Food Sharing among Older Native American in Rural Communities

Discussants:

J. Belzer (Univ. of Oklahoma)

The concepts of health and aging among rural Native American elders are vastly understudied. The studies here show the linkage of meaning in old age to the recognition of serious diseases and impeded preventive behaviors. Dementing disease is found to be variably conceptualized among Oklahoma Choctaws including the belief in its absence, composite beliefs combining folk and medical constructs, and tribal constructs which are entirely non-pathologizing. Diabetes among Oklahoma Choctaws, although widely known to tribal members via health education efforts, still is highly variably constructed including biomedical as well as culture-specific beliefs. Timely diabetes symptom recognition was found to be heavily dependent on the cultural construction of this disease among the Oklahoma Choctaw elders. This created a delay in health care seeking behavior that was detrimental to health status. Knowledge of preventive measures relative to high prevalence diseases such as cancer, heart disease, and diabetes, was not linked to the implementation of preventive behavior among a sample of rural whites, African-Americans, .and Native Americans in North Carolina, particularly relative to dietary intake. Furthermore, the meaning assigned to food and the sharing of food was studied among elderly Native Americans, African-Americans, and whites in North Carolina. Food sharing patterns were found to be very similar across the three samples, indicating the dominance of a generalized rural food sharing cultural pattern which suppresses potential culture-specific food sharing practices.

PREVENTIVE CARE BEHAVIORS OF OLDER NATIVE AMERICANS, WHITE, AND AFRICAN AMERICANS IN RURAL NORTH CAROLINA

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Preventive behaviors, such as diet modification, stress reduction, exercise, and frequent medical check-ups can reduce chronic disease morbidity and mortality. These behaviors are not well documented in rural older adults, and even less so across racial groups. Differences by ethnicity in these behaviors might explain the disparities in chronic disease burden of ethnic minorities. We conducted face-to-face interviews with 43 Native American older men and women (aged 70 and older) in two rural counties in central North Carolina. Comparisons were made with 54 whites and 48 African Americans. Questions were asked regarding self-rated health, and preventive care behaviors (diet, tobacco/alcohol use, stress reduction, socializing, medical care, screening). Food frequency questionnaires (FFQ) were administered to determine typical intake of calories and nutrients. High rates of preventive behaviors were recorded across ethnic groups, although FFQ data indicate that high rates of fat and cholesterol avoidance were overstated. These data indicate that older rural adults are aware of preventive behaviors but may not implement them. Supported by NIA Grant #AG13469.

THE CULTURAL CONSTRUCTION OF DIABETES AMONG OKLAHOMA CHOCTAWS: IMPLICATIONS FOR PREVENTION AND TREATMENT.

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The incidence of adult onset diabetes among older American Indians is extremely high. Diabetes has been highly prevalent within this population for several decades. The purpose of this study was to determine if explanatory models of diabetes varied by degree of acculturation and age cohort and to examine the effects of this variance on health care seeking behavior and compliance with treatment regimens. Subjects (n=28) were placed into four cells based on age cohorts (45-65; 66+) and degree of acculturation (high vs. low). Structured interviews were used to reveal EMs. The EMs of the traditional Ss were at greater variance to the biomedical EM than those highly acculturated Ss, and this resulted in delays in health care seeking behavior as well as decreased compliance with recommended protocols. Implications for treatment and prevention within the groups of elders were also delineated.

CULTURAL CONSTRUCTIONS OF DEMENTIA AMONG OKLAHOMA CHOCTAWS: COMPOSITE PROFESSIONAL, F0LK, AND POPULAR SECTOR BELIEFS.

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Recent increases in longevity now cause many American Indians and Alaska Natives (AI/AN) to live into the ages of greatest risk for Alzheimer's disease. In the Oklahoma Choctaw tribe, a convenience sample (n=24) was used to explore explanatory models (EMs) of forgetfulness and confusion among older adults by use of structured interviews and ethnographic field work techniques. Data were coded for detection of health belief themes. Results show composite EMs which vary by acculturation, occupation, and education. More importantly, the expression of individual EMs varied by social situational contexts across the sample strata. This is consistent with the dynamics of acculturation and medical pluralism.

SOCIAL AND NUTRITIONAL MEANING OF FOOD SHARING AMONG OLDER NATIVE AMERICANS IN RURAL COMMUNITIES.

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Food sharing is a practice that has been documented across all types of human societies. Because older adults are nutritionally vulnerable, receiving food can contribute to dietary adequacy. Beyond this functional interpretation, sharing can convey culture-specific meanings. Food sharing was studied among Native Americans aged 70+ in two rural North Carolina communities. A sample of 43 community dwelling elders participated in in-depth interviews over the course of a year; comparison data were obtained from a sample of 48 African American and 54 European American elders. Interviews documented food sharing; a systematic text-analysis procedure was used to determine the meaning attached to this practice. Results were compared by ethnic group. Analysis showed that food given or received included garden produce, game, and home-prepared, purchased, and commodity foods. Sharing was asymmetrical, with some individuals being primarily givers and others primarily receivers. Food sharing reinforced core values important to each ethnic group. From a nutritional perspective, food sharing contributed to the diet of recipients in several ways. Differences between Native Americans and other groups appear slight; the pattern of food sharing seen is probably a general rural phenomenon. Supported by NIH AG13469.

165

MODELS OF ACTIVITY AND EXERCISE BEHAVIOR IN OLDER ADULTS

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Despite the known benefits of activity, 80% of the population are not adequately physically active. The purpose of this study was to test models of activity and moderate exercise behavior in older adults.

This was a descriptive study using a sample of 175 older adults living in a continuing care retirement community. A one time interview was conducted which included two measures of efficacy expectations, the SF-12, and the Yale Physical Activity Scale. Model testing was done using Amos.

The mean age of the participants was 85 ± 6.2 years, and the majority were Caucasian, female, and unmarried. Seven of the hypothesized paths were statistically significant, and both models fit the data. Physical health and self-efficacy expectations directly and indirectly influenced activity (.22, $p<.05$) and moderate exercise (.26, $p<.05$). Outcome expectations had a significant direct affect on moderate exercise (.30, $p<.05$), and activity (.26, $p<.05$). Neither age nor mental health directly influenced activity or exercise. These variables accounted for 30% of the variance in moderate exercise behavior, and 29% of the variance in activity.

Contrary to prior research, in both models tested outcome expectations had stronger path coefficients than self-efficacy expectations. Therefore, interventions to strengthen outcome expectations may improve activity and exercise behavior in older adults.

Regional Variation in Disability Among Older Adults Using Data from the U.S. Census: Does Geographic Inequality Matter?

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Very few studies examine regional disparities in disability rates of older adults across the United States despite the fact that spatial inequalities in health are well recognized. To address this deficiency in the literature, we took advantage of two items included in the 1990 United States Census that inquired about mobility and self-care limitation. Using an 8% Census sample, we examined disability rates for the 65 + population across eleven regions. With controls in place for socioeconomic gradients and other demographic characteristics, and by examining both primary and secondary residents (that is, those who were born in the region versus migrants), we attempted to ascertain whether regional inequalities in health in the United States can be explained by individual characteristics or whether distinct environmental circumstances impinge on health at older ages. Results were derived using multinomial modeling. We modeled the probabilities of having a mobility, a self-care, or both types of limitations in comparison to having no limitations. Those living in the 'Deep South' were more likely to report disabilities. Even more striking, those migrating from the 'Deep South' were found to carry the burden of higher disability rates with them when migrating to other areas of the United States. These findings support the notion that health in old age is a function of exposures over the life-course and that these exposures could include environmental, behavioral, and other physical and social risk factors that are distinct across regions of the United States.

QUALITY OF LIFE AND CONCOMITANT USE OF ALCOHOL WITH ALCOHOL-INTERACTIVE MEDICATIONS AMONG THE ELDERLY

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Significant problems can result from the concomitant use of alcohol with alcohol-interactive (AI) prescription medications, especially in the elderly. As a group, the elderly reflect the vulnerability and cumulative health effects associated with normal aging in combination with disease processes and their treatment. As a result, there is a greater probability for a reduction in quality of life.

This paper reports findings from a five-year follow-up study of 634 elderly enrolled in a prescription drug plan who participated in telephone and mail surveys. Quality of life was assessed using the eight sub-scales of the SF-36. The sample at baseline were current alcohol drinkers. At follow-up 386 (61%) were still current drinkers while 248 (39%) had stopped drinking over the five-year period. Results of linear and nonlinear models were examined. Multivariate regression analyses showed a significant interaction effect of alcohol and AI drug use for physical functioning ($\beta=-0.10$, $p<.01$) and for vitality ($\beta=-0.09$, $p<.05$). ANOVA analyses showed an effect of alcohol for role-emotional score, $F(3,345)=4.55;p<.01$ and a significant effect of AI drug use for physical functioning, $F(3,409)=5.20;p<.01$, and vitality $F(3,381)=3.31;p<.05$. Effects for both alcohol and AI drug use were significant for bodily pain and general health.

Results support an association between heavier alcohol consumption patterns, multiple AI prescription drug use, and reported quality of life related to the subject's physical functioning and vitality. They also indicate the importance of examining the effects of common patterns of alcohol use and AI prescription drugs on the elderly person's quality of life.

PHYSICAL ACTIVITY IN PREVIOUSLY UNDERACTIVE SENIORS VIEWING CHANGE FROM A 75+ PERSPECTIVE

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Physical activity has been shown to have numerous physical and mental health benefits for older people, yet physical activity declines with age. Understanding how sedentary habits can be changed in late life is critical if more older people are to benefit from physical activity. 33 subjects 75 years of age or older (age range 75 to 89) were recruited from previously underactive persons who had just completed a physical activity promotion program or were currently enrolled in exercise classes. Motivations, facilitators, and barriers pertaining to physical activity were explored through in-depth interviews using open ended questions. Qualitative data analysis was accomplished using NUD IST software. Motivations for physical activity included health, appearance, family, and increased independence. Social support, especially from children, belief in benefits of exercise, and self-efficacy were facilitators. Behavioral strategies of self-monitoring and feedback were perceived as helpful; goal-setting and modeling were not. Barriers included poor health, time constraints, physical environment, and issues of aging. Barriers increased with age, but 1/3 of sample perceived no barriers. Self-perception of activity was high regardless of physical activity level. Results could improve physical activity programs and referrals for over 75 adults who may benefit substantially from increases in activity levels.

POTENTIAL SAVINGS IN THE COST OF TREATING ALZHEIMER'S DISEASE: PATIENT TREATMENT WITH RIVASTIGMINE

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Objective: To estimate savings in the cost of caring for patient's with Alzheimer's disease treated with rivastigmine during 6 months, one year, and two. An intermediate objective was to estimate the relationship between disease progression and institutionalization.

Methods: We assessed the relationship between Mini-Mental State Examination (MMSE) score and institutionalization using a piecewise Cox proportional hazard model. To estimate cost savings from treatments lasting six months, one year, and two years, estimates of the probability of institutionalization were integrated with data from a six-month, Phase III clinical trial of rivastigmine and a hazard model of disease progression.

Results: Our data suggest that, because of the effect of rivastigmine in delaying the decline in MMSE scores, savings in the overall cost of caring for patients with mild and moderate AD can be as high as $4,839.00 per patient after two years treatment. Further, the probability of institutionalization increases steadily as MMSE score falls.

Conclusion: Using rivastigmine in treating Alzheimer's disease results in a delay in disease progression for patients who begin treatment during the mild or moderate stages of the

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disease. By delaying the probability that a patient will be institutionalized, the cost of caring for AD patients can be significantly reduced. BSS-17

QUALITATIVE CONTENT ANALYSIS OF NEWS MEDIA PORTRAYALS OF SOCIAL SECURITY REFORM

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The past several years have brought a flurry of proposals to reform the Social Security system. Using qualitative media analysis methods, this project examined 147 articles on Social Security reform appearing in the *New York Times* and the *Los Angeles Times* July 1996-June 1997. The words and phrases used to shape the message about the problems facing Social Security and to construct competing definitions of the situation were observed. The words used to characterize reform proposals were also examined. Clear patterns of word usage emerged, with culturally and politically symbolic phrases being evoked by the writers to strategically support or oppose various reform options. There were east-west coast differences in the way the problems facing Social Security were socially constructed and defined. The implications of the news media portrayals for public understanding of Social Security reform options are discussed.

EXERCISE, AGING, AND SUBJECTIVE WELL-BEING: A GROWTH CURVE ANALYSIS

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A randomized controlled trial examined the effect of two physical activity modes on changes in subjective well-being over the course of a 6-month exercise program and 6-month follow-up of older, formerly sedentary adults (N= 174, M age = 65.5 years). Participants were randomized into either an aerobic activity group or a stretching and toning group and measures of subjective well-being assessed at baseline, 6, and 12 months. Multiple sample latent growth curve analyses were conducted to determine individual growth in subjective well-being over time. Results revealed a curvilinear growth pattern for positive (PA) and negative affect (NA) and satisfaction with life (SWLS). There were significant increases in PA and SWLS and declines in NA occured over the the first six months followed by significant declines in PA and SWLS whereas NA increased at the six month follow-up. There were no effects due to mode of activity. Findings are discussed in terms of social cognitive theory, potential roles played by fitness changes, and further application of latent growth curve modeling to studies of physical activity effects in older adults.

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AN EVALUATION OF ORIENTATION AND MOBILITY TRAINING AND REHABILITATION TEACHING: IMPROVING THE WELL-BEING OF VISION IMPAIRED OLDER ADULTS.

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The loss of vision in later life is often accompanied by difficulties in different aspects of an older adult's life. To combat some of these undesirable consequences, agencies serving vision impaired older adults deliver orientation and mobility training and rehabilitation teaching services. The former refers to learning how to get around safely and independently while the latter focuses on helping people learn to perform tasks of daily living. The present study examines the short-term outcomes achieved by these services. Interviews were conducted with 70 participants before and after services were provided. Participants were asked about physical health, activities of daily living, social activities, and mental health. Significant improvements in physical health included reduced visits with doctors, reduced number of days of in-home care services, and fewer falls. Performing activities of daily living was not made easier except for using public transportation and the phone. While there were no changes in depressive symptoms, respondents reported a greater sense of control over their environment. For a relatively low cost, such training can reduce health insurance costs and enhance the overall well-being of visually impaired older adults.

MOBILITY LIMITATIONS: AGE, GENDER AND SOCIAL CLASS TRENDS FROM 1968 TO 1992

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Mobility limitations are common precursors to disability in old age. Unlike disability, mobility limitations often begin early in life, and age, gender, and social class differences in the population can be seen well before the age of fifty. Representative samples (n=5400) of the Swedish population aged 18 to 75 were interviewed in 1968, 1974, 1982, and 1991. A further sample (n=537) of people aged 77+ was interviewed in 1992. Mobility items included self reported ability to walk and run 100 meters without difficulty and to walk up and down stairs. The proportion of people with mobility limitations starts to increase after 40 and there is a successive increase in limitations with age. Between 1968 and

1991 there was a general improvement in mobility in the population, most obvious among older people. Women had more limitations than men on all waves, but the gender differences decreased over time. Blue collar workers reported more limitations than white collar workers, a discrepancy that did not show significant change over time.

OLDER PEOPLE'S EXPERIENCES OF COMMUNITY LIFE:PATTERNS OF NEIGHBOURING IN URBAN AREAS

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This paper explores data on the changes in social and family networks of elderly people in three urban areas of England. The localities studied-Bethnal Green, Woodford and Wolverhampton- were the subject of major research in the 1940s and 50s. Using these studies as a baseline the paper examines changes in the patterns of neighbouring in the three localities.

To investigate these issues the research was carried out in two main phases. The first, a survey of 627 older people which included questions exploring neighbourhood ties, the personal network of older people, attitudes toward neighbours and the support given and received from them. The second phase comprised a series of qualitative interviews with 62 white older people over the age of 75 drawn from phase one. Interviews were also carried out with Asian respondents.

The paper will consider three main issues arising from the findings of the study. First, concerning the role and place of neighbours- the relationship between people and place being more important than it was in the middle of the century. A second important finding was that attachment to place had different layers of complexity based on gender and race. The evidence also suggests that older people manage change within their locality in different ways. Finally we discuss the implications of the research for understanding changes to the experience of community life in old age.

IMPORTANCE OF A SAFE & SECURE COMMUNITY AND PERSONALITY IN OLDER ADULTS

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Approximately 44% of older adults (age=50+) report more crime in their community than a year ago, 45% are afraid to walk alone at night, 47% report having a firearm, and a firearm/knife was used in 70% of the 2,000 older adult murders in 1996 (U.S. Dept. of Justice, 1997). Personality factors and importance of a safe and secure community when considering a move were examined in 1,046 affluent, healthy, independent living older adults (age=56-99). 35% responded a safe and secure community is important to consider, 54% responded very important. An analysis of variance was conducted on the big 5 personality dimensions, with age category (under 75 vs. 75+), gender, and importance of safe and secure community (5 levels) as the independent variables. A significant two-way interaction showed females who rated security to be very important were higher in neuroticism than those rating security as less important. In contrast, males who rated security to be very important were lower in neuroticism than those rating security as less important ($F=3.56$, df 4,1027, $p<.05$). Overall, those who rated security as very important were significantly higher in extraversion, higher in agreeableness, and higher in conscientiousness. Personality factors were entered into a multiple regression to predict safe and secure community. Significant variance was accounted for by agreeableness (18%), neuroticism (13%), conscientiousness (12%),and extraversion (9%). This research demonstrates that personality can significantly predict the importance of a safe and secure community to healthy, affluent older adults. Research on personality and safety may enhance community planning.

FACTORS RELATED TO LONG-TERM EXERCISE IN MEN AND WOMEN AGED 40 – 79 YEARS

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In general, physical activity decreases with increasing age. Unfortunately, decreased physical activity often leads to a loss of independence. Examining adults who adhere to a long-term exercise program may provide insight as to the underlying mechanisms of exercise adherence. A unique sample of active male and female adults ($N = 365$; $\underline{M} = 54.75$), most of whom have exercised 20+ years, were surveyed regarding their exercise behavior, and their motivation for exercise. The factors which could predict training power were also studied. Both male and female participants in all four decades exercised 5 times/week, 40 minutes/day, at moderate intensity. Participants perceived their health to be excellent and reported receiving little to no support for exercise. Age, gender, total years of exercise (for all exercise modes), training power, health habits, and motives for exercising were the factors examined. Multivariate analyses of variance revealed that age decade did not affect exercise behavior or health habits, an observation not found in the general population. Age decade did affect training power, $\underline{F}(9,523) = 2.66$, $\underline{p} < .05$; younger adults (40 – 59 years) exhibited greater power outputs (184 W) than older adults (70+ years; 145 W). Gender, $\underline{F}(3,215) = 14.32$, $\underline{p} < .05$, affected training power and health habits; men displayed greater power outputs (192 W) than women (149 W), but practiced fewer health habits. The type of motive used to maintain exercise adherence was significant. For both genders, and across all ages, enjoyment was the primary reason for long-term exercise. Gender emerged as the most significant predictor of training power (26%). Thus, exercise behavior can be maintained in the long-term across all ages and gender.

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LONGITUDINAL CHANGES IN PATTERNS OF ALCOHOL CONSUMPTION AMONG THE OLD-OLD.

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Substance avoidance is an important aspect of health promotion and prevention. Although research has shown the ill effects of drinking excessively, there is also evidence that consumption of alcohol in small amounts may be beneficial to health. We studied changes in patterns of alcohol consumption among 774 old-old adults (mean age=81, S.D.=4.64) living independently in Florida retirement communities. Analyses of three annual waves from an ongoing longitudinal study reveal an overall decline in alcohol consumption over time. Levels of alcohol use, in general, were not very high in this sample, with most respondents reporting occasionally drinking or never drinking. Alcohol consumption was found to be negatively correlated with age ($p<.01$). Significant gender differences in alcohol consumption were found ($p<.01$) with more women reporting that they never drink and more men reporting that they drink regularly. There was an increase over time in the number of respondents who report that they never drink. Alcohol consumption was not significantly correlated with life satisfaction, negative affect, or depression. Individuals who reported never drinking had significantly lower mean scores on subjective health measures (i.e. general health in the past year, health status compared to age peers, and image of health) compared to those who drink occasionally or regularly ($p<.05$). This finding may support the notion that some alcohol consumption has health benefits among the old-old.

RACE DIFFERENCES IN THE IMPACTS OF CHRONIC CONDITIONS ON HOUSEHOLD RESOURCES.

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Chronic health conditions impose dramatic personal, social, and economic impacts on the elderly that affect both their financial and non-financial resources. Using the 1994 NLTCS, we estimate tobit and probit regression models to identify the racial impacts of chronic conditions and disabilities on four household resources: 1) assets, 2) assistive living resources, 3) medical goods and services, and 4) human resources. We find that chronic conditions affect all resource bases, but the effects differ in magnitude and by race. Of the five most prevalent chronic conditions, heart conditions and joint disease have the greatest impact on resource depletion. This research suggests that long-term economic self-sufficiency or dependency on public resources depends on the presence of particular chronic conditions, co-morbidity of the chronic condition and disabilities, and race as a resiliency factor.

CORRELATES OF GAMBLING HABITS AMONG ELDERLY AFRICAN AMERICAN PERSONS

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In a cross-sectional study, the correlates of gambling habits among a sample of 80 independently living African-American elderly persons aged 60 years and older was investigated. Gambling behavior was measured by 19 items. The participants were selected from two Senior Citizen Centers that provide (either for a small fee or free) pleasure services to gambling sits at Nevada from Los Angeles, California. The data for this study were collected through face-to-face interview during October and November 1998. Three trained female middle age African-American interviewers conducted all interviews.

Examination of the data revealed that a higher level of anxiety and greater frequency of obsessive compulsive symptoms was found among individuals with gambling problems. In addition, those with gambling problems were more likely to report a lower level of psychological well being and lower level of perceived control over future health. Furthermore, participants who report a higher number of stressful life-events and a lower level of religiousness reported more gambling problems.

This study was supported by the NIH/NCRR/RCMI Grant G12 RR 03026-09.

ILLICIT DRUG USE AMONG MIDDLE-AGED AND OLDER ALCOHOLICS IN TREATMENT

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Although some studies suggest that illicit drug use declines after age 40 (Caracci & Miller, 1991), other research supports little change in late life drug consumption (Glantz & Slobada, 1995). Drug use among clinical and other special populations is especially high, with rates between 2% and 70% reported (Rosenberg, 1997). The present study assessed co-occurring illegal drug use in a sample of middle-aged and older adults currently in treatment for alcohol abuse and/or dependence ($\underline{N} = 90$; $\underline{M}$ age $= 62.9$, $\underline{SD} = 8.5$; 68% male; 66% Caucasian). Participants were individually administered a comprehensive psycho-social battery (e.g., coping, social support), which included a detailed history of both lifetime and recent (i.e., within the last year) illicit drug use. Results indicated that 34% of the sample used illegal drugs at some point in the past, with 19% reporting recent use. The most commonly used drugs included marijuana (87%) and crack (29%), with heroine use least reported (<10%). Past drug use was significantly related to age, depression, and more frequent use of both problem- and emotion-focused coping ($\underline{r}$'s -.28 to .27, all $\underline{p}$'s $< .05$). Recent drug use was significantly related only to number of life stressors ($\underline{r} = .29$, $\underline{p} < .01$) and perceived life stress ($\underline{r} = .22$, $\underline{p} < .05$). Those who indicated any past drug use were younger ($\underline{t}_{(88)} = 2.73$, $\underline{p} < .01$), more depressed ($\underline{t}_{(88)} = -2.33$, $\underline{p} < .05$), and used more emotion- and problem-focused coping strategies ($\underline{t}_{(88)} = -2.68$, $\underline{p} < .01$ and $\underline{t}_{(88)} = -2.58$, $\underline{p} < .01$, respectively) than those who had never used drugs. The findings suggest that middle-aged and older alcoholics with a history of past drug use may warrant specific treatment interventions (e.g., effective coping, stress management training) to aid in preventing drug relapse.

(BSS 12)

THE ROLE OF SOCIAL SUPPORT AND COPING IN PREDICTING ALCOHOL-RELATED CONSEQUENCES.

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To understand the antecedents, correlates, and pattern of drinking among middle-aged and older adults, Finney and colleagues (1991) developed the 17-item Drinking Problems Index (DPI). In accord with their studies of middle-aged and older adults, they later developed a model explaining late life drinking by the interaction of environmental (e.g., social support), personal (e.g., demographic) and coping factors. However, the specific role of these factors on differential coping strategies (e.g., emotion-focused) are not understood. The purpose of the present study was to examine the possible moderating influence of social support on the coping to alcohol-related consequences relationship. The sample consisted of middle aged and older adults receiving outpatient treatment for alcoholism ($N = 91$; M age = 62.8, $SD = 8.5$; 68% male; 66% Caucasian). Participants were individually administered a comprehensive psychosocial assessment battery, including indices of social support, the Ways of Coping Scale, Brief Symptom Inventory, and Drinking Problems Index (DPI). Results indicated that social support ($r = -.63$, $p < .001$) and three coping subscales (emotion-, $r = .45$; problem-, $r = .34$; and cognitive-focused, $r = .36$, all p's < .01) were significantly related to problems associated with alcohol use. Regression analyses suggested that social support significantly moderates the problem-focused coping to DPI relationship ($p < .05$), with models for the emotion- and cognitive-focused moderation effect approaching significance (p's < .10). Recovering older adult alcoholics may benefit therapeutically from targeted interventions aimed at problem solving. (BSS 12)

THE OLDER ADULT GAMBLER

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As gambling has grown and become increasingly accessible in the last ten years, significant numbers of senior citizens discovered it as a new way to spend their leisure time. For some older adults, gambling can be a stimulating social outlet, while for others, gambling can become a destructive addiction. Prevalence studies have examined the incidence of problem gambling in other age groups, but little attention has been paid to the impact of gambling on older adults. This study investigated the behavioral characteristics, attitudes, and prevalence of gambling among active senior citizens (aged 65+). Older adults from retirement and senior centers, AARP chapters, bingo parlors, and known gamblers completed questionnaires that measured levels of depression, life satisfaction, gambling behaviors, and attitudes towards gambling. Results of the questionnaire (with a return rate of 66%) found 2.7% of the 301 older adults represented in the study were problem gamblers, and 4.0% were pathological gamblers. One quarter of the older adults in this study were depressed, and 4% did not think they could stop gambling. In addition, 21% gambled more than they had intended. These findings suggest the need for greater awareness of the impact gambling may have on senior citizens in this country.

BSS-12

BOOM OR BUST? THE MACROECONOMIC IMPACT OF THE BABY BOOM GENERATION

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This paper asks whether the increase in the proportion of the U.S. population in prime saving ages (ages 35 to 64) in recent years has produced a decrease in U.S. real interest rates comparable to the rise in interest rates observed when the baby boomers were in their prime borrowing ages in the 1970s and 1980s. We examine the relationship between the age distribution of the U.S. population and the rate of saving and then specify and estimate log-linear time series regression models of the relationship between population age composition and interest rates for the post-World War II period. We find that the age distribution of the U.S. population can explain trends in real interest rates since WWII. The coefficients of the age structure and other variables included in the estimated real interest rate regression equations - subjected to an *F*-test - appear not to have changed in magnitude in recent years as compared to earlier years in the post-WWII period, demonstrating symmetry between the earlier period of increase with the new period of decline. We also discuss some implications of our findings for forecasting interest rates for the first decade of the new millennium.

CARDIOVASCULAR REACTIVITY AND AMBULATORY BLOOD PRESSURE IN MEN AND WOMEN FAMILY CAREGIVERS.

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Most studies on caregivers' physical health have focused on women caregivers, with a dearth of information on the physical health of men caregivers. This 1st generation study compared 18 men and 36 women caregivers' blood pressure (BP) and heart rate (HR) responses to a laboratory-based emotional stressor (interview on caregiving stresses), and also compared ambulatory HR and BP responses in the home setting. Results revealed a trend in BP reactivity differences between men and women caregivers in the clinical setting, with women exhibiting greater systolic BP ($p < .07$) and diastolic BP ($p < .09$) in response to the stress interview. This trend was found even though more women than men reported the use of antihypertensive medications. There were no significant gender differences for mean HR or BP measured hourly in the home setting. The trend of differential systolic and diastolic BP response between men and women provides some initial physiological evidence, that should be evaluated further, that men may respond differently than women to the stresses of caregiving. Results also begin to verify the outcomes from self-report physical health measures indicating that men caregivers are typically in better physical health than women caregivers.

Recruiting Retirees for Economic Development: A Public Policy Perspective

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This paper examines retirement migration in the context of retiree recruitment as a strategy in state economic development policy. The study employs a theoretical framework of policy adoption and lesson-drawing to answer the questions 1) why would a state adopt the policy of retiree recruitment; and 2) how is the policy adopted. A case study methodology was employed. Three states were selected (PA, AL, AR) representing different stages in the development of retiree recruitment policies. Data was obtained from demographic and socioeconomic databases, interviews with individuals in both economic development and aging policy subsystems, and technical reports on retiree migration completed by each case study state. Results show that different strategies in policy adoption were operating in each state. While the idea of retiree recruitment originated in different venues, in each case policy adoption was modeled on tourism development practices. The paper concludes with a discussion of the implications of retiree recruitment and the economic assumptions held about the impact of retirees on state economic development.

BSS-20

Poverty Across the Life Course: An Event-History Analysis of Exits from and Reentries to Poverty Spells Using Longitudinal Data. J.C. Hyde, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

There is substantial knowledge regarding the impact of life course events such as work, marriage and welfare receipt on single spells of poverty. However, a large portion of persons experiencing poverty do so over repeated spells, and the impact of these events on repeated spells is less well understood. This research examines variation in the likelihoods of both exiting and reentering poverty while accounting for repeated events.

Panel Study of Income Dynamics (PSID) data from the years 1968 to 1992 were used in this study. Person-year files were created and included all persons at risk of exiting poverty (19,161 person years) or of reentering poverty (16,608 person years). Event history methods incorporating adjustments to standard errors for repeated events were used.

Over 42% of poverty spells observed over calendar years 1967 to 1991 were repeated events. While just over half of the spells were of 1-year duration, one in six spells lasted five years or longer. Compared to younger persons, older persons are less likely to exit poverty, but also more likely to stay out upon exit. There is variation in the way work, marriage and welfare impact exiting poverty, dependent upon how these life events are measured (in event year, previous year, or across spells). These results imply that relationships between life events and poverty are complex, and that the multiple-spell nature of poverty needs to be accounted for in analyzing effects of welfare reform and other income-related public policies.

DRIVING ERRORS AND TRAFFIC CITATIONS AMONG OLDER DRIVERS.

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As drivers age, the field of vision narrows, response time increases, decision time grows through uncertainty, and response patterns become more fixed, and less confident. These perceptual, motor, and conceptual deficits have been shown to increase the risk of traffic accidents. Yet in many areas, driving is the only reliable source of mobility for older persons. Whether older drivers merely create higher risks of collisions for themselves, or generate increased risks for others is a policy matter of serious concern. It can be addressed in part by a study of the distribution of specific types of violations across age groups and exposure levels, as indexed by the drivers licences in force and annual miles driven.

The present study examines the effect of aging on publically recorded driving errors-those which result in traffic citations. Data is derived from a three-year census of traffic citations from the Hawaii State Judiciary for all islands (1.6 million tickets). Nominally, older drivers have fewer tickets than younger drivers. Expressing citations as a rate per driver per annual miles driven, however, tells a different story. In general, with respect to drivers under 75, drivers 75 and older were from two to ten times more likely to be cited for (1) failing to report an accident, (2) backing unsafely, (3) failing to stop on flashing red, (4) failing to yield to pedestrians, (5) unsafe overtaking in oncoming traffic, (6) making a prohibited left turn on red, (7) making prohibited u-turn, and (8) driving with an expired license. Apart from exposing the elder driver to injury, most of these violations create explicit dangers for others on the road.

The findings suggest an important role for an examination of specific traffic violations in decisions to reissue licenses for older drivers

MOBILITY CHANGES OVER 24 YEARS IN A PANEL STUDY.

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Mobility varies over time. This study examines patterns of this variation in a panel over 24 years. Are individuals who demonstrate changes in mobility more susceptible to subsequent decline compared to individuals who do not change? Mobility changes between four waves of a survey were studied in a nationally representative panel (n=2889) aged 39-85 in 1992. Mobility was measured with an index of three self-report items, running and walking difficulties and problems with stairs. Regression models used improvement and decline in mobility between 1981-92 as outcomes; changes between 1968-74 and 1974-81 were predictors.

Improvement in 1968-74 or in 1974-81 predicted decline in 1981-92. Improvement in 1968-74 gave an odds twice that of 1974-81. Previous decline decreased odds for further decline. Previous decline also predicted improvement in 1981-92, even if previous changes interacted with each other. There were also interesting gender differences in the patterns of change. Women were less likely than men to improve and more likely to decline. While improvement in 1968-74 increased odds for decline equally for both sexes, improvement in 1974-81 only increased odds for women. These patterns of change suggest that gender differences in prevalence rates are created through an on-going two directional process.

Physical Activity and Motivational Readiness in Older Adults: Results of a Clinical Trial

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Few older adults engage in sufficient levels of aerobic exercise to obtain cardiovascular and psychological benefits. Motivational readiness to

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change is an important predictor of aerobic exercise adoption in younger adults; however, this construct is not well-investigated in older adults. The current study investigated the construct and predictive validity of motivational readiness to adopt aerobic exercise behavior in 103 older men and women (age 65 and older) participating in a clinical trial. Ss were randomized to either a moderate-intensity aerobic endurance and strengthening treatment (Fit & Firm) or a stretching and flexibility comparison (Stretch & Flex). Baseline motivational readiness showed good construct validity: it was significantly associated with baseline perceived activity, moderate activities, and total activities measured via the CHAMPS physical activity survey ($p<.001$). Baseline motivational readiness significantly predicted perceived activity, moderate activities, and total activities prospectively at 6 months ($p<.05$) and total activities at 12 month assessments ($p<.05$). Fit & Firm Ss showed significant advancement in motivational readiness to adopt aerobic exercise over those in Stretch & Flex ($p<.001$), providing evidence that the motivational readiness measure was sensitive to group differences in aerobic exercise adoption. Results indicate that motivational readiness to change is sensitive to changes in physical activity among older adults and is valid for use with this population.

The Increasing Medical Malpractice Risk Related to Pressure Ulcers in the United States.

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Medical malpractice claims related to pressure ulcer development among hospital and nursing home patients appear to be increasing based upon media reports. A review of federal and state legal databases was undertaken to document this trend, and to investigate whether nursing home reform contained in OBRA-87 legislation affected this medical malpractice risk.

One hundred seventy-three lawsuits related to pressure ulcers were identified between 1937 and 1997. Except for 11 (6%), all were recorded in the last 15 years. The median (range) number of annual cases identified increased significantly in the five-year epochs before and after passage of OBRA-87, and increased again after publication of OBRA-87 regulations in 1992 [2 (2-4) versus 9 (5-15) versus 19 (16-23) cases per year, respectively, $p<0.0001$)]. The median (range) age of patients for whom a suit was brought also increased significantly before versus after 1987 [48 (2-81) versus 72 (5-96) years, respectively, $p=0.0009$]. The median (range) monetary settlement or judgement did not significantly change during the three five-year epochs [$340,000 ($4,000-$2,000,000) versus $168,000 ($2,200-$2,000,000) versus $279,000 ($25,000-$65,000,000), respectively, $p=0.44$].

We conclude that OBRA-87 increased the medical malpractice risk associated with pressure ulcers by establishing a standard of care that should not be breached, but also provided a standard which can be achieved by health care providers.

PHOTO-NARRATING SELVES AND PLACES: A PARTICIPATORY APPROACH FOR EXPLORING EVERYDAY URBAN ENVIRONMENTS.

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In studying and theorizing older adults' everyday urban environments, we seek to understand lived experiences through the charting of knowledge, use, evaluation and meaning of place, but little research has used a participatory approach. Additionally, planning and design initiatives and policies derive from experts' theories, governmental and commercial interests, neglecting residents' input. What are older adults perspectives on living in the city? On their everyday public environments? How does place relate to self? How are selves reconstructed over time with, within and against space? How can we understand people's journeys and their negotiations of everyday environments so that we can employ these understandings in shaping the discourses of social science and the development of inclusive places and spaces? My presentation will focus on *collaborative observations/ participatory photography* of everyday public environments that are part of an ongoing research project in New York City. I will present a multi-modal multi-perspective research approach which uses multiple methods to trace people's journeys within changing urban contexts. Discussion will cover the theoretical and methodological aspects of this collaborative/participatory approach, how the process of understanding lived experiences weaves past, present and future narratives and real, imagined and symbolic contexts, and how these are communicated and shaped by the street, architecture, the home and its inherent artifacts. This research reveals the relations between social structures and spatial practices and can lead to design of small scale interventions as well as urban strategies towards inclusive environments. In the process of recovering the multilayered landscapes of experience and memory, new meanings, which can be transformative, emerge. These meanings offer new insights to participants, and present implications for inclusive design and planning policies.

SOCIAL AGING IN A DELHI NEIGHBORHOOD.

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Report based on a study that combined ethnographic and survey methodology carried out in a middle-class neighborhood of the North Indian city, Delhi.

Research made use of measures of social network, life satisfaction, power (control of household assets), and self-assessment of health with a random sample of 150 men and women 55 years and older.

Analysis demonstrated highly significant positive correlations between key variables. The study found that women of the sample had significantly smaller networks, lower power scores, lower health self-reports, and less life satisfaction.

IMPROVING DIETARY PATTERNS IN OLDER FAMILY CAREGIVERS VIA THE TELEPHONE: 1-YEAR RESULTS OF A CLINICAL TRIAL

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Although family caregivers are at risk for poor diets due to chronic stress and competing time and role demands, no systematic attempts to improve dietary patterns among caregivers have occurred to date. A goal of this clinical trial was to evaluate the effects of a home-based dietary program, delivered via telephone, on 1-year dietary habits in a sample of 100 women caring for a relative with dementia. Women caregivers aged 50 yrs and older (mean = 62.7 ± 9.2 yrs) were randomly assigned to the dietary program or a matched non-dietary health promotion program. Assessment of dietary patterns via the Block food frequency questionnaire occurred at baseline and 1 yr. Initial results indicate that subjects (Ss) assigned to the dietary program showed significant 1-yr reductions in % of total calories from fat (1-yr mean=28%) relative to the non-dietary program (1-yr mean=32%; p<.03), and daily intake of snacks and sweets (1-yr means=1.4 vs 2.4, respectively; p<.003). Dietary Ss also showed increases, relative to controls, in % of total calories from protein (p<.05), and daily vegetable intake (p<.06). The results represent the first systematic evidence that dietary patterns can be improved in older family caregivers via a program specifically formatted to meet the constraints of caregiving.

SHORT-TERM CHANGE IN PHYSICAL PERFORMANCE AND ADL DISABILITY: THE WOMEN'S HEALTH AND AGING STUDY (WHAS)

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This analysis examines short-term fluctuations in physical performance tests and perceived difficulty in ADL function, and their inter-relationship. Data come from 22 consecutive weekly assessments in 94 women of the weekly substudy of WHAS. Summary measures were constructed for 3 performance tests and 6 ADL tasks. On average, there was relatively little change in performance or ADL function across the 22 weeks. Random-effects models were fit to explore the effect of test performance on ADL's, adjusting for time, age group, and baseline disability level. There was a modest contemporaneous (cross-sectional) effect of performance on ADL function (b=.19, p<.001), which was very similar to the longitudinal effect (change in ADL function with change in performance since baseline). The effect varied significantly by age group: b=.13 in women 65-74; b=.05 in women 75-84; and b=.44 in women aged 85+. We also examined the effect of an extreme score (≥ ±2 SD) on performance a 'bad month' (4 consecutive weeks with below average scores), and a 3- or 4-week lag effect, but none provided additional prediction of ADL function. These findings suggest that short-term decline or improvement in physical performance do not predict change in ADL function over and above their contemporaneous effects on ADL.

Social class and mortality - Differences between a fixed and a time-varying measure of social class.

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A fixed measure, as opposed to a time-varying measure showing socioeconomic status, does not change in value throughout the studied period. If the correlation between socio-economic status and mortality is studied, the combination of a long follow-up period and a fixed measure of socio-economic status may lead to weaker or misleading results. A random sample of the Swedish population aged 26-91 years was studied using both types of measures. How does the correlation between social class from occupation and relative mortality risk differ between a time-varying social class variable and a fixed one through a 29-year follow up? Among men, the correlation between social class and mortality risk is stronger with a time-varying class variable. Among women the corresponding difference is small and fewer class changes led to changes in mortality risk.

Which changes in class, then, led to changes in mortality risk? There was a strong effect of "no work" (e.g. long-term unemployed) as "current" social class (latest measured class) on mortality, controlling for "previous" class, and from "no work" as "previous" class, controlling for "current", in both sexes. For both sexes, the mortality risk was high for each of the "previous" social classes if "current" social class was "no work". In each of the "current" social classes mortality was high if "previous" class was "no work". Men have higher mortality risk if "current" class is blue-collar worker than if "current" class is white-collar worker. This indicates that it is a man's current social class that determines his mortality risk. Among women there was a somewhat less strong effect of "current" social class and a somewhat stronger effect of "previous" social class.

AEROBIC, STRENGTH, AND STRETCHING EXERCISE BEHAVIOR OF OLDER ADULTS.

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According to the American College of Sports Medicine, adults should engage in aerobic, strength, and stretching exercise. This study examined exercise behavior in a sample of 637 community-dwelling older adults (81% female, 44% married, 96% White, mean age 75± 6.1 years). They completed questionnaires on Stage of Change (Precontemplation, Contemplation, Preparation, Action, or Maintenance) for aerobic, strength, and stretching exercise. For aerobic exercise 38% were in Maintenance, and 44% were in the early stages of Precontemplation or Contemplation (either not thinking about or just beginning to think about starting exercise). For strength training, 17% were in Maintenance and 66% were in Precontemplation and Contemplation. For stretching 29% were in Maintenance and 50% were in Precontemplation and Contemplation. Although more older adults engage in aerobic exercise than in either strength or stretching exercise, the majority were still in early stages. Health promotion efforts need to address the benefits of strength and stretching exercise.

AGING AND COHORT CHANGES IN PHYSICAL EXERCISE AND SPORTS

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This study examines 1) time-lag changes in participation in sports and physical exercise between two 10-year cohorts of people born 15 years apart 2) longitudinal changes between middle age and young-old age among each cohort.

Two identical cross-sectional surveys of random samples of the elderly population carried out in 1979 and 1994 were used ($Nc_1 = 1012$; $Nc_2 = 661$). Members of both cohorts were 65 to 74 years old when interviewed; referring to middle age' practices, biographical material is used.

The study also tests continuity and discontinuity in participation between the two stages of the life course, and analyzes changes in the socio-demographic stratification of the participants.

Results show a time-lag increase of participants, an equal rate of global participation during young-old age compared with mid-life (but with an adaptive trend in the choice of physical activities), and a high rate of renewal among participants. The analysis of the participants' socio-demographic stratification shows a dramatic and constant move from a pattern where sports and physical exercise was a mostly male, urban, and upper-middle and upper class domain, to another, much more generalized pattern of involvement in physical activities.

DOES MONEY BUY BETTER HEALTH AFTER MIDLIFE IN THE U.S.?

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This paper hypothesizes that the causal impact of income on health has been overestimated in previous research by not sufficiently controlling for the effect that unobserved, largely "fixed," individual characteristics jointly have on both health and labor market success. Data come from the first four waves (1992-98) of the Health and Retirement Study (N=11256), a sample of men and women born between 1931-41. Models are separately estimated by sex and race using age-adjusted indicators of mortality, chronic conditions, functional impairment, and self-rated health as dependent variables. Three analytic approaches largely confirm the hypothesis. First, fixed-effects models which control for individual characteristics that remain relatively constant over time significantly reduce the effect of income estimated from conventional models. Second, models estimated using income sources other than earnings and government transfers are less impacted when unmeasured characteristics are controlled for, suggesting that the smaller coefficient of this "unearned" income better estimates the true effect of income on health. Third, above modest income levels, the goods and services that HRS respondents report buying with additional money have little direct impact on health. Threshold models that better depict the interaction of income with health are estimated. Overall these results call for social scientists and policy makers to reassess their views on the importance of income per se and how it impacts health outcomes.

DAILY ACTIVITY PATTERNS OF SOCIALLY ISOLATED ELDERLY: A TIME BUDGET APPROACH.

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Time budget data were used to examine the daily activities and patterns of time use of isolated unmarried elderly. Twenty-four hour dairies of time use were collected from a national probability sample of 8996 (including 1818 aged 60+) as part of Statistics Canada's 1992 General Social Survey. For each activity entered in the diary, respondents recorded the location as well as their companion for the activity, if any. These data permit a precise measure of social isolation, i.e., doing all activities alone, with no time spent with anybody throughout the day. The isolated ranged from 19% among the widowed to 31% among the never-married and tended to be male, poorer in health, and to live alone. Doing only activities which could be done alone, the isolated had a limited range of activities. Thus, they had only 39 minutes in paid work, voluntary activities, and socializing, compared with 217 by the non-isolated. By contrast, their largest block of time was spent on passive leisure activities, such as watching TV, reading, and listening to radio, 370 minutes (about 40% of their waking minutes), 132 more than the non-isolated. They also spent slightly more time on domestic work (meal preparation, housekeeping, etc.). However, times for night sleep and personal care were not very different for the two groups. The analysis underscores the value of time budgets for research among the aged.

REACTIONS OF OLDER DRIVERS TO LICENSE RENEWAL REGULATIONS AND PROCEDURES

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Older drivers, the fastest growing segment of the driving population, have more collisons per distance driven. Policy makers are faced with the challenge of balancing public safety and ethical issues of license removal. Ontario is the first Canadian province to develop mandatory license renewal procedures for drivers 80+. We conducted seven focus groups (N=49; 69% male) with drivers from urban and rural areas following the renewal process; and six groups (N=36; 64% female) with drivers 65-79--future recipients of the program. We explored reactions to road, vision and rules testing, and the 90 minute education session covering aging effects, safe driving practices, etc. Discussion tapes, field notes, and session observations were analyzed using NUDIST. Major findings were verified through phone calls with a random sample. Mixed reactions were found concerning all aspects of the process. Respondents provided concrete suggestions for improving the process. Lessons learned from this evaluation can assist policy makers and programmers in tailoring driving education and license renewal to better meet the needs and expectations of older drivers.

Nonagenarians of Kaiser members in Hawaii: Their demography and health status.

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Those aged 90 and over are projected to be the fastest-growing part of the older population. They are perceived as disabled and ailing with multiple serious chronic health problems and consume a large share of health care expenditures. However the data on their demographic, social, economic, and health status are limited. This study is designed to explore these characteristics.

Study Design: Observation Cross-sectional Study utilizing medical record review. **Target Population**: All Kaiser Hawaii Region members who are 90 years old or over as of August 1996.
Findings : Five hundred forty six of 559 members (98%) are included in this study (62% female and 38% male). White accounts for 27%, Japanese 26%, Chinese 14%, Filipino11%, Portuguese 7%, and Hawaiian and part Hawaiian 8%. More females are widowed and not remarried and more males are still married or remarried. Most of them are living in the community. Almost half of them are functionally independent. Most caregivers are their own children or spouses. Most of them have never smoked nor drank. Immunization rates of Flu Vac, Pnemovac and TD are75%,55% and 52%, respectively. The five most common underlying health problems are Hypertension, Arthritis, Anemia, Dementia and Osteoporosis. Women are more likely than men to have hypertension with OR 1.58(95%CI, 1.11-2.25), arthritis 2.50(95% CI, 1.67-3.73) and osteoporosis 6.03 (95% CI, 3.28-11.09). There is no statistically significant gender difference in rate of anemia or dementia. White are less likely than Japanese to have hypertension with OR 0.46 (95%CI, 0.27-0.77) and diabetes mellitus 0.31(95% CI, 0.15-0.63). White are less likely than Hawaiian to have dementia with OR 0.44(95%CI.0.2-1). There is no statistically significant racial difference in rate of any documented surgeries.

Conclusion: The demographic characters of the Nonagenarians are quite unique and reflect the multicultural society in Hawaii. Most of them are living in the community with their children and many of them are functionally independant. Their health status is quite heterogeneous. The documented chronic diseases present in this cohort are similar in type to those found in the people aged 65 and over. This study can serve as a basis of comparison for future epidemiological studies of aging and for effectiveness of preventive medicine effort in Kaiser and Hawaii population.

WALKING EXERCISE BEHAVIOR IN YOUNGER AND OLDER ADULTS: AN EVALUATION OF A MALL WALKING PROGRAM.

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Mall walking as a form of exercise has shown substantial increases in popularity, especially among older adults. Both health and psychological benefits of walking for exercise have been documented and interventions to increase exercise activity in older adults have been advocated by the medical and public health professions. This study examines beliefs and perceptions about walking for exercise in a group of mall walkers compared to persons who do not walk for exercise. Face to face interviews were conducted in a suburban Chicago shopping mall among patrons (n=397) who were questioned on issues regarding health and functional status, history of physical activity and mall walking, psycho-social and physiological aspects of the benefits of exercise, sociodemographic and other lifestyle questions. In comparing mall walkers (n=210) to non-exercise walkers (n=187) it was found that measures concerning mobility such as having some difficulty in climbing stairs and walking eight blocks differed significantly, with non mall walkers expressing greater difficulty (p<.001). Non mobility functional abilities such as lifting 25 pounds and sitting two or more hours did not differ significantly between the two groups. Findings from the mall walking group only indicated that 56% walk 4 or more times per week at a distance of about 2.5 miles for an average time of 45 minutes per walk. The major reasons for becoming involved in mall walking focused on addressing health problems while the reasons for continuing to mall walk were to maintain health and socialization. The findings suggest that mall walking exercise programs can be accessible and effective group-based or individual interventions for adults.

MOBILITY DISABILITY IN NONAGENARIANS
- A 2-YEAR FOLLOW-UP

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In the framework of the Vitality 90+ Project, we examined mobility, its changes, and its associations with survival in the total home-dwelling population aged 90+ in the city of Tampere, Finland. A postal questionnaire was sent to all the 505 persons living in the community. The response rate was 82%. During 18 months, 112 persons died. After two years, 90% of the persons still living in the community (N=232) participated in the follow-up survey. Mobility was measured by three questions concerning a) walking between rooms, b) walking at least 400m, and c) using stairs. At the baseline, altogether 27% had no difficulty in mobility. Mobility questions showed a hierarchic pattern, where most difficulties were found in using stairs (68%) and least in walking between rooms (40%). Adjusted for age, there was a significant graded relationship between difficulties in mobility at baseline and mortality during 18 months (RR for different levels of mobility 1.1 (95%CI 0.3;4.1), 2.5 (1.1-6.1), and 3.6 (1.7;7.8), respectively. Among those who after two years still lived in community, at baseline 36% and in the follow-up 18% reported no difficulty in mobility. Every fourth of those who had no difficulty at baseline, reported difficulty in all three mobility items in the follow-up. We conclude that 1) mobility s a significant predictor of mortality in the oldest-old, and 2) the incidence of mobility difficulties in this age group is high.

The Effects of a Physical Activity Program on Functional Ability among Elderly Women

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The decrease in muscle function plays a significant role in the prevalence of functional limitations and disabilities in older adults and could be attributed to a lack of physical activity rather than to the aging process in many situations. This study evaluated the effects of a 12 weeks exercise program on the functional capacity of 55 sedentary older women, aged 60 to 75. The variables tested were: dymamic balance, muscular strength/endurance, sit and reach flexibility and muscular coordination. Subjects (n=45) were allocated into three exercise groups and one control group (n=10). Exercise was performed for one hour, three times, twice and once a week for the three experimental groups respectively. Subjects were pre and posttested for the variables of functional capacity. Significant differences ($p < .05$) were found between exercise and non-exercise groups. The main effects of the training program were significant for all four variables examined, indicating that subjects who participated in the exercise program even once a week, had a significantly higher functional capacity than the control group.

166

Influence of Nursing Home Investment in Staff Training on Reported Job Satisfaction and Perceived Care Quality Among Certified Nurse Assistants

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Certified nurse assistants (CNAs) provide an estimated 80-90% of direct patient care in nursing homes. Inadequate training can result in negative staff attitudes and perceptions, which are related to poorer performance, greater absenteeism and higher turnover, with major implications for the well-being of nursing home residents. This research examines the influence of facility investment in aide training on reported job satisfaction and perceived care quality, controlling for relevant organizational attributes. A total of 1,116 CNAs, employed by 46 nursing homes in a for-profit chain, evaluated statements regarding the nature of their work environment and the commitment of the facility to the prevention of morbid outcomes (such as falls, pressure ulcers and disruptive behavior). About half (51.7%) expressed some dissatisfaction with job traits, while fewer (21.4%) negatively assessed aspects of nursing home quality. Investment in staff training varied little, with a majority of administrators indicating high levels of specialized instruction. Multiple regression analyses, adjusting for the fact that staff observations are not independent within facility, revealed that the amount, flexibility and type of training provided was unrelated to CNA attitudes and perceptions. Instead, aides employed by larger nursing homes ($p<.05$), facilities managed by the controlling company ($p<.05$), and those with higher proportions of residents with bedsores ($p<.05$) were more likely to express negative opinions. In addition, fewer nurse assistants on staff ($p<.05$) and more aides per registered nurse ($p<.05$) were associated with poorer attitudes towards work. These findings suggest that training investment at reported levels does not impact CNAs. Rather nursing home structure and staffing levels appear to influence aide opinions, which in turn, may affect care quality and resident outcomes.

WOMEN VETERANS' KNOWLEDGE & USE OF VA BENEFITS & LONG TERM CARE SERVICES

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There are 1.2 million women veterans in the United States today. Thirty-seven percent of female veterans are between the ages of 65-79 and four percent are age 80+. It is estimated that only 3% of those who are income eligible utilize services through the VA. An action-research project was designed to learn about aging women veterans' knowledge, use and attitude toward benefits and services available through the VA. Telephone interviews were conducted in Spring '98 with a community-based sample of 220 female and a comparison sample of 58 male veterans age 60 and older who reside in Massachusetts. Domains included knowledge and use of VA health, education, long term care burial, and loan benefits; Snell & Padin-Rivera's (1997) Post Traumatic Stress Syndrome in the elderly rating scale; experience with sexual harassment in the military, and sociodemographic measures.

Over half of the respondents were completely unfamiliar with seven out of eight LTC services available through the VA. Almost half (48%) were not even aware of the availability of nursing home beds through the VA. Knowledge was high regarding benefits such as education, burial, and home loans but low regarding vocational rehabilitation, home adaptations, and beneficiary travel. These findings will be useful for enhancing outreach to older women veterans by the VA system as they modify their programs to become more responsive and accessible to women. In addition, increased knowledge of the VA system by professionals in the aging network, in general, should enable elderly [illegible]ans to become more informed of the full rang[illegible]ces available to them.

PROFESSIONAL VERSUS CARE RECEPIENT PERSPECTIVES ON THE ADEQUACY OF HOME CARE.

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This paper addresses the differing perspectives of professionals and care recipients on the adequacy of care provided by formal and informal caregivers. A sample of 150 older adults receiving services from informal and formal providers were asked to rate in a telephone interview the quantity and quality of assistance received. Concurrently, nurse research assistants made the same quality and quantity ratings with information gathered through in-home assessments. In general, professionals rated care as less adequate than care recipients. Further confirming the difference in rater perspective is the finding the factors associated with adequacy of care varied by rater. Professional ratings of adequacy were associated with caregiver descriptors (caregiver health and caregiver proximity). For the care recipient, physical health characteristics were associated with adequacy ratings (like medical conditions and functional dependency). These findings suggest that care recipients and professionals base assessments of adequacy of care on different factors and end up with ratings.

HOW LIBERALS, PROGRESSIVES, AND SOCIAL REFORMERS MADE THE FOR-PROFIT NURSING HOME INDUSTRY: AN HISTORICAL POLICY ANALYSIS.

K.R. Kaffenberger, Massachusetts Department of Public Health, 9 Rockingham Street, Cambridge, Ma. 02139.

This paper describes and explains how policy and politics contributed to the development of the for-profit nursing home industry in the United States.

Social histories, period documents, state and federal government documents, and expert interviews are used to describe the development of care services for the old, sick and impoverished from the Colonial Era to the present.

The analysis shows that social goals and human needs of one generation after the next interacted to produce policies, first at the state and then at the federal level, that led to the discrediting of government care services and discouraged the vigorous expansion of private, nonprofit nursing homes. State and federal policies and programs also provided the social and economic base for the rapid expansion and industry dominance of chain owned, for-profit nursing homes.

It is important to understand the implications of these developments in order to make decisions about long term care for the twenty-first century.

TESTING AN INTERVENTION TO REDUCE NURSING HOME RESIDENT VIOLENCE TOWARDS STAFF

E. Fitzwater and D. Gates, College of Nursing
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Violence is not a term traditionally associated with nursing home residents' aggressive behavior towards staff. Because many residents may be experiencing dementia or other mind altering process, these residents are considered not to intend harm. Yet, the injuries received are perceived by staff as violent in nature, regardless of diagnosis or intent. The lack of studies that examine violence in nursing homes as a workplace issue along with the initiation of 1996 guidelines by OSHA to ensure a safe work place prompted the authors to conduct a preliminary focus-group study to explore the root causes of the problem as perceived by direct care staff. These study results led the authors to question whether appropriate knowledge and skills training may effect the incidence of resident violence toward nursing home certified nurse assistants (CNA's). The purpose of this quasi-experimental pilot study was to test the effect of an educational intervention to decrease violence toward nursing home CNA's. The authors used their previously developed instruments and simulation video tapes to measure physical assault incidence and knowledge of violence prevention pre and post intervention. Results include that the CNA's violence prevention knowledge was increased and the incidence of violence decreased at the intervention nursing home. At the control nursing home, CNA knowledge and violence incidence was unchanged. Discussion includes legal, ethical, and moral implications with regard to current and future nursing home care for older adults in view of emerging employee rights issues.

DRUG COSTS UNDER SNF PPS: ESTIMATING THE EQUITY OF RUG-BASED PAYMENTS V. Mor, J. J. Angelelli, Center for Gerontology & Health Care Research, Brown University, Providence, RI 02912.

Skilled nursing facilities (SNFs) implementing the Medicare prospective payment system (PPS) are now at risk for the drug costs of Medicare residents in their facilities. We analyzed 1995 SNF cost reports along with HCFA nursing and rehabilitation case mix index (CMI) rates and the 1995-1998 On-Line Survey and Certification of Automated Records (OSCAR) data for each facility to demonstrate that drug costs can represent a significant share of total costs in SNFs. We focused on the relation between drug costs (inflated to 1998 levels) and average expected revenue from nursing and therapy Resource Utilization Groups (RUGs). Our results indicate significant disparities between drug costs and expected revenue under the RUG system, especially among hospital-based SNFs. For nearly 30% of all facilities, drug costs exceed 10% of expected per diem revenue in 1999. Facilities now being forced to control drug costs will likely reduce per-capita pharmacy expenditures and engage in more drug substitution and less diffusion of high cost innovative drug therapies. The extent to which these changes in practice patterns occur in the context of clinical feedback systems and strategies that involve medical director oversight of protocol implementation will determine the ultimate impact of PPS on drug therapies provided to Medicare beneficiaries in nursing homes.

167

FAMILY CONFLICT SURROUNDING DEATH

A. Lenzer, School of Public Health, Univ. of Hawaii, Honolulu, HI 96822.

Participants:

K. Braun (School of Public Health, Univ. of Hawaii, Honolulu, HI 96822) Generational vs. Ethnic Influences on Advance Directive Completion.

M. Kapp Office of Geriatric Medicine & Gerontology, Wright State Univ., Dayton OH 45401-0927) Legal Anxieties Affect End of Life Medical Decisions.

S. Shidler (Univ. of Quebec en Abititi-Temiscamingue, Rouyn-Noranda, Quebec) Life-Prolonging Treatment Decisions: Family Wishes vs Ethical Guidelines.

F. Hopp & A. L. Ai (VA Medical Center, Ann Arbor, MI 48113-0170) Seeds of Conflict? Attitudes of Community Dwelling Elders.

Discussant:

A. Galanos (Duke Univ. Medical Center, Durham, NC 22710

Man dies alone, yet we expect family members to surround the dying person with love and support during the final journey. Rarely acknowledged, however, are the conflicts which may arise between patients, family members and care providers regarding end of life decisions. This Symposium examines four areas of potential conflict: (1) how legal anxieties affect the way care providers respond to patient and family wishes, and how to deal with such situations; (2) how family grieving impacts medical treatment decisions of surrogate decision makers, sometime contrary to the patient's wishes; (3) how elder-adult child pairs in five ethnic groups feel about physician assisted death, and what factors predict support for this practice; and (4) how a national sample of elders trusts others to make end of life decisions, although less than half have talked to their surrogates about their wishes, or have advance directives.

GENERATIONAL VS ETHNIC INFLUENCES ON ADVANCE DIRECTIVE COMPLETION

K.L. Braun, Center on Aging, School of Public Health, University of Hawaii, Honolulu, HI 96822

Research suggests that advance directive (AD) completion rates and support for physician assistance in death (PAD) varies by ethnicity, religion, and age. In terms of age, younger adults are usually more supportive of PAD and less likely to have completed an AD. This study examined if these generational differences were similar within families across ethnic groups in Hawaii. Conducted was a cross-sectional survey of 120 senior-adult child pairs from five ethnic groups--Caucasian, Chinese, Filipino, Hawaiian, and Japanese. Findings suggest that socio-cultural values were more important than generation or age in predicting support of PAD. Specifically, those who were supportive were more willing to plan for death, had less trust in family/MD to make health decisions, were less active in church, had more fears about a painful or burdensome death, and were less fatalistic. On the other hand, age was the largest predictor of AD completion, while socio-cultural values had little influence. Cross-generational congruence was highest in the Caucasian and Filipino groups and lowest in the Chinese and Hawaiian groups. Findings suggest that generational conflicts may occur for some end-of-life issues but not others, or in some ethnic groups more than others. This stresses the importance of early discussion of these issues within whole families.

Legal Anxieties Affect End of Life Medical Decisions

M. Kapp Office of Geriatric Medicine & Gerontology, Wright State University, Box 927, Dayton, OH 45401-0927

Health care providers' anxieties about potential adverse legal entanglements often affect their behavior toward patients and their families in the context of end of life medical decision making and care. Legal fears, whether based on an accurate understanding of applicable law or on misperceptions about what the law really permits, requires, or forbids, sometimes influences the relationship between providers, patients, and family members in terms of bringing about either too much or too little deference to patient and/or family wishes. This presentation outlines some of these situations and offers possible strategies for addressing the problems of both undue and insufficient provider deference the patient/family preferences arguably stemming from professionals' legal anxieties.

Life-Prolonging Treatment Decisions: Family Wishes Vs. Ethical Guidelines.

Sarah Shidler, J.D., Ph.D., University of Quebec en Abititi-Temiscamingue, Rouyn-Noranda, Quebec. Funding: SSHRC, Canada and FCAR, Quebec.

Although ethical guidelines indicate that decision-making criteria used by surrogate decision makers should be the patient's formerly expressed wished, "what the patient would have wanted," or the best interests of the patient, in practice physicians are sometimes faced with family decision makers who insist that the patient be treated according to their own criteria. Family treatment wishes may concord or conflict with what the medical team considers to be in the "best interest" of the patient. The ethnographic case study data discussed here, obtained as part of a larger study on the determination of appropriate treatment at the end of life in an acute care setting, suggest that the grieving process of the members of the family influences the treatment decision made by them. The grieving process of family members was addressed in different ways by the medical teams.

168

RESEARCH ON THE ASSISTED LIVING FRONTIER: QUESTIONS, METHODS, FINDINGS, AND INTERPRETATIONS.

R. A. Kane, Div. Health Services Research, School of Public Health, University of Minnesota, D-527 Mayo Building, Minneapolis, MN 55455.

Participants

R. A. Kane (University of Minnesota) Issues in Studying Assisted Living.

R Frytak, (University of Minnesota) Evaluating Assisted Living Outcomes in the State of Oregon

S. C. Hedrick (Veteran's Administration of Puget Sound, Seattle, Washington) Studying Community Residential Settings in the State of Washington.

S. I. Zimmerman (University of North Carolina) "Assisted Living" in The Broader Sense: a 4-state Study of Dementia Care in Assisted Living.

R.R. Whitebird, (University of Minnesota). Classifying Service Patterns in Apartment-Style Assisted Living in 6 States.

Assisted living facilities are residential care settings that ideally combine service capability, home-like residential environments, and consumer-centered philosophies. Some critics are concerned about whether assisted living can deliver on these promises. Advocates and skeptics alike seek research data to establish outcomes for assisted living of various types and suggest refinements needed to improve assisted living models. Research challenges include: establishing research questions and hypotheses; choosing measures, control groups, and designs; analytic challenges; and making interpretations and generalizations. The challenges are magnified by the variation in state regulations and in care models and by the changing nature and context of assisted living. These challenges will be amplified and illustrated by four large studies of assisted living: a longitudinal statewide study of assisted living in Oregon, which utilized comparisons to a nursing home sample (Frytak); a longitudinal study of an admission cohort of Medicaid recipients in 3 forms of assisted housing settings in Washington state (Hedrick); a study of the effects of various care patterns among 600 residents in 60 apartment-style assisted living settings in 6

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states (Whitebird); and a 4-state study of 3000 in 250 facilities that uses a broad definition of assisted living and particularly examines dementia-care (Zimmerman).

ISSUES IN STUDYING ASSISTED LIVING. R. A. Kane Health Services Research & Policy, School of Public Health, University of Minnesota, Minneapolis, MN 55455.

In assisted living, research is hampered because both the independent and dependent variables are perplexing to define. This presentation discusses the challenges in studying assisted living related to establishing research questions and hypotheses, drawing samples of facilities and of residents within facilities, choosing control groups, and defining measures of interests. These tasks are rendered more complex by the great diversity of settings that are considered assisted living, and the changing nature of both assisted living programs and their policy context. Other problems arise in defining true costs of assisted living compared to nursing homes, and classifying the physical environments for research purposes. Some studies hold the model of assisted living being tested relatively constant, whereas others seek to incorporate the variability into the study. The need for both quantitative and qualitative approaches is highlighted.

COMPARING ASSISTED LIVING AND NURSING HOME OUTCOMES IN OREGON: ISSUES, STRATEGIES, AND RESULTS. J. R. Frytak, R.A. Kane, M. D. Finch, R. L Kane, S. Huck. Health Services Research & Policy, School of Public Health, University of Minnesota, Minneapolis, MN 55455.

The authors conducted a multifaceted study of assisted living in Oregon, using a representative sample of about 600 assisted living residents in 38 facilities and 600 nursing home residents in 31 facilities and comparing their outcomes over time. The paper describes the design tradeoffs and decisions, including the choice of the comparison group and the decision to draw a cross-sectional sample. Although at baseline some people with heavy care needs were in assisted living, on average the assisted living residents were better functioning physically and cognitively and were in better health than the nursing home residents. As an analytic strategy to compare these two "unequal" groups, we plotted change curves in selected outcome variables over the three time waves. We found that being in assisted living versus a nursing home did not effect the change slopes on functional abilities, pain and discomfort, or mental health. We concluded that residents were as likely to do well on these outcomes in assisted living as in the more health-oriented nursing-home setting.

STUDYING MEDICAID RESIDENTS IN COMMUNITY RESIDENTIAL SETTINGS IN THE STATE OF WASHINGTON. S.C. Hedrick, A. Sales, J. Sullivan, M. Curtis, S. Gray. Health Services Research & Development, VA Puget Sound Health Care System, Seattle, WA 98108.

Community residential settings have attracted increasing interest among clients and policy makers because of their potential for providing cost-effective services while preserving resident autonomy. Washington recently implemented legislation designed to increase the number of persons receiving State-funded care in three community residential settings: adult family homes (AFH), adult residential care (ARC), and assisted living (AL). This study in progress, funded by the Hartford Foundation, describes these settings and their clients and identifies client and setting characteristics that predict differences in care outcomes. The study is a prospective observational design including all clients entering an AFH, ARC or AL setting on State funding in a three county area between April and December 1998. Clients agreeing to study participation (N = 340) will be followed for 12 months after study entry. Data are collected on client demographic, clinical, and health status characteristics; process of care; setting size, staffing, and services; and client and provider outcomes. Outcomes include location and reason for discharge if not in the same setting as at study entry, health status, satisfaction with care, utilization and cost of residential setting and of other acute and long-term care services. Sources of data include: 1) the Comprehensive Assessment completed at intake and at least annually by the State case manager, 2) an in-person interview with the client, informal caregiver, and community residential provider to be conducted by the research interviewer, and 3) state data bases including Medicaid and State expenditure data and quality assurance data. This presentation will discuss issues involved in recruitment and data collection with this vulnerable population at a time of increasing program scrutiny, and present preliminary descriptive results.

ASSISTED LIVING" IN THE BROADER SENSE: A 4-STATE STUDY OF DEMENTIA CARE IN ASSISTED LIVING. S.I. Zimmerman, P. D. Sloane. Cecil G. Sheps Center for Health Services Research, The University of North Carolina, Chapel Hill, NC 27514.

Increasingly, the term "assisted living" is being applied to a variety of forms of care that differ in the services they offer, the manner in which care is provided and the types of residents served. This paper will discuss the comprehensive nature of assisted living, based on information from the ongoing four-state NIA project, The Collaborative Studies of Long-Term Care. Using data from 250 facilities and 3000 residents, comparisons will be made across three types of facilities (small; board and care; new, health-service intensive) and their residents, focusing on variation, how well facilities reflect tenets of "assisted living, " and issues of dementia care and aging-in-place. Qualitative data obtained from key informants will illuminate less-studied areas, such as staff-resident interactions and the fit between the resident, facility, and larger community.

CLASSIFYING SERVICE PATTERNS IN APARTMENT-STYLE ASSISTED LIVING IN 6 STATES. R. R. Whitebird, R. A. Kane. Health Services Research & Policy, School of Public Health, University of Minnesota, Minneapolis, MN 55455.

Apartment-style assisted living settings are of particular interest because of the potential for resident control and normal lifestyles. The way services are provided varies enormously from setting to setting. State regulatory policies set boundaries by their licensing requirements and prohibitions; other variability is introduced by the desired target population and preferred models of providers, by consumer preferences, and by the kinds of referrals made by physicians in the post-hospital period. In this study of 600 assisted living residents in 60 states (AZ, FL, MA, MN, NJ, TX), we sought to classify patterns of service in terms of: type of help provided (personal care, homemaking, care management, nursing, rehabilitation, palliative care, and medication management); the provider mix (internal staff, outside vendors, private duty hires, and family); and the intensity of service. The goal is to describe intra-facility and inter-facility variation in service patterns, the predictors of these patterns, their costs, and who bears the cost. This presentation will report the many complications that arose in defining the sample and will describe predominant service patterns at baseline.

169

SOCIAL EXCLUSION AND INEQUALITY IN AGING SOCIETIES: A COMPARISON OF BRITISH AND AMERICAN POLICY TRENDS

J. Gonyea, Boston University, Boston, MA 02215.

Participants:

A. Walker (U. of Sheffield, Sheffield, S102 2TN UK) Extending Quality of Life: A Major U.K. Research Initiative.

G.Dalley (Centre for Policy on Ageing, London, UK EC1V3QP) Long Term Care in the UK: Community Care or Institutional Care? An Individual, Family or State Responsibility?

J. Wiener (Urban Institute, Washington DC 20037) Long-Term Care in the United States: Public vs. Private Responsibility.

C. Phillipson (U of Keele, Staffordshire ST5 5BG UK) Inequality, Pensions and Social Exclusion in the UK: Current Trends and Policy Options.

S. Rix (AARP Public Policy Institute, Washington DC 20049) Pension Reform from the U.S. Perspective: Whose Responsible? Whose Inequality?

The concept "social exclusion" emerged in the European welfare states as a way of referring to those persons who fell through the "social insurance net." Within the U.K., "social exclusion" has been broadened to encompass the concepts of poverty, inequality, and marginalisation. In fact, research in the U.K. and U.S. has documented: (1) the widening gap between rich and poor; and (2) the cumulative effects of inequality across the life course in terms of elders' health, well-being, and ability to participate actively in social life.

In this symposium, leading British and American policy analysts examine how the two governments, faced with increasingly diverse older populations, are reexamining their pension and long-term care policies. Of particular interest is how proposed reforms in both arenas reflect a shift in the balance of responsibility between individuals and the state. For example, implicit in a shift to a community care policy is the role of the family, particularly the informal care provided by women. Participants will engage in a dialogue centered on common and divergent research priorities and policy strategies of the two nations in promoting older citizens' quality of life.

Co-sponsored by The British Society of Gerontology and The Gerontological Society of America.

EXTENDING QUALITY OF LIFE: A MAJOR U.K. RESEARCH INITIATIVE

A. Walker, Social Policy Department, University of Sheffield, Sheffield S10 2TN UK., Director, "The Growing Older Programme."

Extending the quality of life for current and future cohorts of older populations represents a major challenge for both the British and American societies. Recognizing the importance of this issue, the British government has recently funded "The Growing Older Programme," a major research initiative by the Economic and Social Research Council. The Programme has six central topic areas, (1) Defining and Measuring Quality of Life, (2) Inequalities in Quality of Life, (3) Techology and the Built Environment, (4) Healthy and Productive Aging, (5) Family and Support Networks, (6) Participation and Activity in Later Life.

This presentation outlines "The Growing Older Programme," examines the objectives/goals of this initiative, and briefly notes the range of studies funded to address the programme themes. Of particular interest is how "The Growing Older Programme" research agenda: (1) addresses the ways in which older people are especially vulnerable to social exclusion and inequalities and (2) examines social policies and programs that effectively promote older persons' quality of life.

LONG-TERM CARE IN THE UNITED STATES: PUBLIC VS. PRIVATE RESPONSIBILITY. J.M. Wiener, Urban Institute, Washington, DC 20037

In the United States, long-term care for the elderly is thought to be primarily the responsibility of individuals, with public programs mostly providing financing for those people who are poor or who become poor because of the high cost of long-term care. Medicaid long-term care benefits vary greatly across the states, especially in the extent to which they provide home and community-based services, which raises issues of horizontal equity. It also means that many disabled older people in the community receive no formal long-term care services and fall through the safety net. Over the last ten years, there has been a very rapid increase in nonmeans-tested home health utilization and expenditures through the Medicare program, largely through the coverage of chronic, less-skilled care that previously was not reimbursable. Ironically, this increase was largely the unintended consequences of an administrative modification rather than a deliberate policy change. The Balanced Budget

Act of 1997 seeks to halt the rise in home health utilization through the back door of changing reimbursement policy. Despite a growing elderly population, there has been surprisingly little discussion of long-term care financing reform since the collapse of health reform in 1994.

LONG TERM CARE IN THE U.K. COMMUNITY CARE OR INSTITUTIONAL CARE? AN INDIVIDUAL, FAMILY OR STATE RESPONSIBILITY? G. Dalley, Centre for Policy on Ageing, London EC1V 3QP UK.

Over the past 30 years, community care, accompanied by a rhetoric emphasising the importance of individual and family responsibility, has been the policy option most favoured by successive governments in the UK. An ideological consensus has been achieved about the virtue of maintaining people in their own homes supported by a range of domiciliary services irrespective of their dependency level rather than going into institutional care. Burden on families, a consequence of these policies, is acknowledged and some measures have been introduced to assist them although it is clear that acceptance of community care policies is achieved largely through its claim on the moral responsibility felt by families. Nevertheless, the past 15 years has been characterised by the expansion of the nursing home sector. The legislative reforms of the early 1990s have had relatively little effect in changing this trend. The financing of long-term care has become a subject of intense debate often hingeing on an artificial distinction between what constitutes health care (free at the point of use and funded through general taxation) or social care (charged for by means testing individuals). This has the greatest impact on individuals of moderate means since the poorest are paid for and the wealthy can absorb the cost. At a societal level, the consequences are also profound. The contract for care from 'cradle to grave' established in 1948 with the advent of the welfare state is now regarded by many as breached.

INEQUALITY, PENSIONS AND SOCIAL EXCLUSION IN THE U.K.: CUURENT TRENDS AND POLICY OPTIONS. C. Phillipson, Centre for Social Gerontology, University of Keele, Staffordshire ST5 5BG UK.

The past decade has seen a transformation in the public provision and social arrangements characteristic of what has been termed 'organised capitalism', to the more flexible arrangements of the period which Lash and Urry refer to as 'disorganised capitalism'. In conditions of advanced modernity, old age has moved from being a collective to an individual experience - part of 'the risk society'. This process has major implications for the political economy of pension provision.

This paper considers developments in British pension policy in the light of these general developments. In particular, the paper will consider the implications of the residualisation of state provision on the one hand, and attempts to foster market-led provision on the other. The inequalities which are likely to emerge across different age and social groups will be explored in the paper, along with likely policy outcomes.

PENSION REFORM FROM THE U.S. PERSPECTIVE: WHOSE RESPONSIBILITY? WHOSE INEQUALITY? S.E. Rix, AARP Public Policy Institute, Washington, DC 20049.

From the beginning, Social Security-- America's primary public pension program-- was designed to mitigate the adverse consequences of differential experiences, inequality over the life course, and low income or poverty and thereby capture in a social insurance net everyone with, or dependent someone with, work experience. To the extent that older Americans have qualified for Social Security benefits as retired workers or dependents, the program has been a success. Exclusion and economic marginalization have been spared a growing number of older persons.

On the other hand, some Social Security reform proposals threaten to reverse decades of progress for large numbers of older Americans, thereby aggravating widening wealth and income gaps at younger ages. The gaps themselves are serving as catalysts for change. On the other hand, such proposals are at odds with the public's reluctance to reduce benefits, especially for low-income persons, and with efforts to *improve* benefits for some groups (e.g., widows). This presentation will examine efforts to shift some of the state's responsibility for old-age support to individuals and the distributional impact of a number of proposed reforms. Using the CORSIM microsimulation model, attention will also be paid to the potential impact of efforts to enhance income equality among elderly women.

170

Social Security Reform and Women: Is it Politic or Political?

Organizer: W.L. Glasse, Chair, GSA Task Force on Women.

Participants:

C.L. Estes (San Francisco State University, San Francisco, CA). An overview of the economic circumstances of women now and in the future.

T. Smeeding (Syracuse University, Syracuse, NY). A look at the pros and cons of current reform proposals and their impact on women (GSA Project's proposal for protecting the most vulnerable older women)

Elected Official A look at political realities for getting proposals through Congress.

Moderator: W.L. Glasse, Chair, GSA Task Force on Women.

Unforeseen by the founders of Social Security, women, not men, have become the major beneficiaries of the Social Security program and the group with the most to gain or lose from its impending reform.

The nature of work and the patterns of women's lives have changed dramatically since its enactment. In 1935, men were the primary breadwinners, and the few women in the labor force had limited options for employment. Today, projected profiles of retiring baby-boomers are even more different. These changes have important implications for Social Security reform.

But Americans have diverging visions of the desired shape of reform. Can we achieve a common good in the face of these differences?

This symposium will outline changing life patterns and financial need and will consider the possibilities of achieving reform that benefits women.

The session is sponsored by the GSA Task Force on Women.

171

BEYOND "AARP COLLEGE": NEW DIRECTIONS FOR ELDER EDUCATION

A. Lenzer School of Public Health, Univ. of Hawaii, Honolulu, HI 96822

In 1996 and 1998, Hawaii's AARP volunteers offered an educational and recreational program titled ""AARP College." The "College" included 50-60 classes, tours, and special events. Five themes were: Hawaiiana, health/ wellness, financial/retirement planning, gerontology, and computer literacy. AARP provided funding, technical assistance and staff support. High levels of participant satisfaction; increased enrollment in 1998; and plans for similar colleges in other states indicated success. However, high financial and manpower costs led AARP to move toward a different type of program, in partnership with Elderhostel. This "co-branded" program would include three AARP and three Elderhostel classes. The plan is for 100 such programs, each serving 100 participants, reaching 10,000 participants in a year. This paper will focus on (1) how the two models compare in terms of meeting educational needs and interests of older adults, and (2) how local-level creativity can be incorporated within the framework of national educational programs.

Performance Outcome Evaluation of Geriatric Education

J. Karuza, J. Dauenhauer, P. R. Katz. Finger Lakes GEC, University of Rochester. Rochester, NY14620

Following federal mandates, the Bureau of Health Professions has encouraged the shift to educational based performance outcome evaluations for its programs. In response, the Finger Lakes Geriatric Education Center (FLGEC) developed a hierarchical evaluation that targets 1) demographic data on trainees, 2) primary outcomes, e.g., knowledge and attitude change 3) secondary outcomes, e.g., changes in trainee professional activity. The utility of this approach was tested with a cohort of 26 community-based social workers from a large, non-profit, urban-based case management organization who were enrolled in the FLGEC multidisciplinary "core 40 hr. course". Study objectives: to determine the effectiveness of didactic, seminar-style geriatric education for community-based professionals and the correlation between knowledge of geriatric issues and attitudes toward health care teams. Geriatric knowledge was measured by a validated 28 item multiple choice test (alpha = .82). Attitude toward health care teams was measured by a 10 item scale (from Heinemann, et. al., 1999), (alpha = .85). Knowledge and attitude scales were administered pre and post. A tracking system monitors changes in professional activity over 1 year. Mean knowledge scores increased from 18.92 to 20.87, $p < .01$. Attitudes were very positive and remained unchanged (pre = 49.61; post = 50.04). Attitudes were not correlated with knowledge ($r = .18$, $p > .40$. Results suggest the utility of performance based educational outcome evaluation with community based practitioners, especially if the evaluation is preprogrammed and collaboratively developed. Changes in knowledge or professional activity may be more promising measures than changes in attitude. Use of the method to collect data for BHPr's Comprehensive Performance Monitoring System will be discussed.

IMPACTS OF SERVICE LEARNING IN ELDER CARE Carol R. Hegeman Foundation for Long Term Care/150 State Street/Albany NY 12207 Karl A. Pillemer Cornell University/ HDFS/ MVR Hall/Ithaca NY 14853

Purpose: Ten years of analysis of highly varied college programs which adapt a service learning modality to their academic programs have consistently revealed positive impacts of the project on students, participating agencies and elders. This presentation will: (1) codify and discuss the programmatic goals and operational activities of the wide range of extent service learning in elder care programs nationally; (2) describe the research protocols; and , (3) review and contrast these impacts.

Results: To date, 27 diverse colleges have implemented FLTC-sponsored service-learning programs. Based on data from 640 participating students from over 10 diverse majors (including expected majors such as gerontology and nursing and less expected ones such as computer sciences and architectural technology), there were **statistically significant positive changes in attitudes toward the elderly and toward community service when pre- and post-tests were compared.** Of 131 elder-care agencies surveyed, 99% would recommend the project to other agencies. Of 91 elders surveyed, 98% said it was enjoyable and 83% stated that the service learning experience made it easier to remain at home.

Conclusion: Despite the diversity of colleges and students and an even greater diversity of services provided by these students, service learning has constantly demonstrated tangible positive impacts on students, agencies and elders.

ADVICE TO OLDER ADULTS: A CONTENT ANALYSIS OF LETTERS TO AND RESPONSES BY "ANN LANDERS."

F. Nuessel, Modern Languages, University of Louisville, Louisville, KY 40292, A. V. Stewart, Center for Aging, University of Louisville, Louisville, KY 40292.

This paper will review the literature on a popular advice column which includes suggestions to older adults. A quarter of a century ago, Gaitz and Scott (1975) carried out a content analysis of letters to the "Dear Abby" column. That study found that the primary concerns of older adults included: loneliness; rejection; personal relations: sexuality; and search for another spouse. Younger readers were concerned about parental care and its economic impact. This study is a contemporary content analysis of the letters to and responses by "Ann Landers" for the period January 1, 1999 to August 31, 1999 in The Courier-Journal (Louisville, KY). This paper will contain: (1) a literature review; (2) a content analysis (letters and responses) of the "Ann Landers" column for an eight month period; (3) recommendations for implementing the materials into an "Introduction to Gerontology" course; and (4) a comprehensive bibliography. A copy of the complete paper will be available.

OBSTACLES AND OPPORTUNITIES FOR "GERONTOLOGIZING" A PROFESSION INTERIM PROJECT RESULTS

A.L. Rosen and J.L. Zlotnik, Council on Social Work Education, 1600 Duke St., Alexandria, VA 22314

Neither the increasing knowledge about the biopsychosocial aspects of aging nor the growing need for knowledgeable professionals who can provide services to older adults appears to impact academia. Too few students, faculty, academic researchers or educational programs in the health and mental health professions demonstrate interest or commitment to furthering gerontological practice. This has been the case for the social work profession, where there is a need to strengthen aging and gerontology competence. During this International Year of Older Persons, the John A. Hartford Foundation has provided funding to the Council on Social Work Education for the *SAGE-SW* Project, a two year effort to assess the current state of educating social workers in gerontology, develop competencies for social work education, identify models of educational best practices, and develop a plan to build social work education. This presentation describes the strategies and methodologies used to address such questions as: What do all graduates need to know? What are some effective methods of education? What evidence-based tools exist to enable or persuade faculty and administration to enrich their curriculum in gerontology? How can a profession motivate students to pursue careers in gerontology? This presentation will use handouts, overheads and other materials that will be useful for a variety of health and mental health professionals, educators, employers and researchers

STILL WORKING AFTER AGE 70: OLDER PROFESSORS IN ACADEME. Lorraine T. Dorfman, The University of Iowa, Iowa City, IA 52242.

Professors are one of the few occupational groups who remained subject to age-based mandatory retirement until 1994. Little research has focused on the professors who were directly affected by the removal, or uncapping, of the mandatory retirement age--namely, those over age 70 who continued in paid employment. This interview study uses tape-recorded qualitative case materials to let professors describe in their own voices the personal, professional, and institutional factors in their decision to continue working beyond the conventional retirement age and their plans for the future. Respondents were tenured professors aged 70-74 from a major research university, the institutions most likely to be impacted by the end of mandatory retirement (National Research Council, 1991). Although the population of professors employed past age 70 is small, we were able to interview 17 of the 18 (94%) who still continued in their career jobs in 1998, the exception being a professor who developed severe medical problems. Content analysis categories were constructed on the basis of the open-ended questions and individual responses were coded into appropriate categories by two independent coders who listened to the tapes (inter-rater reliability = .93). Excerpts from the transcribed tapes illustrate several major themes: most professors continued to work because they enjoyed it and/or felt that it was important to continue their work, perceived the overall atmosphere in their department and the university as positive, felt little institutional pressure to retire, and had no plans to retire. Economic factors played a relatively small role in continuing to work. Implications are discussed.

172

PREPARING FOR AN AGING SOCIETY: CHALLENGES IN APPLIED RESEARCH AND EDUCATION.

L. Knatterud, MN Dept. of Human Services, Aging Initiative, Project 2030, 444 Lafayette Rd. St. Paul, MN 55155-3840.

Participants:

L.G. Knatterud (MN Dept. of Human Services, St. Paul) Preparing for 2030: Policy Challenges for the Workforce and Economy.

K.L. Benson (Hubert H. Humphrey Institute of Public Affairs, Minneapolis, MN 55455) Health and Long-Term Care: Research Agenda for the Aging Baby Boom.

H.B. Freshley (Minnesota Board on Aging, St. Paul, MN 55155) Creating Lifecycle Communities: "Age-Friendly" Physical, Social and Service Infrastructures

Discussant: J.E. Bader, Gerontology Program, California State University Long Beach, CA 90840

Project 2030 is a major initiative of the State of Minnesota to identify the impacts of the aging baby boom and to prepare the state's response to the challenges posed by this significant change in Minnesota's age structure. The initial phase summarized *current* information, research and levels of awareness about societal aging across the state. Through community forums, major surveys and policy and program reviews, three inter-related policy areas emerged. (1) health and long-term care systems; (2) physical, social and service infrastructure of communities; and (3) changes in the size and age structure of the labor force. This project did not focus on the aging of individuals, but rather on the *aging of communities* and the effect that larger proportions of older people will have on both public and private institutions at the local and state levels. This symposium will review the implications of these "age-related" societal changes, specifically noting areas where current research is conspicuously ineffective in pointing to appropriate policy directions and where education about aging is sorely needed.

PREPARING FOR 2030: POLICY CHALLENGES FOR THE WORKFORCE AND ECONOMY

L.G. Knatterud, Minnesota Department of Human Services, Aging Initiative: Project 2030, 444 Lafayette Road, St. Paul, MN 55155.

Phase One of Project 2030 involved research addressing the issues and implications of the aging population. A variety of methods were employed to collect information including forums, interviews, surveys and reviews of existing research. Based on this research a vision and policy directions for Minnesota's workforce and economy in 2030 were developed. In the future, Minnesota will need to make creative use of the aging population both in the labor force and in nonpaid roles, promote flexibility in the workplace to accommodate the changing definitions of work and retirement, and invest in high quality education and training to ensure a high quality workforce and vital economy for the future. In the second phase of Project 2030 one of the necessary next steps is to conduct research to broaden our knowledge of how to turn this vision into reality. Not enough is known about how to support the transition of older workers from paid to nonpaid contributory roles, balance tax revenues, eliminate the disincentives to continued employment, increase workplace flexibility for caregivers, and decrease workplace age discrimination. Elements of the research agenda for the workforce and economic vitality will be outlined and discussed.

HEALTH AND LONG-TERM CARE: RESEARCH AGENDA FOR THE AGING BABY BOOM

K.L. Benson, Hubert H. Humphrey Institute of Public Affairs, 301 19th Avenue South, Minneapolis, MN 55455.

Phase One of Project 2030 involved research addressing the issues and implications of the aging population. A variety of methods were employed to collect information including forums, interviews, surveys and reviews of existing research. Based on this research a vision and policy directions for the health and long term care systems in 2030 were developed. Minnesota's future health and long term care systems will need to encourage personal responsibility for health and long term care planning and costs; provide individuals with greater choice and access to a menu of flexible, individually-controlled services; creatively support family caregivers; promote functional wellness; provide incentives for health behavior and lifestyle decisions; meet the needs of a diverse population; and enhance quality of life not just extend life. In the second phase of Project 2030 one of the necessary next steps is to conduct research to broaden our knowledge of how to turn this vision into reality. Not enough is known about how to reduce disability, measure quality of care across settings, sustain the provision of informal care, cost effectively deliver long term care, and how to promote and regulate the use of high technology care. Elements of the research agenda for health and long term care will be outlined and discussed.

CREATING LIFECYCLE COMMUNITIES: "AGE-FRIENDLY" PHYSICAL, SOCIAL AND SERVICE INFRASTRUCTURES

H.B. Freshley, Minnesota Board on Aging, 444 Lafayette Road, St. Paul, MN 55155.

Phase One of Project 2030 involved research addressing the issues and implications of the aging population. A variety of methods were employed to collect information including forums, interviews, surveys and reviews of existing research. Based on this research a vision and policy directions for Minnesota's communities in 2030 were developed. Minnesota's communities will need to be truly livable for all age groups, intergenerational and lifecycle in nature; offer a broad range of opportunities to residents to build social "connections"; maintain, strengthen and/or redesign the service delivery systems; and build or adapt physical infrastructures to achieve wise land use, better transportation and supportive design. In the second phase of Project 2030 one of the necessary next steps is to conduct research to broaden our knowledge of how to turn this vision into reality. Not enough is known about how to simplify access to services for consumers using high technology, promote the development of lifecycle housing, create incentives for more age-friendly development patterns, cost effectively increase transportation options, and challenge community organizations to support families and individuals of all ages and abilities. Elements of the research agenda for communities will be outlined and discussed.

173

ETHICAL DILEMMAS IN GERIATRIC TEAM CARE: CASES IN CONTEXT.

M. Luptak, Department of Family Practice and Community Health-Geriatrics, University of Minnesota, 201 Stadium Village Mall, 825 Wash. Ave. SE, Box 25, Minneapolis, MN 55414 and N.L. Wilson, Huffington Center on Aging, Dept. of Medicine, Baylor College of Medicine, One Baylor Plaza, M320, Houston, TX 77030

Participants:

L.B. McCullough, N.L. Wilson, J.A. Rhymes (Huffington Ctr. on Aging, Center For Ethics and Health Policy, Baylor College of Medicine Houston TX 77030) Leadership and Accountability In Team Care: A Geriatric Surgery Case.

J. Boal, C. Cassel, J. Howe, (Dept. of Geriatrics Mt. Sinai-NYU Medical Center, New York, NY

10029) Ethical Dilemmas In Geriatric Team Care: The Home Care Setting

S. Kornblatt, C. Eng (On Lok, Inc., San Francisco, CA 94910) Non-Compliance And Geriatric Team Care Of The Frail Elderly:Medical, Social And Ethical Issues

K. Hyer, (University of South Florida, Tampa, Fla.) M. Mezey, M. Bottrell, (GITT Resource Center, Division of Nursing, New York University) Who Decides? Which Criteria?

Discussants:

R. Burck, (Rush-Presbyterian-St. Luke's Medical Center GITT, Chicago, IL. 60612)

S. Miles, (The University of Minnesota Center for Bioethics, Minneapolis, MN 55455-0346)

New ethical challenges are surfacing as geriatric team care evolves in a swiftly changing health care environment. This symposium addresses ethical dilemmas identified by teams participating in the nation-wide John A. Hartford Foundation Geriatric Interdisciplinary Team Training (GITT) Program. Ethical issues emerge for teams in their roles with patients, as representatives in their disciplines, and as employees of their institutions regardless of setting. However, team responses vary. Cases will illustrate how team culture and the context of care impact team decision-making. Strategies developed through GITT to promote ethical team decision-making will be described.

LEADERSHIP AND ACCOUNTABILITY IN TEAM CARE: A GERIATRIC SURGERY CASE.

L.B. McCullough, N.L. Wilson, J.A. Rhymes, Huffington Center on Aging, Center For Ethics and Health Policy, Baylor College of Medicine, One Baylor Plaza M-320, Houston, TX 77030

Care of the geriatric surgical patient often involves a web of interrelated teams including physician members of several specialties as well as non-physician members. The case of Mrs. S, who has multiple fractures from osteoporosis, involves multiple surgeons, along with anesthesiologists and nurses as well as her primary care providers. This presentation explores the issues of informed consent and communication that arise in the surgical care and post-operative management of Mrs. S. Ethical arguments based on respect for autonomy and fiduciary responsibility support the leadership role of the surgeon who performs the most essential and complication-prone parts of the operation. This leadership role includes coordinating the informed consent and decision-making process as well as educating the patient and family about the roles of other team members. The ethical analysis of Mrs. S.'s case highlights the challenges of team care related to communicating and making decisions with patients and family members. The person who has clinical responsibility for managing the major biopsychosocial risk in the patient's clinical care should be the leader for communication with the patient.

ETHICAL DILEMMAS IN GERIATRICS TEAMCARE: THE HOME CARE SETTING

J. Boal, C. Cassel, J. Howe, Dept. of Geriatrics, Mt. Sinai-NYU Medical Center, 1 Gustave Levy Pl., NY, NY 10029

The Visiting Doctors Program provides care to homebound elders, many in the adjacent neighborhood of E. Harlem, with a large ethnic minority population. Mrs. H., an 88-year-old Black female, was referred to the program by a community-based agency. Mrs. H's team includes her doctor, social worker, visiting nurse, home aide, and 91-year-old husband, who is her primary caregiver and under considerable stress. In a recent visit -- with her physician, home aide, and husband present -- Mrs. H's increasing frailty, anemia, and age led to a discussion about advanced directives. For religious reasons, Mrs. H. states that she is unable to fill out the paperwork until she obtains permission from her church elders. Being new to the church and isolated in her home, she receives most information from an acquaintance. Issues to be discussed include religious and cultural barriers to optimal care, strategies for overcoming these obstacles, and the team-based decision-making process used to maximize Mrs. H's quality of life.

NON-COMPLIANCE AND GERIATRIC TEAM CARE OF THE FRAIL ELDERLY: MEDICAL, SOCIAL AND ETHICAL ISSUES.

S. Kornblatt, C.Eng, On Lok, Inc. 1333 Bush St., San Francisco, CA 94910

The PACE (Program of All-Inclusive Care of the Elderly) model of managed care provides comprehensive primary, acute and long term care services for the frail elderly. An interdisciplinary team is responsible for continuous assessment, treatment planning, service provision and monitoring. The case of Mr. P involves decision-making by the participant, numerous health care providers and the participant's family. This presentation explores ethical issues that arise from social non-compliance in a medically complicated case. Maintaining autonomy and decision-making are key considerations in examining ethical arguments of care providers, while addressing important medical concerns. The participant's desire to live in the community is considered in the context of his social non-compliance with team recommendations. The team relies on its mission, participant goals and often common sense, to negotiate resolution. The team culture influences decision-making and this culture depends on the members' experience as a team. The team's culture is also supported by family wishes and these wishes may vary from the participant's wishes.

WHO DECIDES? WHICH CRITERIA? K.Hyer, University of South Florida, USF #30437, 4202 E. Fowler Avenue, Tampa, FL 33620; M. Mezey, M. Bottrell; Division of Nursing, New York University, New York , NY 10003

Residents of nursing homes receive care from a team of paraprofessionals, nurses, social service workers and physicians. This case involves Mr. D, a cognitively impaired resident with diabetes and multi-infarct dementia. A public guardian, appointed two years ago, placed Mr. D in a local nursing home. The guardian also agreed to place Mr. D in a managed care nursing home program that uses nurse practitioners to enhance medical treatment in the nursing home to avoid hospitalizations. This presentation explores the issues of conflict among providers, and institutional loyalty when a newly appointed guardian demands that Mr. D be disenrolled from the "managed care" program. The case explores the rights and responsibility of the team and the new guardian to determine the criteria for changing care. The ethical analysis of Mr. D's case highlights the challenges faced by clinicians when they have multiple roles as providers of care and as institutional representatives for different entities with possible conflicting financial interests.

174

The Short-term Effectiveness of Health Education Groups in an HMO

R. Toseland, P. McCallion, T. Garska, S. Huck, T. Smith, Ringel Institute of Gerontology, State University of New York, 135 Western Ave., Albany, N.Y. 12222.

Results from a study designed to assess the short-term and long-term effectiveness of a Health Education Program (HEP)will be reported. HEP is a multi-component group program for spouse caregivers that includes problem solving, health education, coping strategies, and support that is delivered in 8 weekly 2 hour group sessions, and 10 monthly 2 hour follow-up sessions. A 90 page manual for leading HEP groups will be shared with interested persons.

A randomized control group design was used to examine the effectiveness of HEP. A total of 110 spouse caregivers enrolled in the Northeast Division of Kaiser Permanente, were recruited and randomly assigned to HEP or usual care. After screening, both caregivers and care recipients were assessed one week prior to the start of the intervention program and one week after the 8th group meeting on: (1) health and functional status, (2) emotional well-being, (3) social support, (4) community resource use, (5) pressing problems and (6) utilization and cost of care. Baseline to 8 week results revealed positive effects on emotional well-being, social support, knowledge of caregiving resources, and pressing problems. The study has important policy implications because it examines whether preventive health education groups offered by a Health Maintenance Organization (HMO) in a primary care setting can reduce health care utilization and costs, while improving participants' health and psychosocial well-being. (Funded by the Agency For Health Care Policy and Research, U.S. Department of Health and Human Services.)

BEREAVEMENT AND HEALTH AMONG DIFFERENT RACE AND AGE GROUPS

T.R. Fitzpatrick [1] T.V. Tran [2] Saint Joseph College [1], West Hartford, CT, 06117 and Boston College Graduate School of Social Work [2], Chestnut Hill, MA, 02167.

The death of a spouse is one of the most stressful life events experienced by aging persons and is related to a decline in physical and mental health. Yet, there is a lack of empirical research on the effects of bereavement on health among minority populations. The purpose of this article was to examine the effects of bereavement on health status among different age groups of African and White Americans. A sample of African Americans (N = 1,157) and White respondents (N = 2,303) age 24 and over were selected from the 1986 American's Changing Lives Study. Regression analysis were performed separately to examine the effects of bereavement on two dimensions of health: self-ratings of health, and depression, controlling for age, gender, education, and income among African Americans and Whites in the 24-39 age groups, 40-49 age groups, 50-59 age groups, and the 60 and over age groups. The results revealed that bereavement was a significant factor affecting the health of White Americans, particularly in the youngest and oldest age groups. However, no bereavement effects were observed among African Americans within any of the age groups. The effects of bereavement among Whites should not be overlooked but recognized as an important factor in their lives, yet, health care professionals should not assume that bereavement will necessarily have a detrimental effect on health among older ethnic populations. Further implications for practice, policy and future research are discussed.

A WEIGHT-BEARING EXERCISE PROGRAM TO INCREASE SELF-CONFIDENCE AMONG WOMEN WHILE REDUCING THE RISK FOR OSTEOPOROSIS T. Gebhard, Catholic Family & Community Services, Franklin, NJ 07416.

Today osteoporosis is a major public health threat for about 22 million older American women. Isolation, loss of independence, and diminished confidence often accompany fractures that result from osteoporosis. To measure the effects of balance and strength training exercises on strength, balance and flexibility and to assess their effects on self-confidence and lifestyle, the author randomly recruited 15 women aged 65 to 85 to voluntarily participate in a personalized weight-bearing exercise program. They met for six months, once a week for a one-hour balance and strength training session.

Participants supplemented the training with weekly at-home exercises. An Exercise Intensity Scale, a self-rating scale based on Cantrill ladder, was used to measure the ease or difficulty of using weights and to assess when weights should be increased. The study demonstrates weight-bearing exercises, increase energy, flexibility, and vitality. It also confirms that as general well-being increases participants' outlook on life and interrelationships are enhanced.

SOCIAL INTERACTION AND MENTAL WELL-BEING OF ELDERLY IN LONG-TERM CARE

Heather A. Williamson and Darlene Yee, Gerontology Programs, San Francisco State University, San Francisco, CA 94132-4151.

The purpose of this research was to examine the relationship between the amount and quality of social interaction on the mental well-being of elderly residents (N=30) in a long-term care facility in Cupertino, CA. Three hypotheses were tested: 1) An individual's perceived quality of social interaction will have a more positive effect on mental well-being than will the amount of social interaction; 2) Social interaction with family members will have a higher correlation to mental well-being then with friends; and 3) Married individuals will have higher psychological well-being than single or widowed respondents. The 15-item version of the Philadelphia Geriatric Morale Scale was used to score the subject's mental well-being. Descriptive statistics, Pearson correlations, and independent sample t-tests were used to analyze the data on a 29-item questionnaire. Results indicated a significant relationship ($r=.60$, $p<.01$) between social interaction with friends and social interaction with family. The results also indicated a significant relationship ($p<.03$) between mental well-being and religious orientation. The first hypothesis was supported through analysis of the data, the second hypothesis was not. The data analysis showed that social interaction with friends had a higher correlation to mental well-being than did social interaction with family. The third hypothesis was partly supported by analysis of the data. Married individuals were shown to have higher mental well-being than single individuals; however, widowed individuals had slightly higher mental well-being scores than married individuals.

EVALUATING LEISURE ACTIVITY AND FUNCTIONAL HEALTH STATUS CHANGES OVER TIME.

D.A. Stanley [1], A.J. Bailer [1,2], [1] Scripps Gerontology Center, [2] Dept. of Math & Stat., Miami University, Oxford, Ohio 45056

Both functional health status and leisure activity participation are related to life-satisfaction and well-being among older adults. However, functional health status and participation in leisure activities tend to decline with age. If age was controlled in an analysis, would a relationship be observed between functional health status and participation in leisure activities? This question was explored using a 20-year longitudinal study of aging conducted in southwest Ohio. Data were collected at six different times during this period.

Linear mixed effects models were employed to examine the changes in functional status as a function of age, participation in leisure activities, gender, self-reported health, and morale. In these models, both the mean function relating functional status to the various predictor variables, and a variance structure detailing the correlation structure between repeated measurements on the same individual were specified.

A preliminary analysis of individuals with data observed on each of the six different measurement times suggested a relationship between declines in functional health status and participation in leisure activities. Gender differences were found in both functional health status and leisure activity participation with men's involvement in leisure more likely to be affected by functional health than was women's. Data suggested morale was not affected by declines in functional health status or participation in leisure activities.

PREFERENCES FOR LEISURE TIME ACTIVITIES: THE CASE OF RETIREES AND NON-RETIREES AGED 50-64

D.B. Smith, Assistant Professor, Department of Sociology/Criminal Justice and Criminology, University of Missouri-Kansas City, Kansas City, MO 64110.

Even with increase in numbers of early retirees, there has been a decrease in volunteering among Americans aged 55-64; down from a peak in 1989-1990. The University of Missouri-Kansas City (UMKC) Study of Midlife uses a life course perspective, continuity and role theories to investigate patterns of time use of workers, homemakers, and retirees aged 50-64. How do these people spend their time and how do non-retirees plan to spend their time once retired? Using a focus group format, the project gathered data from 18 persons aged 50-64 on demographic information, postretirement employment, and leisure activities including volunteerism. The preliminary data from this study indicate that non-retirees who currently volunteer plan to change the type of volunteering commitments from those with on-going, long-term duties such as non-profit board membership in favor of short-term, project-specific involvements. Already retired participants, particularly teachers, volunteered on short-term projects or did not volunteer, feeling they had already "done their duty" while practicing their profession. These data suggest that retirement may be perceived as not only a role change from paid worker to retiree but also as a role change from volunteer to a person with very few constraints on their leisure time. This information has implications for retirement researchers as well as volunteer recruiters interested in attracting recently retired individuals in this age group.

HEALTH PROMOTION PROGRAMS IN MISSOURI NURSING HOMES

R.Misra & M. McKean, Department of Health & Exercise Science, Truman State University, Kirksville, MO 63501

The current nursing home population numbers 1.5 million and is growing. The purpose of this study was to assess the prevalence of health promotion programs offered in long-term care facilities, and administrators' perceptions of resources and barriers to those programs (n=150). Nursing home administrators were randomly selected from the *Directory of Long -Term Care Facilities* in the state of Missouri. The majority of the nursing homes were located in rural areas and had no full-time employees devoted to health promotion programs. Most frequently offered programs were nutrition, physical fitness, and weight reduction. An overwhelming number of respondents indicated the appropriateness of many health promotion programs that are not currently offered. Most nursing homes offered screening for diabetes (80%), blood pressure (88%), speech (59%), hearing (56%) and safety/accidents prevention (61%). Blood pressure screening was perceived as the most beneficial for the residents. Financial resources and lack of personnel were the primary barriers for health promotion programs not offered in the nursing homes. Although health care personnel such as registered nurses, physicians, social workers and therapists were available at these facilities, two-third of them did not have a health educator in their staff. Results have implications for programs designed to improve the health and quality of life of the growing institutionalized elderly population. Supported by Truman State University.

COMPREHENSIVE MEAL SERVICE PROGRAM: Strategy to Improve the Health Condition of Seniors Living in an Inner City,

Y. Flaherty, Ph.D., C.E. Marske, Ph.D., J.H. Flaherty, MD, K. Zdrodowski, RN, J.E. Morley, MBBCh, Department of Sociology, St. Louis University, 221 N. Grand Blvd, St. Louis, MO 63103.

PURPOSE: Health problems among seniors living in the inner city area tend to be overlooked because of the difficulty in outreach to them. This study focused on an innovative comprehensive meal service program operating in St. Louis City and examined its efficacy in improving psychological and nutritional condition of the seniors. *METHOD:* Both the Study Group (46 seniors) and the Control Group (42 seniors) received home delivered meal services. In addition, only the Study Group received the following services through the trained residents: 1) health education, 2) referrals to other community resources for unmet health needs, and 3) follow-up services to assure that the health problems were addressed appropriately. The psychological and nutritional conditions (measured by the MNA) of the Study Group were assessed by medical staff before and after the six-month intervention. The same assessments were conducted to the Control Group with the same interval. Data was analyzed using ANOVA (repeated). *RESULTS:* Compared to the Control Group, the nutritional condition (p=0.05) and depression (p=0.02) of the Study Group were improved, while no significant difference was observed in their cognitive status. *CONCLUSION:* Addition of a relatively inexpensive health education dramatically enhanced the health of seniors receiving home delivered meal services.
(SRPP15)

AN INTERNET-BASED LIFE EXPECTANCY CALCULATOR. AN EMPOWERING TOOL FOR PEOPLE WHO WANT TO AGE WELL.

T. Perls and The Alliance for Aging Research, Harvard Med School, Boston, MA 02115 and The Alliance for Aging Research, Washington DC 20006.

The Living to 100 Life Expectancy Calculator© was designed to translate what we have learned from studies of centenarians and other longevity research into a practical and empowering tool for individuals to estimate their longevity potential.

Twin studies of life expectancy indicate that the average person is born with a set of genes which should allow them to live to 85 years of age and maybe longer. The fact that average life expectancy in the U.S. is only 75 years and that many people have chronic diseases as they age speaks unfortunately to how common poor dietary habits, lack of exercise, smoking and other poor health habits are in this and other countries.

The New England Centenarian Study has demonstrated that the older you are the healthier you have been. We are most hopeful that people will learn from the life expectancy calculator what factors they can change in their lives for the better in order to compress the period of time they are sick to a shorter period near the end of their lives and therefore also to live longer in good health. We will present profile data on how users of the calculator score and what are their answers to the calculator are.

NEED FOR SELF-CARE AMONG OLDER ADULT LONG-TERM CANCER SURVIVORS.

G. Deimling, Case Western Reserve University, Cleveland, OH 44106 B. Kahana, Cleveland State University, E. Stoller, K. Abbott & J. Schumacher Case Western Reserve University, Cleveland, OH 44106.

The growing number of older adults who are long-term cancer survivors suggests that an increasing number of older adults will be facing the continuing health care challenges of cancer survivorship. Many of the health sequelae of cancer do not require formal medical interventions, and survivors are often left to face these challenges alone. This paper examines the role of self-care using a conceptual model and data from an NIA funded study. The analysis documented that many survivors continue to experience weakness or fatigue linked to prior cancer treatment. Many also continue to experience chronic pain linked to either the illness or treatment as well as other chronic effects including swelling, diarrhea, and salivary-oral health problems. Multivariate analysis indicates a link to the psychological well being of cancer survivors that has not diminished over time. The findings are discussed in terms of the self-care, health promotion and stress reduction responses that can be taught to survivors by clinicians working with older cancer survivors.

AFRICAN-AMERICAN CHURCHES AND INTEREST IN A GERIATRIC EXERCISE PROGRAM.

D. Haber and C. Looney. UTMB, Galveston, TX 77555-1028.

We wanted to conduct exercise programs at African-American churches but wanted to assess whether there were certain characteristics of the churches that would help us determine which ones to approach first. Sixty-four African-American churches were identified in our county and 42 ministers agreed to participate in an interview--we learned several strategies for obtaining interviews with ministers who had research interviews low on their priority list.

Our two dependent variables were ministerial interest in hosting an exercise program, and ability to identify two recruitment leaders from the congregation. The independent variables with significant correlations were the minister's education level, the size of the congregation, the existence of adequate space, and socioeconomic status. We also discovered that some of these larger and more resourceful churches were eager to reach out to smaller, less resourceful neighboring churches and include them in their activities while others were not.

WHERE TO TURN? MIDLIFE WOMEN CONFRONT ISSUES OF SEXUALITY, SEXUAL RELATIONS, AND BEHAVIOR

D.L. Zablotsky, E.Fullmer, Department of Sociology, Anthropology, and Social Work, University of North Carolina at Charlotte, Charlotte, NC 28223. T. Roberson, Stanly Community College, Albemarle, NC 28001.

The relationship between women and their physicians has been shown to be important for treating sexual problems, enhancing sexuality in aging patients, and increasing patient knowledge regarding menopause. Seeking information and creating dialogue regarding issues of sexuality have become even more important as the sexual transmission of HIV to midlife and older women continues to increase.

Using focus groups, several topics related to their sexual lives and health were explored with heterosexual women and lesbians in their forties and fifties. The investigation was initiated to find out if the medical community was responding to the needs and questions of mature women, with the goal of identifying the appropriateness of the health care setting for educating midlife women about menopause and STDS.

Findings indicate that both groups of women identified the importance of their informal social network and alternative sources of information such as the Internet before turning to health care providers. They discussed the relevance of the age and gender of practitioners and identified new barriers resulting from the changing health care structure. Both groups of women expressed concern regarding the HIV epidemic and identified perceived cohort differences in how women process safer sex messages.

ACCIDENTS AMONGST OLD-OLD PEOPLE IN SCOTLAND

M. Gilhooly, and, D. Clawson Centre of Gerontology and Health Studies, University of Paisley, Paisley, Scotland, UK

The aim of this locality study was to investigate nature and frequency of reported and unreported accidents amongst a sample of people age 75 years and older living in the community in Renfrewshire, Scotland. The data were collected via semi-structured interviews which were added to annual 'over-75' health assessments. The sample consisted of 38 males and 47 females. The age of study participants ranged from 75 to 91 years; the mean age was 79 years. Sixty percent reported having one or more accidents in the previous twelve months. The most common category of accident was 'bumps and drop', though combining 'falls' and 'slip and trips' created the biggest category. Most accidents took place in the kitchen; this is an interesting finding given that most accident prevention advice focuses on the bathroom. Although those who lived alone reported more accidents than those who lived with others, the difference was not statistically significant. There were no significant differences between men and women in the number of reported accidents. Although a high proportion of the sample were taking a variety of medications, most did not associate their illnesses or their medication with their accidents. Females more often visited the general practitioner after the accident, but both males and females reported being reluctant to visit the GP for fear of 'wasting' the doctor's time. Given that elderly people who have fallen are at great risk of having another fall, it is recommended that information about accidents be routinely gathered in the over-75 health assessment.

THE IMPACT OF EARLY INTERVENTIVE SOCIAL SERVICES ON HOSPITAL UTILIZATION AND QUALITY OF LIFE AMONG LOW INCOME ELDERS

A. Shapiro, Department of Sociology, Anthropology, and Criminal Justice, University of North Florida, Jacksonville, FL 32224.

A longitudinal community-based demonstration project was conducted to test whether the provision of core social services earlier than they are normally provided improves the quality of life and reduces hospitalization among poor elderly persons. Subjects (n=105) were recruited from among elderly persons on a waiting list for community-based social services. Subjects were randomly assigned into an experimental group, which received social services, and a comparison group, which did not receive services. Telephone assessments were conducted with all subjects at baseline and every three months thereafter for 2 years. Results indicate that the service intervention substantially lowered depression and increased mastery and satisfaction with social relationships. The impact of service intervention on hospital utilization and physical decline was moderate. This program provides compelling evidence that providing social services earlier improves elders' quality of life and may, in the long term, curtail spending for critical hospital care.

NEIGHBORHOOD SAFETY AND EXERCISE DURING MIDLIFE: ECOLOGICAL AND INDIVIDUAL PATHWAYS

J. G. Grzywacz, S. G. McMahan, School of Social Ecology, University of California Irvine, Irvine, CA 92697.

Living in an unsafe community is frequently associated with lower levels of participation in regular physical activity. Although dominating individual-level theories generally characterize neighborhood safety as a "barrier" to regular physical activity, the specific pathways through which neighborhood safety influences an individual behavior have not been clearly specified. The purpose of this study was to use social ecological theory to explain the association between neighborhood safety and participation in regular physical activity during midlife. Using data from the National Survey of Midlife Development in the United States (MIDUS) we hypothesized that both person-environment interactions and intra-personal processes would help explain the association between perceptions of neighborhood safety and participation in regular physical activity.

Consistent with previous research using national samples, results from multivariate analyses revealed that lower levels of perceived neighborhood safety was associated with lower odds of engaging in regular vigorous activity, and regular moderate activity. The association between neighborhood safety and regular vigorous exercise was completely explained by fewer person-environment interactions (e.g., regular conversations or social "get-togethers" with neighbors) and lower levels of psychological resources (e.g., perceived control over health and general feelings of mastery). By contrast, the association between neighborhood safety and regular moderate forms of physical activity was only partly explained by psychological resources alone.

Results from this study demonstrate the utility of social ecological theory for understanding and promoting health-related behavior among adults by identifying two plausible leverage points for community-based exercise programs in at-risk communities. Intervention strategies that promote interaction between neighborhood residents and strategies that enhance residents' psychological resources may yield better results than interventions targeting individual-level processes alone. (SRPP-8)

EXPANDING COMMUNITY SERVICES TO INCLUDE HOME-DELIVERED BREAKFASTS: IMPACT ON AT-RISK OLDER ADULTS

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Morning Meals on Wheels (MMOW) is an innovative addition to community services targeting a needy population. MMOW expands the Older Americans Act Elderly Nutrition Program's home delivered meals service to include breakfast as a second meal to reduce malnutrition in at-risk older adults. This study isolated a subset of 170 particularly vulnerable participants from the six-month national MMOW pilot evaluation. The impact of the breakfast service on this group was assessed. Information from pre/post surveys and routine client assessments was used to collect data and outcomes concerning demographics, malnutrition risk, functional status perceived health, appetite, sense of independence, food security, food intake pattern, and in-home help. Paired t-tests were used to analyze group pre-post changes in outcomes. Consumption of additional kilocalories and nutrients from breakfast was accompanied by decreases in mean malnutrition risk score ($p=.03$) and mean number of IADL limitations ($p=.02$), and improvements in perceived health ($p=.001$) and appetite ($p=.003$). MMOW enabled participants to eat more than one meal a day, remain living at home, and afford other esentials. It gave them more energy, a feeling of independence, a better outlook, and helped in "other" ways as well. Appropriately targeted, breakfast, as an additional community service, can decrease malnutrition risk and promote the well-being of its recipients.

EFFECTS OF MANAGED CARE ON USE OF CLINICAL PREVENTIVE SERVICES BY MEDICARE BENEFICIARIES

Y.C. Li , Department of Health Policy and Administration, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400

An increasing proportion of the Medicare beneficiaries have enrolled in managed care programs in recent years. Little is known about the effects of such private health insurance coverage on the use of clinical preventive services by elderly under public program. This study addresses the effects of managed care on the use of influenza and pneumococcal pneumonia vaccinations by Medicare beneficiaries aged 65 and older living in the community. The data are from the 1993 Medicare Current Beneficiary Survey (MCBS). The logit model analysis indicates that persons under managed care were more likely to receive both vaccinations than those who were not enrolled in managed care ($p < .01$). Overall, older age, higher education, higher income, and poorer health status were positively associated with immunization ($p < .01$). This study also analyzed the potential indirect effects of managed care on immunization rates through access to care. Results indicate that ease of access to physicians and the consistent use of particular medical care sources lead to a significant increase in the probability of receiving both vaccinations ($p < .01$). The major findings of this study suggest that managed care programs play an important role in providing clinical preventive services to the targeted elderly population.

SECONDARY CONDITIONS AMONG PERSONS AGING WITH LONG TERM PHYSICAL DISABILITY

D.J. Sheets, Andrus Gerontology Center, University of So. California, University Park, Los Angeles, CA 90089-0191

Many individuals aging with long-term physical disability are experiencing secondary conditions-- unanticipated declines in health and functional status-- that are related to the underlying primary impairment. Relatively little is known about secondary conditions although their inclusion in Healthy People 2010 is evidence that they have become a major public health priority. The present study describes variations in the prevalence of specific types of secondary conditions (i.e., chronic health conditions, symptoms, mobility) and identifies who is at-risk for secondary disability (i.e., increase in activity limitations). Data are from the Aging with Disability (AwD) Survey Study, a cross-sequential, group comparison study of 404 respondents with polio (n=219) or rheumatoid arthritis (RA) (n=185). The mean age of both samples was similar ($\bar{X}=60$ years) but groups differed by duration of disability (Polio $\bar{X}=50$ yrs. and R.A. $\bar{X}=20$ yrs.). Within sample descriptive analyses reveal significant variation between impairment groups in chronic health conditions, symptoms and mobility. Predictors of secondary disability were identified using ANCOVA models based on an expanded

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model of the disablement process. Results show that contrary to what the literature suggests, age, duration, or the combination of both, account for little of the variance. The strongest predictors of secondary disability were changes in symptoms and mobility. Other predictors varied significantly across impairment groups. Findings are discussed in terms of targeting prevention efforts and the implications for our age-based public policies.

NUTRITIONAL AND FUNCTIONAL CHALLENGES FOR COMMUNITY-BASED OLDER ADULT SERVICES

J.R. Sharkey, P.S Haines, N. Zohoori, Dept of Nutrition, University of North Carolina at Chapel Hill School of Public Health, Chapel Hill, NC27599.

Functional disability is a large problem among older adults, diminishing the ability to live independently in the community. Community-dwelling older adults with functional disabilities also report increased risk for nutritional deficiency. We present data collected by providers of Title III Home-Delivered Nutrition (NSI DETERMINE Checklist, ADLs/IADLs, and sociodemographic) on 96% of participants in two rural NC counties (n=245). We tested for pooling the data, multicollinearity, and corrected for heteroscedasticity. Age demonstrated an inverse relationship with nutritional risk and functional disability. The young old (ages 60-74 years) were significantly more likely to report functional disability and high nutritional risk compared with participants ages 75-84 years and ages 85 and older. In multivariate logistic regression, controlling for age, race, sex, poverty income status, and county of residence, a high nutritional risk status was positively associated with the presence of ≥ 2 functional disabilities (OR= 3.0, 95% C.I.=1.1, 8.4). These policy-relevant findings add weight to a possible interrelationship between nutrition and function. Furthermore, additional research is needed to construct and implement appropriate interventions for a younger, more nutritionally at-risk, and functionally disabled older population.

THE IMPACT OF A HEALTH EDUCATION PROGRAM ON HYPERTENSION KNOWLEDGE, EFFICACY, WEIGHT AND PHYSICAL PERFORMANCE OF AFRICAN ELDERS WITH HIGH BLOOD PRESSURE

L. H. Davis, Southern University School of Nursing, Baton Rouge, LA. 70813.

High Blood Pressure is a major health problem in African American elders. Health Education programs can help elders to manage their blood pressure, prevent complications and improve their health. This study, one of several projects in a Center for Health Intervention With Minority Elderly (CHIME), recruited AFRICAN American elders with high blood pressure (N= 110) from public housing buildings to participate in a six month health education program. The program was designed to improve hypertension knowledge, efficacy, weight and physical performance. Eighty-eight (88) elders the intervention group (I.G.), participated in twelve (12) seminars and activities related to diet and exercise, and twenty-two (22) elders a control group (C.G.), did not receive any intervention. Post-test scores for the I.G. revealed increases in knowledge in two areas (diet and risk), physical performance (step test) and decrease in efficacy and weight. Discussion includes methodological issues related to implementing health education programs for this high risk population.

MAMMOGRAPHY IN THE ELDERLY NURSING HOME RESIDENTS

H. Burke, MD, Ph.D, J. Walavalkar, MD, R. Ammon, MD, K. Gupta, MD

Department of Medicine, New York Medical College Valhalla, NY 10595

We investigated the rate of suspicious or cancerous breast lesions in elderly female in an academically affiliated long term care facility. We prospectively referred for mammography all elderly females at this long term care institution who did not refuse. Forty three women underwent mammography of these women, one was diagnosed with breast cancer and four exhibited suspicious lesions that were referred for biopsy. The remaining thirty eight were unremarkable.

We conclude that 12% of long-term care female residents may either have breast cancer or be at high risk and require surgical evaluation.

175

PUBLIC POLICY COMMITTEE SYMPOSIUM: TRANSLATING RESEARCH FOR THE PUBLIC - THE RISKS AND BENEFITS

Organizers: L.R. Shugarman, Institute of Gerontology and School of Public Health, University of Michigan, Ann Arbor, MI 48109-2007.

Participants:

M.S. Wilkes, School of Medicine, University of California - Los Angeles, Los Angeles, CA 90095.

C.F. Longino, Jr., Reynolda Gerontology Program, Wake Forest University, Winston-Salem, NC 27109.

J.A. Cutter, Free-lance Journalist, Clearwater, FL 33755.

Moderator and Discussant:

L.A. Bero, Department of Clinical Pharmacy, School of Pharmacy and Institute for Health Policy Studies, School of Medicine, University of California - San Francisco, San Francisco, CA 94109.

Scientific research is usually complex and it's results are often difficult to communicate to a lay community. It is important that the public be informed of the research we do, particularly when it can influence policy or the public's health. Gerontological research, such as research related to social security, long-term care, or the aging process can have a significant impact on the public.

Journalists play a critical role in conveying the results of research to the lay public and policymakers. They reflect, as well as help shape, public opinion. Journalists must often rely on researchers to translate their research into a format that is accessible to the general public. What is our role and responsibility in informing the public of our research and how do we make sure that our research is interpreted correctly? An exciting and knowledgeable group of panelists will discuss the risks and benefits of translating research for a larger community from both the researcher and journalistic perspectives.

176

TEXAS FIVE-STEP APPROACH TO TEAM WORK

One (55 minute)/Color VHS videotape/1998
Intended Audience: Health Care Professionals, Trainers, Students

This video, developed by the Houston Geriatric Interdisciplinary Team Training Project, addresses common team dynamics issues and illustrates how skill utilization by one member of the team can increase the effectiveness of the whole team. The video introduces five basic principles and four basic skills for individual team member utilization showing that one team member, using these skills, can positively impact the team outcome. The video shows four different teams representing the following disciplines: medicine, nursing, social work, pharmacy and physical therapy. Each case is shown three times – the first time exhibiting conflict and poor communication skills followed by reenactments of the same case exhibiting the basic principles and skills needed for effective teamwork. A facilitators guide has been developed which provides some background information on interdisciplinary teamwork and suggests strategies for using the video as a training tool. Presented by Mehrnaz S. Gill, M.S., Nancy Wilson, L.M.S.W., M.A.; Director: Patti Aldredge, L.M.S.W.-ACP; Huffington Center on Aging, Baylor College of Medicine, One Baylor Plaza, M-320, Houston, Texas 77030. (713) 798-6470

181

WHITHER GERIATRICS CERTIFICATION?

An Association for Gerontology in Higher Education (AGHE) Sponsored Symposium. Co-Sponsored by American Geriatrics Society Education Committee and Association for Directors of Academic Geriatric Programs.
M. Bernard, Department of Geriatrics, University of Oklahoma College of Medicine, 921 N.E. 13th (11G), Oklahoma City, OK. 73104 & G. Sullivan, Center on Aging, University of Connecticut
Participants:
Lynn Langdon (American Board of Internal Medicine) Quantitative Data from the Certifying Boards
Richard Besdine (Center on Aging, University of Connecticut) The Washington Viewpoint
David Reuben (Division of Geriatrics, UCLA School of Medicine) The Internist's Viewpoint
Gregg Warshaw (Office of Geriatric Medicine, University of Cincinnati) The Family Physician's Viewpoint
William Hall (Department of Medicine, University of Rochester) Follow-up Data on Geriatrics Fellowship Trainees

In 1988 the American Board of Internal Medicine and the American Board of Family Practice first offered the Certificate of Added Qualifications in Geriatrics. The certification was time-limited, with the opportunity for recertification every ten years. In November 1998, there were many fewer physicians who underwent recertification than those who were originally certified. This raises the question of the role and future of certification in geriatrics.

Based upon this background, this symposium will have the following objectives:
1. To describe physicians who initially underwent certification, and those who recently underwent recertification
2. To describe the role of geriatrics certification in academic settings
3. To describe the role of geriatrics certification in practice settings
4. To make projections regarding the future of geriatrics certification.

182

CENTENARIANS, KEEPERS OF THE SECRETS OF LONGEVITY.

T. Perls, M. Silver. Harvard Med School, Boston, MA
Participants:
M. Silver, T. Perls (New England Centenarian Study, Boston MA, 02115) Who lives to 100? A cognitive and personality profile of centenarians.
S. Brewster, A. Puca, J. Bowen, M. Shea, E. Joyce, L. Kunkel, T. Perls. (Div Genetics, Children's Hospital and Harvard Med School, Boston, MA 02115) Pedigree examination of three unrelated families of centenarians.
N. Barzilai. (Division of Geriatrics Albert Einstein College of Medicine, Bronx, NY, 10461) The role of phenotypical assessment when searching for longevity genes.
N. Van Orsouw, T. Perls, J. Vijg (Cancer Therapy and Research Center, San Antonio TX 78229, New England Centenarian Study, Boston MA, 02115) Centenarians: Defining the "good" polymorphisms of longevity enabling candidate genes.
Discussant:
Tom Perls (New England Centenarian Study, Harvard Medical School, Boston MA, 02115) The Opportunities of Longevity.

Carefully performed population-based study of centenarians in the New England area has reveled that centenarians do not achieve their extreme age in spite of diseases associated with aging. For the most part, they have probably done so by aging relatively slowly and either markedly delaying or in some cases escaping eventually lethal diseases associated with aging.

Familial patterns of longevity suggest that genes may play an important role in surviving to extreme old age, but scientists have the difficult task of dissecting out the interplay between shared genes and shared environment among these family members.

Centenarians reveal that the older you get, the healthier you've been. We have much to learn from them about both modifiable and unmodifiable factors which allow a person to age well for many years beyond the age of 65.

WHO LIVES TO 100? A COGNITIVE AND PERSONALITY PROFILE OF CENTENARIANS.

M. Silver, T. Perls. New England Centenarian Study, Harvard Medical School, Boston MA, 02115.

"The older you get, the sicker you get" has been one of the most tenacious myths about aging. And many people believe that dementia is inevitable by the time one achieves very old age. But new research on 100-year-olds has revealed a very different picture. A substantial number of centenarians have no dementia by both neuropsychological assessment and neuropathological examination.

Another pervasive misconception has been that to live to 100, an individual has to live a stress-free life, but the majority of centenarians have lived very difficult lives - some survived the holocaust, others lived in extreme poverty as new immigrants to the United States. What has contributed to their survival may be their ability to handle stress well--a personality trait that, according to testing, centenarians possess significantly more frequently than the general population.

These and additional findings that flesh out the cognitive and personality profile of centenarians contribute to new ways of understanding normal cognitive aging. They also illuminate the role of personality and other factors that may contribute to extreme longevity.

PEDIGREE EXAMINATIONS OF THREE UNRELATED FAMILIES OF CENTENARIANS.

S. Brewster, A. Puca, J. Bowen, M. Shea, E. Joyce, L. Kunkel, T. Perls. Div Genetics, Children's Hospital and Harvard Med School, Boston, MA 02115.

The New England Centenarian Study was implemented in part, to study centenarians and their families in an effort to understand the underlying causes of human longevity.

We ascertained families through various recruitment methods including advertisement via the Internet and mailings to centenarians and geriatric specialists.

Here we will describe the pedigrees of three extremely rare families particularly interesting because of clustering for the phenotype of extreme longevity. Studying families such as these is an important step towards studying the potential familiality of extreme age and dissecting out the roles of genes and environment in how we age and our susceptibility to diseases associated with aging.

THE ROLE OF PHENOTYPICAL ASSESMENT WHEN SEARCHING FOR LONGEVITY GENES.

N. Barzilai. Division of Geriatrics Albert Einstein College of Medicine, Bronx, NY, 10461

Longevity may be determined by specific genes that may function by slowing the aging processes and/or by protecting against common causes of death. We study individuals in US and Israel >95 years of age. These individuals are all from the founder population of Ashkenazi Jews, in which successful searches for genes have been demonstrated (recent example is the discovery mutation of BRCA1 in young women with breast cancer). The genetic analysis will be performed by candidate gene approach, as well as with micro-array technology. In addition to obtaining data from the proband of the "oldest old", data is obtained from their offspring for genetic haplotyping, and because they may be enriched with longevity genes. Preliminary data suggests that favorable lipid profile is necessary, although may not be adequate, for assurance of longevity. The fact that the probands had higher HDL ('good') cholesterol than that of the offspring, emphasizes the importance of obtaining prospective data from the longevity-gene-'enriched' offspring. Once genetic analysis is fruitful in the proband of the "oldest old", the relevant plasma peptide levels may be better correlated in the plasma of offspring than in that of the proband.

CENTENARIANS: DEFINING THE "GOOD" POLYMORPHISMS OF LONGEVITY ENABLING GENES.

N. Van Orsouw, T. Perls, J. Vijg. Cancer Therapy and Research Center, San Antonio TX 78229, New England Centenarian Study, Boston MA, 02115.

Molecular genetic techniques have recently become available to rapidly and accurately define the many potential polymorphisms of candidate longevity enabling genes. One such technique is two dimensional gene scanning (TDGS). A large number of framents representing a gene are amplified simultaneously. These are subsequently resolved by separation according to size followed by separation in a denaturing gradient gel. This allows one to look at many polymorphisms simultaneously. Results of this technique will be described in the case of BRCA1 in centenarians compared to a control group consisting of one child per set of parents who did not survive beyond the age of 75 years. Centenarians represent a powerful genetic tool to dissect out polymorphisms associated with longevity compared to those associated with premature mortality.

183

Transgenic Interventions in the Aging Process

Chair: John Phillips, University of Guelph

The identification of individual genes and genetic networks involved in specifying species-specific patterns of aging rests ultimately on our capacity to demonstrate that directed changes in the mode of expression of these genes alter the normal pattern of aging. The tools of transgenesis provide the means to introduce novel genetic material into an organism to augment or replace genetic elements of the endogenous genome, and have been instrumental in revealing the critical role of specific genes in the aging process. This symposium will focus on the growing sophistication intransgenic methodology and how it continues to advance our understanding of the genetic mechanisms of aging in a variety of experimental organisms.

Simon Melvo*, Emory
"Transgenic mouse models for studying aging in mammals"

Seymor Benzer, California Institute of Technology
"Transgenic Analysis of Life and Death in Drosophila"

John Tower, University of Southern California
"FLP Transgenic Analysis of Aging in Drosophila"

Roger McCarter, University of Texas, San Antonio*
"GLUT4 Transgenic Analysis of Dietary Restriction and Aging"

John Phillips, University of Guelph
"GAL4 UAS-Targeted Analysis of Aging Mechanisms in Drosophila"

184

NURSING SPECIAL INTEREST GROUP SYMPOSIUM: MOVERS AND SHAKERS: NURSES, THE BEDROCK OF QUALITY

Chairs:

Mathy Mezey, Hartford Institute for Geriatric Nursing, New York University, Division of Nursing, NY, NY 10012

Diane Mahoney, HRCA Research and Training Institute, Hebrew Rehabilitation Center for Aged, Boston, MA

Tamara Zurakowski, Division of Nursing and Health Sciences, Neumann College, Aston, PA

Participants:

Charlene Harrington (University of California at San Francisco, School of Nursing) Overview.

Mary M. Bliesmer (Minnesota State University , Mankato, School of Nursing) The Relationship Between Nursing Staffing Levels and Nursing Home Outcomes.

Jeanie Kayser-Jones (University of California, San Francisco, School of Nursing) The Nutritional Care of Nursing Home Residents: Nursing's Responsibility to Be The Movers and Shakers.

Mary D. Naylor (University of Pennsylvania, School of Nursing) The Transitional Care Model and Hospitalized Elders.

Discussants:

The Symposium Chairs and

Ellen Schell(University of California,SanFrancisco)

Kathryn H. Bowles (University of Pennsylvania)

Elderly patients, family members and health care providers are beginning to question the impact of market forces on the quality of health care delivery. As the largest sector of the health care work force, professional nurses have taken the brunt of cost-cutting efforts: decreased nurse staffing in hospitals; failure to regulate even minimun professional nurse staffing levels in nursing homes, and lowered reimbursement that threatens the ability of nurses to provide appropriate care in the home.

These changes in health care fly in the face of research that clearly substantiate the benefits that elderly patients receive from enhanced nursing care. This Symposium highlights four clinical and health policy research initiatives by established nurse researchers that underscore the improved patient outcomes related to nursing practice. Discussants focus on ongoing efforts to build on the work of these established researchers.

OVERVIEW

Charlene Harrington, University of California, Special Behavior Science, San Francisco, CA 94143

Nursing care is the primary direct service in nursing homes, hospitals and home care and is central to the process and the outcomes of care. Beginning in the 1970's, substantive research efforts have documented the positive relationship that exists between nurse staffing and quality of care in hospitals and nursing homes.'

The depth and consistency of clinical and health policy research findings related to nurse staffing and quality is impressive. In nursing homes, a substantial body of literature supports the decreased mortality and morbidity that is associated with higher ratios of registered nurses to residents. Outcomes such as fewer decubitus ulcers, lower urinary tract infections, less use of physical restraints have all been associated with higher nurse staffing. Similarly studies have confirmed the negative effect of inadequate nurse staffing on quality indicators such as malnutrition and dehydration. In hospitals, increased and better prepared nurse staffing is associated with fewer episodes of delirium, increased sleep and fewer hospital re-admissions. The studies in this symposium highlight the long-standing work of three nurse researchers related to quality and cost outcomes for care for the elderly in nursing homes and hospitals and provide a forum for identifying future opportunities for strengthening and expanding efforts to document quality and cost outcomes of geriatric nursing.

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THE RELATIONSHIP BETWEEN NURSING STAFFING LEVELS AND NURSING HOME OUTCOMES

M.M. Bliesmer, M. Smayling, Minnesota State University, Mankato, School of Nursing, Mankato, MN 56002, R.L. Kane, University of Minnesota, L. Shannon, Rush University, Chicago.

This study examined the effects of selected Minnesota nursing home attributes (size, ownership, noncompliance with a state correction order, and licensed and nonlicensed nursing hours) on specific outcomes (functional ability, discharge home, and death) for residents 65 and older, controlling for residents' age and previous functional ability. The functional outcome was operationalized by calculating the residents' Total Dependence Score (TDS), the total score on the assessment of eight activities of daily living. Ordinary least squares regression analysis was used to estimate the effects of facility attributes, admission TDS, and age on resident outcomes, and nonlinear probability analyses were used to estimate the effects of the same variables on the probability of death or discharge home. In the year after admission, licensed (but not nonlicensed) nursing hours were significantly related to improved functional ability, increased probability of discharge home, and decreased probability of death. However when limited to chronic residents, the role of licensed nursing hours virtually disappeared. These findings support greater use of licensed nurses in the nursing home setting.

THE NUTRITIONAL CARE OF NURSING HOME RESIDENTS: NURSING'S RESPONSIBILITY

J. Kayser-Jones, University of California, San Francisco, School of Nursing, San Francisco, CA 94143.

"Every careful observer of the sick will agree in this that thousands of patients are annually starved in the midst of plenty, from want of attention to the ways which alone make it impossible for the them to take food." Written by Florence Nightingale in 1860 (see Notes on Nursing: What It Is and What It Is Not), these words are relevant today in many American nursing homes.

Florence Nightingale, founder of modern nursing, taught that nursing was a noble profession for women. Building on the foundation laid by Florence Nightingale, professional nursing has made tremendous advances and important contributions to health care. Nurses manage sophisticated high-technology equipment and administer complex therapeutic regimens. However, although Florence Nightingale eloquently described the importance of food when one is ill, the nutritional care of nursing home residents has been neglected by nurses.

Eating is a bio-psycho-social-cultural affair. The food we eat and when, where, and how much we eat are decisions based on individual choice and lifetime patterns. Upon entering a nursing home, however, many of these choices are no longer possible; older people are expected to conform to an institutional regimen Moreover, due to multiple physical, sensory and cognitive losses, rather than being a pleasant, nutritious experience, eating becomes a formidable, unpleasant event, an impossible challenge.

This paper will resent data from a 5-year NIH-funded anthropological study that investigated the social, cultural, clinical, and environmental factors that influenced nutritional care in two proprietary nursing homes. The multiple factors that influence eating, and subsequently the nutritional status of residents, will be described and analyzed, and nurses' responsibility for nutritional care will be presented.

THE TRANSITIONAL CARE MODEL AND HOSPITALIZED ELDERS

M.D. Naylor, University of Pennsylvania School of Nursing, Philadelphia, PA 19104

The purpose of this presentation is to describe advances in knowledge associated with the testing of a model of transitional care with elders hospitalized with common medical and surgical conditions who are at high risk for poor post-discharge outcomes. The model consists of discharge planning and home follow-up by masters prepared nurses. It has been the focus of one on-going and two completed randomized clinical trials funded by the National Institute for Nursing Research, NIH. This presentation will examine the contributions of this program of research in: a) defining the unique needs of this patient population and their caregivers; b) identifying patients at high risk for poor outcomes; c) defining the interventions needed to improve quality and reduce costs; d) promoting the use of master prepared nurses working in collaboration with physicians and other health professionals; and, e) affirming the critical importance of both continuity of care and home follow-up of high risk elders.

185

BLOOD PRESSURE AND DIETARY FACTORS IN THE ELDERLY. A REPORT FROM THE NHANES-III

Ihab Hajjar, MD, Clarence Grim, MD. Divisions of Geriatrics and Hypertension, Medical College of Wisconsin, Milwaukee, WI 53226

Conflicting and scarce data is available about the relationship between dietary intake and blood pressure predictability in the elderly. This report analysis the relationship between the major electrolytes, protein, and alcohol intake and blood pressure in individuals above the age of 65 who were surveyed during the NHANES-III. The data on all individuals above the age of 65 who were interviewed and examined during the NHANES-III was exported. Dietary information, including daily intake of calcium, magnesium, potassium, sodium, and alcohol, was obtained by 24hour recall dietary questionnaire. The average of the three blood pressure readings was included in our analysis. Univariant regression and multiple regression analysis (Forward stepwise) and model development were performed. 4495 patients older than 65 were identified in the NHANES-III database. The mean age was 75.44±7.07 years. Of our study sample 48% were males and 80% were whites. The mean body mass index was 26.56± 5.2 Kg/m^2. The mean dietary intake of Calcium was 0.693±0.461 g/d, of sodium was 2.68±1.48 g/d, of potassium was 2.54±1.21 g/d, of magnesium 260.71±mg/d, and of protein 64.82±32.70 g/d. 12.61% were alcohol drinkers. In the univariant analysis, lower systolic blood pressure was associated with a higher dietary intake of calcium ($\beta=-0.041, p=0.011$), magnesium ($\beta=-0.05, p=0.002$), alcohol use ($p=0.012$), and protein ($\beta=-0.048$, 0.003). A higher diastolic blood pressure was associated with a high sodium intake ($\beta=0.058, p<0.001$). In the multivariate analysis, when adjusting for age, gender, and race none of these effects persisted. In the subgroup analysis, the effects of high calcium, magnesium and protein on the systolic blood pressure persisted especially in individuals above the age of 75 ($p<0.005$). This analysis shows that there maybe subtle effects of calcium, magnesium, alcohol, and protein in the elderly. However, this effect did not persist when included in a more comprehensive model. The magnitude of predictability of blood pressure by these dietary factors is minimal, and is much smaller than in the younger population.

Subjective responses of dry mouth and xerostomia in older adults with diabetes. EM CHAVEZ, LN BORRELL, GW TAYLOR, JA SHIP. University of Michigan School of Dentistry and Public Health, Ann Arbor, MI 48109.

Diabetics have traditionally been reported to have frequent complaints of xerostomia, however, several studies have indicated they do not report symptoms of xerostomia more frequently than non-diabetics. The complaint of xerostomia may be an important sign of an underlying salivary disorder, which can cause significant oral and pharyngeal problems. The purpose of this study was to determine if older diabetic subjects have increased xerostomic complaints compared to non-diabetic controls. This study enrolled 11 well-controlled and 18 poorly-controlled diabetic subjects aged 54-90, and 23 non-diabetic age-, sex-, and racially-matched controls. All subjects completed a standardized xerostomia questionnaire and unstimulated whole, unstimulated parotid, and stimulated parotid salivary flow rates were collected. Poorly-controlled diabetics had significantly lower stimulated parotid flow rates compared to well-controlled and non-diabetic subjects. Conversely, there were no significant differences in the subjective responses based upon diabetic or glycemic control status. Diabetics in the lowest 10% of stimulated parotid flow rates had similar complaints to subjects with normal flow rates. These preliminary results suggest that despite diminished stimulated parotid flow rates in poorly-controlled diabetic subjects, there were no significant differences in xerostomic complaints compared with subjects who had normal salivary flow rates and non-diabetic controls.

ASSOCIATIONS OF A SALIVARY SECRETION INDEX OF SUCCESSFUL OR ACCELERATED AGING WITH ORAL HEALTH. C-K. Yeh, D.A. Johnson, M.J. Saunders, M.W.J. Dodds, Depts. of Dent. Diag. Sci. & Community Dent., UTHSCSA and GRECC, Audie L. Murphy Div. STVHCS, San Antonio, TX 78284

Previously we have shown that salivary flow rates decrease with age. In the present study, we developed a salivary index of successful (Succ), usual (U) or accelerated (Acc) aging using the flow rates of the youngest "healthy" age-group (33-44 years) as a "gold standard". This index was used to determine if there was a relationship with several parameters of oral health (i.e., root caries index (THIr), oral yeast counts and denture status). Unstimulated whole saliva, and unstimulated & acid-stimulated submandibular/sublingual as well as parotid saliva were collected from 1130 subjects of the OH:SALSA population and the subjects were divided into Succ, U and Acc groups based on our salivary index. Two way ANOVA (age and oral health indices) indicated that, in general, root caries rates were higher ($p<.004$) in Acc as compared to Succ groups. Oral yeast counts were higher in the Acc group ($p<.0001$), and the difference was more apparent with increasing age ($p<0.02$). More subjects had full dentures in the Acc group ($p<0.001$) than the Succ group as analyzed with Chi-square. Our study demonstrates that salivary gland function as categorized by our system is associated with several clinical parameters of oral health. (Supported by NIH/NIDCR DE10756).

Vitamin E Supplements and Cognitive Function in Older Women. J.E. Dunn, S Weintraub, AW Rademaker, Dept. of Preventive Medicine and Center for Cognitive Neurology, Northwestern University Medical School, Chicago IL 60611.

Vitamin E (VitE) has been proposed as a protective factor for both Alzheimer's disease and age-related cognitive changes. While the biologic rationale is compelling, epidemiologic evidence remains sparse and inconsistent. As part of a pilot study, tests of memory, language, attention, and visual/perceptual ability were administered to 94 non-demented, ADL-independent women age 60 and over, and self-reported use of vitamin supplements and medications were determined. Least squares means of test scores were compared for VitE supplement users and non-users, adjusting for age, education, use of estrogen replacement therapy (HRT) and non-steroidal anti-inflammatory medications (NSAIDS). Women who scored at least 2 SD below age- and education-adjusted norms on two or more tests were designated as having cognitive abnormalities without dementia (CAWD); multivariable logistic regression was used to determine the association of VitE use with CAWD. Results: 48 women used VitE supplements (mean intake 430 IU/day); VitE use was associated with HRT and/or NSAID use and white race. Adjusting for age and education, VitE users scored higher on tests of immediate ($p=.04$) and delayed ($p=.06$) verbal memory, and immediate visual memory ($p=.06$) but not when additionally adjusting for race, HRT and/or NSAID use. No differences were seen with VitE use in tests of attention, language, or visual/perceptual ability. However, VitE users were less likely to have CAWD (OR 0.32; 95% CI 0.12-0.86), adjusting for race, HRT and NSAID use. Conclusions: VitE use may be associated with better general cognitive function in older women, but initial associations with higher scores in verbal and visual memory appear to be due to confounding by HRT and NSAID use. Randomized trials are needed to determine if VitE use can affect cognitive function.

LONG TERM GASTRIC THERAPY IS ASSOCIATED WITH VITAMIN DEFICIENCY IN THE ELDERLY. M. Smith, M. Freedman, A. Garcia. Queen's U and U of T., Kingston and Toronto, Ontario.

Absorption of protein-bound B12 requires a low gastric pH. We have examined the effects of long term gastric therapy on B12 levels and function, in a cohort of older adults, living in the community. There were 111 participants in the study of whom 19 (17.1%) were taking either H-2 antagonists or Omeprazole for over 3 months. Twenty four participants (21.6%) had history of gastric / esophageal symptoms of whom 11 were on gastric therapy. Eight participants were on gastric therapy because of concomitant anti-inflamatory treatment.

B12. Methylmalonic (MMA)levels were determined in all participants. Of the 19 subjects on gastric therapy, 6(31.6%) had low B12 and an additional [illegible] had elevated MMA. Of the 92 subjects that were not on gastric therapy, 10 (10.9%) had low B12. The Odds Ratio for low B12 among subjects taking gastric therapy was 3.785 (CI = 1.176-12.183) ($p < .05$) and for elevated MMA, 3.240 (CI= 1.159-9.056) ($p < .05$). The differences were still significant after adjusting for multiple covariates, including other medications. In conclusion, long term acid gastric suppression therapy contributes to B12 deficiency in the elderly.

186

Predictors of Successful versus Unsuccessful Aging in Community Dwelling Elderly.

D.D. Dunlop, L.M. Manheim, R.W. Chang, Institute for Health Services Research and Policy Studies, Northwestern University, Evanston, IL 60208. This research was supported by the AARP Andrus Foundation.

Objectives. We identify predictors of successful versus unsuccessful aging in the elderly by evaluating six years of longitudinal data. Unsuccessful aging is defined by either a long-term nursing home stay or death within two years. We apply statistical techniques that handle multiple two-year "windows" of information from individuals to utilize updated risk factor profiles over time.

Methods. The Longitudinal Study on Aging was used to evaluate two-year transition rates from successful to unsuccessful aging using a cohort of n=5062 elderly. Classification trees screened 53 potential risk factors (demographic, functional tasks, health measures, social support and economic resources) from a learning set of n=2531 elderly. A final model used discrete hazard rate analysis on a validation set of n=2531 elderly, to account for repeated measures.

Results. Classification trees identified 8 of 53 potential risk factors related to successful versus unsuccessful aging. Final risk factors that were significant predictors of the two-year transition from successful to unsuccessful aging were functional limitations, self-reported health status, age, gender, stroke, incontinence, inability to bathe or do heavy house work. The model is used to estimate the chance that elders with selected risk factor profiles will age successfully at least two years.

Conclusions. Functional task limitations are prominent predictors of successful versus unsuccessful aging. Since unsuccessful aging was largely driven by mortality, this indicates that functional limitations are related to long-term outcomes. Our model indicates that elderly with profiles of serious risk factors are likely to age successfully (50%-90% change) at least two years. This finding has relevant policy implications for long-term care planning.

PREVALENCE OF DUAL SENSORY IMPAIRMENT IN THE UNITED STATES. D.J. Lee, O. Gomez-Marin, B.L. Lam, F. Ma, T. Balkany. Departments of Epidemiology, Otolaryngology, Ophthalmology, U. of Miami, FL 33101.

Visual and hearing impairments are independently associated with adverse health events in the elderly. The presence of both conditions may further increase health risks. To date, clinically–derived estimates of dual sensory impairment (DSI) have not been published for the United States population. Data from the National Health and Nutrition Examination Augmentation Survey and the Hispanic Health and Nutrition Examination Survey were used to estimate the prevalence of DSI among adults 45-74 years of age in the following ethnic groups: African-Americans (AA, n=134), Cuban-Americans (CA, n=251), Mexican-Americans (MA, n=614), Puerto Ricans (PR, n=268) and non-Hispanic whites (NHW, n=1402). Distance visual acuity was assessed using Sloan Letters or Landolt Rings with participants wearing their corrective lenses, if any. Pure-tone averages (PTA) were calculated by averaging air-conduction thresholds obtained at 1000, 2000, and 4000 Hertz. DSI was defined as the presence of: 1) binocular visual acuity 20/50 or worse and 2) a bilateral PTA > 25 decibel hearing threshold level. All prevalence rates were adjusted using sample weights and design effects. Prevalence of DSI ranged from less than 1% in PR to 5% in AA. With the exception of CA, prevalence of DSI was greater in men versus women (range of age-adjusted odds ratios 1.5-3.4). Prevalence of DSI was consistently greater in adults 65-74 years of age than in younger adults (45-64); in the older age group, DSI prevalence ranged from 5% in PR to 11% in AA. Use of prevalence rates and census population estimates indicates that over 1.7 million community-residing adults 45-74 years of age have DSI.

VISION IMPAIRMENT AND SELF-REGULATION STRATEGIES AMONG HIGH-RISK OLDER DRIVERS. B. T. Stalvey, C. Owsley, Department of Ophthalmology, Univ. of Alabama at Birmingham, Birmingham, AL 35294.

Visual deficits, such as visual sensory impairment, slowed processing speed and attention impairment, are associated with increased crash risk in older drivers. License revocation may be the only option for those older drivers with severe, irreversible functional impairments. However, many older drivers with visual processing problems meet the legal requirements for licensing despite having deficits that elevate crash risk. 152 visually impaired older drivers (M age=74; 65-91) who were legally licensed to drive in the state of Alabama and were involved ≥ 1 crashes in the prior year visited our clinic for a visual screening and driving survey. All subjects had impaired visual acuity yet were within the state's 20/70 limit for licensing (23% of sample) or had slowed visual processing speed and visual attention (77%). Despite these deficits, 3/4 of these older drivers rated their vision as excellent or good, and over half believed that their vision was not likely to cause them to crash. These drivers had a high level of driving exposure (M=6.5 days/wk; M=239 miles/wk), also elevating their crash risk. 82% acknowledged they would feel more protected against crashing if they avoided certain challenging driving situations. However, almost 80% of these drivers reported never or rarely avoiding these situations (left-turns, interstates, high-traffic). Drivers reported high self-efficacy in their ability to self-regulate with 70% indicating that it would not be difficult for them to avoid situations and use alternative strategies. These data imply that behavioral interventions promoting the compensatory strategy of self-regulation may be useful in maintaining mobility while improving the safety of high-risk older drivers.

PROGNOSTIC SIGNIFICANCE OF FALLING BLOOD PRESSURE AMONG THE ELDERLY. S Satish, MD, L Ray, MPA, J Goodwin, MD. Center on Aging, University of Texas Medical Branch, Galveston, TX 77555-0460.

The purpose of this study is to examine the relationship between fall in blood pressure over 3 years and risk of 3

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year adverse health outcomes in a population based longitudinal study of community dwelling older persons aged 65 and older living in 4 sites: East Boston, MA, New Haven, CT, two rural counties in Iowa and Durham, NC. Measurements included demographics, self-reported chronic medical conditions, health habits and hospitalizations. Blood pressure was measured at baseline and third follow-up. A drop in systolic blood pressure of ≥20 mm of Hg between baseline and year 3 was associated with increased all-cause mortality (OR 1.7, 95% CI 1.5, 2.0), and all cardiovascular events (heart attack, stroke and cardiovascular death) (OR 1.5, 95% CI 1.3, 1.7) between years 4 and 6. Similarly, a drop in diastolic blood pressure ≥10 mm of Hg was associated with increased all cause mortality (OR 1.4, 95% CI 1.2, 1.5) and all cardiovascular events (OR 1.2, 95% CI 1.1, 1.3). The odds of dying associated with falling diastolic blood pressure remained significant after controlling for demographics, medical conditions, functional impairment, baseline blood pressure, and use of blood pressure medication. Whereas the odds of dying associated with falling systolic blood pressure diminishes with the addition of demographic and medical variables, and becomes non-significant with addition of ADL impairment and self-reported health status in the model. Overall, falling systolic and diastolic blood pressure over time represents a proxy measure for functional and health decline among older adults.

THE IMPACT OF AGE AND COMORBIDITY ON THE TREATMENT OF CLINICALLY LOCALIZED PROSTATE CANCER - A DECISION ANALYSIS

S.M.H. Alibhai, R. Nam, G. Naglie, M.D. Krahn. The Toronto Hospital, University of Toronto, Toronto, Canada.

The objective of this study was to determine the impact of age and comorbidity on the optimal treatment selection for localized prostate cancer (PC). We constructed a Markov decision-analytic model to predict the long-term benefits, morbidity, and mortality of alternate treatments for localized moderately differentiated PC. Three treatment strategies were considered: radical prostatectomy (RP), external beam radiotherapy (XRT), and watchful waiting (WW). Probabilities of treatment efficacy were derived from a population-based ten year cohort study of 59,876 patients with PC. Utilities for metastatic disease and treatment complications were derived from published studies as well as an unpublished study involving 177 PC patients. For the base case analysis of a 75 year-old man with moderately differentiated PC, RP was the preferred strategy, with a QALE of 7.20 y. XRT and WW had QALEs of 6.59 y and 6.39 y, respectively. The results were sensitive to the probability of metastases after XRT and the utility of long-term complications. RP was preferred for patients aged 70 to 85, but the incremental QALE for RP compared with XRT decreased from 1.09 y for a 70 year old to 0.10 y for an 85 year old. Incremental QALE also decreased as the level of comorbidity increased. RP remained the preferred strategy, however, unless patients had severe comorbid illnesses. Surgeons' practices in selecting patients for RP may place undue weight on age. Our model suggests that even very elderly patients (up to age 85) may benefit from RP. Clinicians need to carefully consider a patient's comorbid illnesses as well as age when recommending treatment for localized PC.

187

INTERDISCIPLINARY GERIATRIC CE TRAINING USING A QUASI-EXPERIENTIAL APPROACH PLANNING, PRODUCTION, PERFORMANCE AND PRODUCT

R. Mulligan, University of Southern California, Los Angeles, CA, organizer

Participants:

B. Williams (University of Southern California, Los Angeles) Why Choose A Quasi-Experiential Model An Overview of the Process

K. O'Connor (University of Southern California, Los Angeles, CA) Developing the Case Based Approach Working with Interdisciplinary Faculty to Produce an Educational Product

R. Mulligan (University of Southern California, Los Angeles, CA) Evaluating the Results Content, Process, Enthusiasm

R. Mulligan, K. O'Connor, B. Williams (University of Southern California, Los Angeles, CA) Unveiling a Sample Educational Product Overcoming Audience Reticence to Participate in Interactive CE Learning

Discussants:

L. Lipson (University of Southern California, Los Angeles, CA)

J. Pynoos (University of Southern California, Los Angeles, CA)

All health care disciplines are faced with the need to develop training programs for the vast numbers of private practitioners providing care to geriatric patients. Too often such programs are presented only from the perspective of the attendee's discipline. If our common goal is "to provide quality care that promotes successful and healthy living during the 'golden years for all of our patients" it behooves us to recognize what needs the elderly might have outside our respective areas. Learning how the expertise of each health care provider enhances and compliments that of other providers and how to interact across disciplines is a challenge. This symposium will describe the experiences of one program in developing such a CE program, the interaction of the interdisciplinary faculty, the reception from the community when the program was delivered, and future plans to further the interdisciplinary training agenda.

UNVIELING A SAMPLE EDUCATIONAL PRODUCT OVERCOMING AUDIENCE RETINCENCE TO PARTICIPATE IN INTERACTIVE CE LEARNING

R. Mulligan, K. O'Connor, B. Williams (University of Southern California, Los Angeles, CA)

Many experienced practitioners are accustomed to attending CE courses, perhaps motivated in part by licensing renewal mandates. At times their attendance may even be begrudging. The conveyance of information is always a challenge to teachers, particularly when the attendees arrive with minimal expectations for educational experience. Yet caring for the geriatric patient requires a mix of complex knowledge, skills and behaviors no matter what the health care discipline of the provider. Such attributes are difficult to impact in a classic lecture approach. A quasi-experiential educational method engaging the attendees in hands-on discussion and interaction with health care professionals outside of their own discipline helps them to learn not only about the content but also the focus and roles of other health care professionals outside of their own disciplines. An abbreviated example using a thumbnail case sketch will be used with this audience to demonstrate the interactive process.

EVALUATING THE RESULTS: CONTENT, PROCESS AND ENTHUSIASM

R. Mulligan (University of Southern California, Los Angeles, CA)

In evaluating the extent of our efforts we were interested in acquiring feedback beyond that conventionally asked of CE program participants. Specifically we wanted to determine if our efforts to provide information through active learning techniques were successful. We therefore developed a questionnaire, which assessed three different domains. Using an ordinal scale we asked participants to rte content information in the individual cases, to evaluate components of the active learning interaction, and to estimate the value of the educational experience in providing them with an actual interedisciplinary team interaction. We also asked them to rate their interest in seeking interdisciplinary consultation and referral in the future management of geriatric patients. Ad lib comments were invited. This discussion will review the outcomes of these evaluative tools, what we have learned from them, and how we plan to use the results to modify future CE offerings.

WHY CHOOSE A QUASI-EXPERIMENTAL MODEL: AN OVERVIEW OF THE PROCESS

B. Williams (University of Southern California, Los Angeles, CA)

Typical continuing education programs are developed and presented using the conventional lecture model. Using this passive learning approach is unlikely to be the best method to deliver information when attempting to unseat established patterns with new behaviors in the practices of experienced practitioners. The objectives of this symposium were not only to provide information about health aging but also to impress on the attendees the importance of prevention, early recognition of disease and collegial management of geriatric patients with the mutual goal of enhancing the successful aging process. A combination of lecture and workshop methods were used to entice the potential audience to attend and engage them in skills acquisition that would lead to future involvement in multidisciplinary discussions and management of their geriatric patients. How we developed our approach, philosophy and the materials for interaction and the logistics of setting up the multiple audience participation activities will be discussed.

DEVELOPING THE CASE BASED APPROACH: WORKING WITH INTERDISCIPLINARY FACULTY TO PRODUCE AN EDUCATIONAL PRODUCT

K O'Connor (University of Southern California, Los Angeles, CA)

This presentation will focus on the development of patient cases that engage a multidisciplinary audience in the process of interdisiciplinary evaluation and intervention planning. Challenges and successes beginning with the formulation of learning objectives, through the selection of diagnostic categories and the identification of essential criteria encompassing multidisciplinary concerns, to the refinement of details and resolution of conflicting opinions will be discussed. Three distinct cases were developed, each one emerging through its own unique combination of collaboration.

188

PALLIATIVE CARE IN NURSING HOMES: WHERE WE ARE, WHERE WE SHOULD BE GOING

E.R. Chichin (The Jewish Home and Hospital/Mount Sinai School of Medicine, 120 W. 106th St, New York, NY) & M. Mezey (Hartford Institute for Geriatric Nursing, New York University Division of Nursing, 429 Shimkin Hall, 50 W. 4th Street, New York NY, 10012)

Participants:

M. Mezey (Hartford Institute for Geriatric Nursing, New York University, New York NY, 10025) Improving Palliative Care in Nursing Homes: Using a *Practice Improvement Cluster* Model

O.R. Burack, E.R. Chichin, J.M. Carter (The Jewish Home and Hospital, New York NY, 10025) Palliative Care in Nursing Homes: Staff Perspectives*

J.M. Carter, O.R. Burack, E.R. Chichin (The Jewish Home and Hospital/Mount Sinai School of Medicine, New York NY, 10025) How They Died: A Retrospective of Deaths before the United Hospital Fund Project*

L. McBee, D. McMillan, J. Minnot (The Jewish Home and Hospital, New York NY, 10025) Using a *Practice Improvement Cluster* Model to Increase DNR Orders*

L. Miller, (Benedictine Institute for Long Term Care, Mt. Angel, OR 97362) Improving Pain Management in Nursing Homes Using a *Practice Improvement Cluster*

Discussant: V. Tilden (School of Nursing, Oregon Health Sciences University)

Nursing homes are becoming increasingly aware that the application of palliative care principles are appropriate for a growing number of residents. At the end of life, the use of palliative care, and particularly skillful pain management, can enhance the quality of care and the quality of life of nursing home residents.

This symposium describes Practice Improvement Clusters designed to increase and improve the use of palliative care principles in nursing homes in New York and Oregon. Suggestions for replication will be made.

Supported by the United Hospital Fund

IMPROVING PALLIATIVE CARE IN NURSING HOMES: USING A *PRACTICE IMPROVEMENT CLUSTER*

M. Mezey (Hartford Institute for Geriatric Nursing, New York University, New York NY, 10025)

A small consortium of nursing homes in New York City, with support from the United Hospital Fund, collaborated with a team from the John A. Hartford Institute for Geriatric Nursing at New York University to improve the manner in which palliative care is delivered in nursing homes. Using a *Practice Improvement Cluster* model, each participating facility chose a particular area of palliative care on which they would like to focus. Guidance in implementing the model was provided by the Hartford Institute.

This session describes the model, how it was applied in the nursing home setting, and how it can be utilized in other clinical settings.

HOW THEY DIED: A RETROSPECTIVE OF DEATHS BEFORE THE UNITED HOSPITAL FUND PROJECT

J. M. Carter, O.R. Burack, E.R. Chichin (The Jewish Home and Hospital/Mount Sinai School of Medicine, New York NY, 10025)

In order to obtain baseline information about the dying experiences of residents in the nursing homes collaborating in a project on palliative care supported by the United Hospital Fund, a two-month retrospective chart review of residents who had died was conducted in all the participating facilities. A total of 78 charts were reviewed. The majority of residents (63%) suffered from a dementing illness, and slightly more than half (51%) had heart disease. Less than one-quarter (23%) had cancer. Pneumonia was listed as the cause of death in one-third of the cases. About 80% had a DNR order, while slightly less than half had a health care proxy, and only 11.5% had a living will. Nearly half were receiving aggressive treatment at the time of death (feeding tubes or IV therapy), and almost two-thirds continued to have diagnostic tests performed. In less than half the cases, medications were used for pain and symptom management.

The implications of these findings will be discussed, and recommendations to improve care will be made.

PALLIATIVE CARE IN NURSING HOMES: STAFF PERSPECTIVES

O.R. Burack, E.R. Chichin, J.M. Carter (The Jewish Home and Hospital, New York NY, 10025)

To get a sense of how staff perceive the delivery of palliative care in each of five facilities collaborating in a palliative care project supported by the United Hospital Fund, qualitative interviews were conducted with a convenience sample of staff members in each of the homes (N=52).

The majority of subjects were able to define palliative care. They saw their facilities as excelling in providing comfort care (22%), and emotional support (16%). While 20% saw their facility as excelling in pain management, another 22% felt improvement was needed in that area. Not surprisingly, that largest proportion (38%) saw insufficient staff and time as the major barrier to providing good palliative care in their facility. When asked what they would like to do if they had more staff or more time, nearly half (44%) said they would like to sit with residents and make them more comfortable.

The implications of these findings for policy and practice will be suggested.

USING A *PRACTICE IMPROVEMENT CLUSTER MODEL* TO INCREASE THE DNR RATE

L.McBee, D.McMillan, J. Minnot (The Jewish Home and Hospital, New York NY, 10025)

As part of the United Hospital Fund project designed to improve the practice of palliative care in a small consortium of New York City Nursing Homes, a team from the Manhattan campus of The Jewish Home and Hospital chose to address the issue of advance care planning. Focusing on increasing the number of DNRs within the facility, this project sought to clarify the wishes regarding CPR with as many residents/patients as possible. Using a *Practice Improvement Cluster* model, the team identified problems, and developed structural (e.g., availability of forms, etc.) and educational (teaching various departments about DNRs, etc.) mechanisms through which to address the issue.

Steps taken in the implementation of this model will be described, and the application of this technique for other dilemmas and in other facilities will be discussed.

USING *A PRACTICE IMPROVEMENT CLUSTER* MODEL FOR PAIN MANAGEMENT IN OLDER PEOPLE

L.Miller (Benedictine Institute for Long Term Care, Mt. Angel, OR 97362)

This presentation will describe issues and improvements in pain management in elderly populations using the experience of the Oregon Practice Improvement Cluster (OPIC), a consortium of nursing homes, home health agencies, and community-based nurses. OPIC's goal is to improve the management of pain for Oregon's elders through collaboration among participating agencies. Improvements will focus on assessment, changing attitudes, expanded repertoire of interventions, education, and collaboration with state ag ing agencies to develop statewide pain improvement strategies. Barriers to improving pain management and strategies to deal with the barriers will be discussed. Barriers include lack of administrative support, lack of assessment and treatment protocols for demented elders, outdated knowledge base of physicians and nursed, and fears of addiction and side effects by elders.

189

AGING WITH A DISABILITY: MEDICAL, FUNCTIONAL AND PSYCHOLOGICAL CHANGES OVER THE LIFESPAN.

Bryan Kemp, Ph.D. Rehabilitation Research and Training

Center on Aging With A Disability, Rancho Los Amigos
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800 West Annex, Downey, CA 90242

Participants:

L. Mosqueda. (University of California, Irvine; Orange, CA) Secondary Medical Problems Among Persons Aging With Disability.

L. Thompson. (Rehabilitation Research and Training Center; Downey, CA) Functional Changes in Persons Aging With Spinal Cord Injury.

K. Lankasky. (United Cerebral Palsy of Alameda County; Oakland, CA) Functional Problems in Persons Aging with Cerebral Palsy.

B. Kemp. (Research and Training Centers on Aging With A Disability; Downey, CA) Treatment of Depression Among Persons Aging with Spinal Cord Injury.

Discussants:

T. Heller (University of Illinois, Chicago; Chicago, IL)

J. Shapiro (University of California, Irvine; Orange, CA)

One of the more dramatic developments in the area of disability is the recent increase in life expectancy of persons with a disability. While increases in their life expectancy have trailed that of the general population by 15-20 years, today most people with even severe disabling conditions such as spinal cord injury can be expected to live into their 60's, 70's and beyond. Recent research shows this increased life expectancy does not result in typical aging. Instead, persons who age a lifetime with a disability encounter premature medical, functional and psychosocial problems. For example, health problems such as diabetes, hypertension and chronic fatigue are 3-4 times more common in persons with a history of life-long disability. This symposium will review recent findings and suggest treatment options. (BSS-10) (CM-14)

SECONDARY MEDICAL PROBLEMS AMONG PERSONS AGING WITH DISABILTIY

L. Mosqueda.

A disabling condition such as polio, spinal cord injury, or cerebral palsy initially presents a variety of medical, functional and psychosocial problems that challenge individuals who are trying to develop their autonomy and independence. Recent research indicates that additional medical challenges face individuals who live with a disability for 20 or 30 years. One of the major problems is a dramatic increase in the number of secondary medical conditions these persons develop compared to their nondisabled counterparts. These problems often occur 10-15 years earlier than they would in nondisabled persons. This presentation reports on research comparing persons with a primary disability to persons without a disability. Persons with post-polio or rheumatoid arthritis were compared on the following conditions: Thyroid disease, diabetes, hypertension, chronic obstruction pulmonary disease and heart disease. The criteria for each condition was having had a physician diagnose the person with that condition or being under care for it (also the NHS method). The rates of each condition for each group were as follows (sample with disability listed first): thyroid 14% v. 3% ($p < .01$), diabetes 16% v. 6% ($p < .01$), hypertension 42% v. 22% ($p < .01$), COPD 9% v. 2%, heart disease 13% v. 13%. A subsequent study compared the percent of persons with total cholesterol levels above 240 in persons with polio, persons with post-polio syndrome and age-matched controls. Seventy-five percent of those with post-polio syndrome had elevated cholesterols v. 20% and 22% in the other two groups.

FUNCTIONAL CHANGES IN PERSONS AGING WITH SPINAL CORD INJURY

L. Thompson.

Understanding the nature of functional changes people experience as they age with SCI may assist in preventing or minimizing their negative effects. A structured interview of 150 individuals (age 18-65) with SCI returning for yearly physical examinations assessed changes in functional status, equipment usage and additional caregiver assistance. Twenty-five percent of those sampled reported declines in physical function. The group experiencing declines in function were significantly older, averaging 45 years versus 36 years ($t=5.1$, $p<.001$), and had significantly longer durations of injury, averaging 17 years versus 11 years ($t=4.36$, $p<.001$) compared to the group that reported no declines. Follow-up interviews conducted with the individuals experiencing declines determined the nature and impact of those changes. Eighty percent of those with changes reported a significant impact on their quality of life. Of those who changed, 44% experienced fatigue, 36% reported pain, 28% increased weakness, and 22% loss of endurance. Pressure sores, weight gain, infections and fractures were also identified as problems. These data suggest persons living long term with SCI are experiencing declines in physical function, with negative effects on quality of life, at an earlier than anticipated age as compared to the nondisabled population. Further investigations may lead to interventions to prevent the development, reduce the effect, and/or prepare for the onset of declining function in persons aging with SCI.

FUNCTIONAL PROBLEMS IN PERSONS AGING WITH CEREBRAL PALSY

K. Lankasky.

There are about 400,000 adults in the United States with cerebral palsy. The number of persons with cerebral palsy living to late-life is growing due to advances in health care. Little has been learned about their problems associated with aging. This study reports on 101 individuals with cerebral palsy between the ages of 19 and 74 (mean age:42) who were living in the community. Forty-nine percent had spastic CP and 51% had dyskinetic types. Healthcare and functional data were collected. Aging-related problems begin earlier than normal for persons with cerebral palsy and their families. Preventive medical care (primary care) and dental care were major problems reported by over 90% of the respondents. Fewer than 10% had routine medical tests performed annually. Wheelchair ambulation went from 26% in earlier years to 67% in midlife. Twenty-six additional percent had inappropriate assistive devices for walking. Inappropriately supported seating led to back or trunk pain in 67% of cases. Other kinds of pain were reported in over 60% of persons. These problems often led to a need for increased assistance from others. This is especially important for designing or improving support systems. Older parents are often experiencing their own health problems. Maintaining independence alone or in a group home requires bringing more assistance to the person with cerebral palsy.

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TREATMENT OF DEPRESSION AMONG PERSONS AGING WITH SPINAL CORD INJURY

B. Kemp.

Depressive disorders are a major problem among persons living with a spinal cord injury (SCI). Data from several studies indicate prevalence rates of between 25-40%. Depression in the presence of SCI has a profound impact on health and function. To date, there have been no carefully controlled studies of treatment for depression in SCI. This research compared an experimental group that received medicine and/or psychotherapy with a wait-list control group. The participants were between the ages of 25 and 70 and met DSM.IV criteria for moderate or major depression. Durations of SCI were from five to 45 years. Treatment occurred over 24 weeks. Outcome measures included depression scores, number of community activities and a life satisfaction measure. Anti-depressant medication was selected on the basis of the target symptoms and side effect profile by the study physician, psychologist and pharmacist. No improvement was noted during an eight-week wait list period. Half the participants were then treated while the others remained on a wait list. Treated participants (n=20) showed dramatic improvements compared to themselves and those on the wait list (n=16). Depression scores decreased significantly (p<.001) from an average in the "probable major depression" category (by scores and diagnosis) to a normal range. Community activities increased significantly (p<.001) from an average of 7 per week to an average of 18. Life satisfaction scores similarly improved (p<.001). Improvement was unrelated to age.

190

THE DECREASE OF SERUM COPPER LEVEL IN ELDERLY INPATIENTS WITH TUBE NUTRITION

N. Saito, H. Sayama****, H. Sakurai, S. Saito, H. Nagatomo, I. Nakajima, Y. Yasunaga, T. Murata, S. Nakayama*, M. Kamitani*, K. Uchino**, M. Suda***, K. Hidaka****
Department of Internal Medicine and Adult Disease Research, *Clinical Laboratory, **Nutrition, ***Dentistry and ****Nurse, Miyazaki Aiwa Hospital, Miyazaki 880-0003, ****Department of Internal Medicine, Shiga Medical University, Shiga, Japan.

The aim of this study is to investigate the influence of tube nutrition on serum Cu levels. About 302 (102 males 200 females) inpatients with cerebral infarction or bleeding, ischemic heart disease and the other complications, aged mean 82 years, were recruited, who took the prescribed diets or tube nutritions. Fasting blood sample was taken for measuring serum Cu using the colorimetry.

Elderly inpatients given the diets showed almost normal ranges of serum Cu. However, elderly inpatients with tube nutritions were accompanied with severe hypocoppernemia several months after the bigining of tube nutrition. There was a positive correlation between serum Cu and ceruloplasmin.. These elderly inpatients with hypocoppernemia showed the tendency of an improvement of serum Cu levels after supplementation of cocoa in the daily dosis of 5.5g or 11g.

In conclusion the tube nution made serum Cu levels decrease in elderly inpatients. The supplementation with cocoa could increase serum Cu levels.

NUTRITIONAL STATUS AND PHYSICAL FUNCTION IN A POPULATION OF FRAIL, HOMEBOUND ELDERLY

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Little is known about the effect of nutrition on the everyday function of frail elders living in the community, a population known to be vulnerable to nutritional risk. The purpose of this study was to determine if nutritional status predicts physical function in this population. This study used secondary data gathered in a longitudinal pilot study of falls in 29 homebound elders (mean age 79.7 ± 7). Nutritional status was measured at baseline by the Nutrition Screening Initiative DETERMINE Checklist. Physical function was measured at baseline and at follow-up 12 months later by the Timed Get-Up & Go Test, Timed Chair Elevations Test, and the Frail Elderly Functional Assessment Questionnaire (FEFA). After adjusting for confounding variables, baseline nutritional status significantly predicted physical function scores at follow-up (p=.03 Get-Up & Go; p<.02 Timed Chair; p=.04 FEFA). Interpreted in light of Verbrugge & Jette's (1994) disability model, the results suggest that nutritional interventions may delay or prevent the transition from functional limitation to disability in this population.

DETERMINE YOUR NUTRITIONAL HEALTH CHECKLIST: IS IT A USEFUL TOOL?

M. Fanelli Kuczmarski, Dept. of Nutrition, 206 Allison Hall, Univ. of Del., Newark, DE 19716. T. M. Cooney, Human Dev. & Family Studies, Univ. of Missouri, Columbia, MO 65211-7700.

Adequate nutrition is important for maintaining independence and quality of life in late life. Dietary adequacy and nutritional status of older adults is influenced by social and interpersonal factors, such as social contact. Many older adults are at increased risk of malnutrition due to inadequate food intake, polypharm[illegible] chronic diseases, disability, depression and selected psycho-social factors. This study assesses the utility of the Determine Your Nutritional Health checklist as a tool for assessing high nutritional risk; further, it considers the role of social factors in predicting risk based on this relatively new assessment tool. Three waves of data for 20 women, ages 61-82, were analyzed using event history methods with nutritional risk (score >= 6) as the outcome variable. This method permits consideration of time-varying independent variables. The analyses reveal significant negative correlations between nutritional risk and women's contact with family members, feelings of social attachment, and feelings that reliable support is available when needed. Yet, when income is considered, none of these factors predict risk, as income is the major predictor variable. These results, along with previous related analyses linking biochemical markers to these risk scores, question the usefulness of this new nutritional risk tool.

AN INVESTIGATION OF ORAL HEALTH NEEDS OF FRAIL, HOMEBOUND ELDERLY FROM 1984-1993 IN BOSTON

G. Khoury, P.K. Friedman, Division of Geriatric Dentistry, Boston University School of Dental Medicine, Boston, MA 02118

Oral health needs of the elderly are a growing area of concern in the nation's attempt to address health promotion and prevention for the aging population. While healthy, ambulatory elders continue to access oral health services at a rate approaching utilization by younger age groups, the frail, homebound elders remain an underserved population. Since 1982, the Boston University Henry M. Goldman School of Dental Medicine (BUSDM) has been responsible for triaging and serving the oral health needs of frail, homebound elders in the City of Boston. Working in an interdisciplinary setting, BUSDM serves as the primary care dentist for referrals from the geriatric team. A random sample of consult requests (sample n=600, population=1500) from the ten-year period 1984-1993 were analyzed and results revealed the following: primary source of dental referrals were MDs (40%), medical students (30%), nurses (20%), and other (10%). The nature of referrals were routine (90%), emergent care (10%). Chief complaint most frequently involved the need for dentures or denture-related problems. As a result of these findings, in-service training programs for the interdisciplinary team have been modified to reflect the needs of the homebound population.

PREVELANCE OF BLOOD TRANSFUSIONS IN THE ACUTE HIP FRACTURE PATIENT 80 YEARS +.

E.M.Vespe, J.Kessler, E.Strauss, M.S. Gilbert, J.Capozzi, A. Schafer. Mount Sinai Medical Center box 1507 NewYork, NY.10029.

Background: Transfusions in the elderly hip fracture patient has often been a subject for discussion at interdisciplinary geriatric- orthopaedic rounds. There is literature about the dangers of transfusion. Very little is known about the hemaetological/ hemodynamic needs of the elderly traumatic injury patient.

Methods: Blood transfusions were ordered preoperatively and intraoperatively by a physician. Postoperative transfusions (excluding pacu) were ordered by a NP and PA who evaluated the patient for physical signs of symptomatic anemia before ordering a blood transfusion. A retrospective review from 11/97 through 2/99 was conducted on all lower extremity fracture admissions.

Results: The total number of charts reviewed was 289.
84 were excluded for being younger than 80.
39 were excluded for having a fracture other than a femoral neck (FN) or intertrochanteric (IT). N= 161.
86 were 80 -89 yrs of age and 61.4 % required blood transfusions.IT's required transfusion 2:1 compared to FN'S.
75 subjects were 90 + yrs. of age and 64% required blood tranfusions.IT'S required transfusion 3:1 Compared to FN's. 2/3 of all tranfusions were ordered post operatively for the 80+ and 90 + group.

DETERMINING RISK OF OSTEOPOROTIC FRACTURE AND FALLING IN OLDER WOMEN: A POPULATION-BASED APPROACH.

LA Cataldi, B Delle Donna, D Maldonato, V Golubchikov, B Else, A Dasmahapatra, M Monane. Dept. of Medical Affairs, Merck-Medco Managed Care, L.L.C., Montvale, NJ.

Osteoporotic fracture and falling are significant health risks for older women, but risk for these conditions often goes undetected. We developed a population-based strategy for women ≥ 60 to determine level of risk for osteoporotic fracture and falling. 104,352 women eligible for pharmacy benefits through Merck-Medco Managed Care, L.L.C., were mailed a questionnaire to collect information about risk factors as supported by the literature. 20,016 (19%) women completed the questionnaire; mean age 70, 93% Caucasian, 69% married, and 97% completed high-school. We used a weighted algorithm to determine risk level based on questionnaire responses. We found that 14% of our sample was considered "high" risk for osteoporotic fracture and falling; 28% "moderate" risk; and 58% "low" risk. These results correlated well with measures of function such as SF-12 Physical Composite Score, PCS, ($R= -0.39$, $p<0.0001$) and SF-12 Mental Composite Score, MCS, ($R= -0.21$, $p<0.0001$). Women at "low" risk have higher average scores on both PCS (47.85) and MCS (54.36) scales as compared to "moderate" risk group (PCS=42.25, MCS=52.37) and "high" risk group (PCS=35.47, MCS=48.83). Our results support the utility of a quick, patient-based assessment for risk of osteoporotic fracture and falling. This tool can be used to develop patient-specific interventions to help reduce risk of osteoporotic fracture and falls. This study was funded, in part, by a joint venture between Merck-Medco Managed Care, L.L.C. and Wyeth-Ayerst Pharmaceuticals, a division of American Home Products. (CM-1)

PRE-REHABILITATION vs. REHABILITATION EFFECTS ON SKELETAL MUSCLE WITH DISUSE IN THE RAT.

M. Brown, J. Taylor, R. Gabriel
Physical Therapy, Washington Univ., St. Louis MO

The effectiveness of 10 d of exercise given prior to or after one wk of simulated bed rest (hindlimb unloading or HU) was examined in 6mo and 31mo F344/BN rats. Aging resulted in a significant loss of muscle mass, total protein and/or contractile force in all 5 muscles studied. HU resulted in a significant loss of muscle mass and contractile force in the soleus, plantaris, p. longus and EDL at both ages (15-47%). Prehab and rehab were equally effective for attenuating these declines. Values for total muscle protein in soleus showed significant change with HU (Y-185 vs. 157, O-169 vs. 141). Prehab and rehab soleus total proteins were no different than those of young and old controls. Gait records obtained prior to and after HU and exercise revealed rehab and prehab to be equally effective for attenuating or restoring gait symmetry, stride length and stride width. Results suggest that prehabilitation may be as effective as rehabilitation for off-setting disuse-related decline and should be considered as an alternative to the traditional rehab model.

Funding: NIH/NIA AG51262

INJURIES DUE TO FALLS AMONG COMMUNITY DWELLING OLDER ADULTS

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Falls are one of the leading causes of accidental deaths among the elderly, which can result in serious injury. The purpose of this study was to identify the major trends of falls in an elderly population seeking the services of an Emergency Department in a community hospital. Two Hundred sixty fall events were extracted from Emergency Department admission records during a six-month period. The majority of fall events were incurred by women (mean age 79.8 years) residing in a private home. Soft tissue injuries (30%) and fractures (28%) accounted for the major types of injuries sustained. Fifty one percent of the falls occurred inside the home on a level surface during the afternoon and evening hours. Several patient characteristics that may have contributed to risk for falling include: the use of multiple medications, (mean number 4 medications per day), the co-existence of disease, gait and balance problems (35%), and use of assistive devices (25%). The results of the study provide the basis for a community model for fall prevention. A relational database was also created to facilitate nursing assessment of risk factors for falls, and the development of targeted nursing interventions to improve quality of care for the elderly.

CONCURRENT OSTEOPOROSIS (OP) IN OLDER ADULT PATIENTS WITH OSTEOARTHRITIS (OA)

CF Wynne, RNC; SM Ling, MD; JM Bathon, MD. The Johns Hopkins University, Baltimore, Maryland

The purpose of this study was to estimate the prevalence of OP in a sample of patients with axial and peripheral OA, and to estimate the association of concurrent OA and OP with functional impairment. Cases of OA were identified using ACR criteria. Medical records were reviewed for diagnosis of osteoporosis, and other medical illnesses. Function was assessed by self-report of difficulty in mobility and self-care tasks.

Results: The mean age was 76 years, 62% were women. 40% of OA patients had a diagnosis of OP. Of the patients with OA and OP, 27(45%) had axial OA and 22 (37%) had OA of the knee or hip. Of the patients with OA alone, 39 (43%) had OA of the spine and 38 (41%) had OA of the knee or hip.

	Female N (%)	Male N (%)	Mobility Impairment N (%)	ADL Impairment N (%)
OA&OP (n=60)	46 (46)	14 (27)	35 (58)	43 (28)
OA (n=151)	100 (62)	51 (28)	34 (37)	15 (16)

Conclusions: Sixty patients with OA also had OP, and were more likely to report mobility and ADL impairment than OA alone. OA and OP often co-exist and may result in greater disability than OA alone.

The effect of an eight-week training on levels of activities of daily living (ADLs) in the elderly

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Background: It is yet unclear about the effects of commonly used exercises on the overall levels of ADLs in the elderly. The purposes of this study were to implement a functional training program in the elderly who have difficulties in performing ADLs, and to compare its effects on the levels of ADLs with other training methods.

Methods: Three types of training were used: functional, resistive and no training. The functional training focused on four ADLs: arising from a chair, climbing stairs, picking an object off the floor, and getting in and out of a tub. Three groups of subjects (ages >65 yrs) received one of these trainings, 3 times a week, for a total of 8 weeks. Evaluations of levels of ADLs were done once before and once after the entire training.

Results: The functional training group showed significant increases in the levels in stair climbing, chair rising, and object picking. The resistive and no training groups did not show significant changes on the functional levels of any of the activities being investigated.

Conclusions: These findings suggest that the decline in functional levels in the elderly is reversible in response to specific exercises. The design of the exercises should be task specific so as to achieve the optimal effect. A higher level of function in this population would prevent falls and fall-related injuries, and allow a higher quality of life.

Acknowledgments: This work was supported in part by the National Institute of Health grant no. 1R29AG11602-01A2, and by a grant from the Whitaker Foundation.

EFFECTS OF RHYTHMIC EXERCISE ON BALANCE, GAIT, AND DEPRESSION IN PATIENTS WITH PARKINSON'S DISEASE

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The purpose of this pilot study was to determine the effects of a group rhythmic exercise program on gait, balance and depression in people with Parkinson's disease (PD). A single-subject-repeated measures design was employed. During the 1-year study period, subjects (n=13) participated in a weekly, 50-minute, rhythmic exercise program that incorporated principles of motor learning using seated, standing, and dance activities to music. Gait, balance, and depression were assessed at baseline and at intervals throughout the study. Paired Wilcoxon and Friedman ANOVA were utilized for data analysis. At the end of the study, subjects showed significant improvement in gait ($p<0.05$), balance ($p<0.05$), and depression ($p<0.05$) from

baseline. These results suggest that group exercise can be an effective means of maintaining or improving mobility, and of decreasing the risk of falling in patients with PD.

Age, Leg Power, Balance as determines of Physical Functional Performance (PFP) in Independent Older Adults.

M.E. Cress, M. S. Ferrara, T. A. Miszko, C. Peterson, J. M. Slade. University of Georgia, Dept of Exercise Science and Gerontology Center. Athens GA 30602-6554

Neuromuscular function, important to physical performance, declines with age. The purpose of this study was to establish the contribution of age, leg power and somatosensory organization to PFP in independent older adults. Older adults (N=32; age 50-85; 65% female) were tested on functional performance using the Continuous Scale Physical Functional Performance Test (CS-PFP); leg extensor power (LEP), and sensory organization using the Neurocom (SOT). Results: Using linear regression analysis LEP (W/kg) accounted for 53% of the variance (r= .73; p<.001) of the CS-PFP lower body strength domain and 45% of total CS-PFP (r=.68; p<.001). Age and SOT were not statistically significant. Conclusions: Leg power, but not age or somatosensory organization, is a primary determinant of physical functional performance in high functioning older adults. Lack of balance may explain the failure of balance to significantly relate to PFP.

Funded by UGA Gerontology Center Seed Grant

Nutritional intervention in demented patients. S.Boffelli, S.Franzoni, P.Ranieri, S.Pea, M.Trabucchi. Geriatric Research Group - 25122 Brescia (Italy) and GERU, P.Richiedei Hospital, via Pinidolo 23, 25064 Gussago (BS) (Italy).

Objective: to define the characteristics of nutritional status and eating disorders in moderate to severely demented patients, to investigate association with the onset of malnutrition and, finally, to assess the efficacy of a six-month nutritional intervention trial. **Patients and Methods**: 40 demented patients (mean age 81.1±7.4 years; 72% F) consecutively admitted to a Special Care Unit for Dementia underwent a multidimensional assessment including cognitive and functional status (MMSE 5.1±5.9; CDR 3.3±0.7; Barthel Index 45.9±22.3; Tinetti score 16.5±7.9), behavioral disorders (UCLA NPI 35.7±15.3), severity of diseases (Burden of disease - BOD: 7.4±4.9), n. of acute clinical events/year (ACEs: 2.3±1.6). At the beginning of the study, and at six-months follow up, assessment of nutritional status included weight, Body Mass Index, albumin (A), transferrin, cholesterol, dental status and eating disorders through the Eating Behavioral Scale. Nutritional intervention was undertaken for patients with serum $A \leq 3.5$ g/dl, through modifications of diet, improvement of nurses' supervision and assistance. **Results:** patients were affected by Alzheimer disease (77%), vascular dementia (10%) or both (10%), other dementias (3%). Malnourished patients (n. 19, 51.4%) had higher severity of disease (BOD: 9.5±5.3 vs 5.5±3.9) and n. ACEs (3.1+1.7 vs 1.3+0.5) in comparison with demented patients with normal nutritional status. After six months, n. of malnourished patients was 10 (27%). This trend is evident, though not statistically significant, also in patients still malnourished at follow up (A 2.9±0.2 vs 3.2±0.1 g/dl). Low A levels were associated with n. ACEs, ability to eat alone, severity of disease (kidney, cancer), while no significant association was found with severity of dementia and of functional status, length of stay, severity of behavioral disorders. In a multiple linear regression analysis, low A levels were independently associated with n. ACEs (B -.235, p=.016), after controlling for age, severity of somatic disease and dementia. **Conclusions:** malnutrition is common in institutionalized demented patients. Nutritional intervention programs can modify A levels. The improvement of nutritional parameters is linked to the efficacy of clinical intervention and the correct planning of nutritional support.

191

DISCOVERING ORDER IN DISORDERLY DISCOURSE.

A. Bower, Phila. Geriatric Ctr. 5301 Old York Rd. Phila. PA. 19141.

Participants:

T. Hamaguchi (Georgetown Univ. Wash DC) The Relation of Narrative Discontinuities and Emotional State in a Life Story.

A. Bower (Phila. Geriatric Ctr. Phila. PA) Underlying Thematic Continuity in Perseverating Life Review.

H. Hamilton (Georgetown Univ. Wash DC) The Contribution of Short Narratives and Traces to Perceptions of Disorder in Alzheimer Discourse.

A. McLean (Central Mich. Univ. Mt. Pleasant. MI) Discourse in Dementia: Coherence Without Factuality.

Discussant:

M. Perkinson (Washington Univ. Sch. of Medicine, St. Louis. MO. 63108)

Much of the research on elderly speakers' linguistic and communica-tive capabilities takes linguistic decrement for granted. seeks to identify and characterize levels of linguistic deficit, and is conducted in clinical or experimental settings. In contrast, while recognizing that aging or changing health states often occasion changes in linguistic and communicative abilities that appear to result in disordered or incoherent discourse, this symposium takes as problematic the nature of "disorder" in such discourse. Composed of four case studies, the symposium considers the "disorderly" discourse of four elders as it emerges over multiple, lengthy, informal conversational interactions. Two speakers represented have diagnosed Alzheimer's disease or dementia, and two are identified as cognitively unimpaired. Using sociolinguistic and ethnographic analytic approaches, each study isolates the sources of apparent "disorder" in the discourse. Then, a variety of linguistic forms and discourse processes are identified and their function in relating disordered talk to underlying, normative, predictable, i.e. "orderly" discourse constructs is discussed. Narrative structures receive special attention. Implications for theoretical conceptualization of "disorder" are offered in conclusion.

THE RELATION OF NARRATIVE DISCONTINUITIES TO EMOTIONAL STATE IN A LIFE STORY.

T. Hamaguchi, Dept of Ling, Georgetown Univ, 1659 45th St NW, Washington DC, 20007.

This paper considers the life story of a healthy, elderly, community-dwelling Japanese woman (N). While much of her life narrative is unmarked for coherence and order, important segments are characterized by appreciable discontinuities. Specifically, the segments of N's narrative that deal with the deaths of her siblings and offspring are marked by false starts, silences of varying lengths, and repetitive assertion of semantically contradictory propositions. These discontinuities intercept the event sequence development and create a perception of hesitancy, incompleteness, and inappropriate topic shifts. However, exploration of the patterning of silence and repetition in this narrative suggests that, taken together, they represent powerful, underlying discourse processes which organize and convey an otherwise unspoken evaluative component of the narrative. Disorder on the surface, in this case study, directly relates to disorder below the surface, not in the cognitive organization of the N's experience, but rather in the affective component of her experience of bereavement. These patterns are discussed in the context of Japanese cultural values and attitudes.

UNDERLYING THEMATIC CONTINUITY IN PERSEVERATING LIFE REVIEW.

A. Bower, Philadelphia Geriatric Ctr, 5301 Old York Rd, Phila, PA, 19141.

This paper examines the monologic life review discourses of a very elderly nursing home resident (R). R's discourse is characterized by what the developmental literature often refers to as ideational perseveration, narrative fragmentation and off-target verbosity. Indeed, R's discourse conveys the disorder often associated with cognitive impairment, although caregivers do not identify R as such. Applying analytic techniques from cognitive anthropology and conversation analysis, the role of repetition, reiteration and topic placement in generating surface manifestations of disorder are discussed. These processes are shown to directly relate surface disorder to normative, orderly ideational and narrative structures that underlie the apparent surface disorder of R's talk. As a result, we are permitted to retrieve a dense, tightly knit, thematic continuity from R's ostensibly disordered monologues. Thematic content and relevance for R are discussed.

THE CONTRIBUTION OF SHORT NARRATIVES AND TRACES TO PERCEPTIONS OF DISORDER IN ALZHEIMER DISCOURSE.

H. Hamilton, Dept. of Linguistics, Georgetown Univ, Washington DC, 20057.

The discourse produced by elders with Alzheimer's disease (AD) has been characterized as focusing on the here-and-now, in contrast to the talk of healthy elders which is often characterized as referring to past times and places. Using linguistic data from naturally-occurring conversations recorded over a period of 4 years, this paper explores the differential use of past and present tense references in the talk of an elderly woman with moderately severe to severe AD. Sociolinguistic analysis reveals that short utterances and trace references to past times and places represent systematic, key verbal anchors to this elder's past. However, the intercalation with past tense utterances in here-and-now references strips them of an identifiable, time-orienting function. It will be argued that these short narratives and narrative traces contribute significantly to the jerky, disorderly discourse perceived as characteristic of AD.

DISCOURSE IN DEMENTIA: COHERENCE WITHOUT FACTUALITY.

A. McLean, Dept. Soc. Anthro & Soc Wk, Central Mich Univ, Mt. Pleasant, MI, 48864.

This case study examines an elderly, female, nursing home resident's personal narrative about the tragic conclusion of her marriage. The narrator (N) produces a factually coherent, emotionally authentic, and internally consistent narrative that, on the surface, appears to be highly credible. However, conversations with both N's daughter and psychiatrist reveal that the temporal organization and evaluations placed on the events described by N, and even their factuality, cannot be confirmed as N has told them. Thus, while incoherent discourse in some dementing elders has been associated with underlying factual coherence, this case illustrates the opposite, namely, the process through which a coherent, consistent narrative has developed from a reinterpreted, altered, even fabricated, sequence of events. Incorporating the perspectives of N's daughter and psychiatrist, this paper explores the relationship between N's version of event structure and evaluative framework to events and meanings in the context of "factuality".

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192

REDEFINING RETIREMENT IN THE 21ST CENTURY MINORITY OLDER ADULTS RETIREMENT SURVEY

R. Morgan, SPRY Foundation, 10 G St. NE,
Washington,
DC 20002

Participants:

S. Manson (Native Elder Health Care Resource Center, Denver, Co 80220) Native Elder Perspectives

M. Miranda (E. R. Roybal Institute for Applied Gerontology, Los Angeles, CA 90032) Hispanic Elder Perspectives

J. Skinner (Univ. South Florida, Institute on Aging, Tampa, Fl 33620) African-American Elder Perspectives

D. Yee (National Asian/Pacific Center on Aging, Seattle, WA 98101) Asian and Pacific Island Elder Perspectives

Discussants:

P. Stanford (San Diego State University, San Diego, CA 92020)

T. Hoppin (SPRY Foundation)

As the US population ages, an increasing percentage of older persons are from minority sectors. Traditional retirement planning has been typically modeled to serve the white, middle-class, employed person. The SPRY Foundation has undertaken a study designed to assess the views, status, and issues related to older age and retirement planning for ethnic senior populations in the US. Questions addressed include: How is retirement defined now and in the near future by different minority groups ? Is retirement only a "work related issue" or is this more clearly interpreted by some minority groups as "changes in the use of a person's time" as they age ? How is retirement planning different for different ethnic groups ? Are there priority issues which need to be addressed by research, federal and local policy, and community-based program planning? Each of the presenters will review the findings in their specific ethnic domains, based on the background interviews and analysis which they conducted for this survey. The discussants will present a cross-cultural analysis and suggest implications for further research., followed by Q/A from the audience.

193

SOCIAL SECURITY REFORM OPTIONS: IMPLICATIONS FOR INDIVIDUALS BY GENDER, INCOME, AND RACE/ETHNICITY

Yung-Ping Chen (Gerontology Inst., Univ. of Massachusetts Boston, 100 Morrissey Blvd., Boston, MA 02125)

Participants:

Virginia Reno (National Academy of Social Insurance, Washington, DC) Can We Afford Social Security When the Baby Boom Retires?

Cynthia M. Fagnoni (General Accounting Office, Washington, DC) Implications of Social Security Reform Options for Individuals

James E. Duggan (Department of Treasury, Wash., DC), Robert Gillingham (International Monetary Fund, Wash., DC) & John Greenlees (Bureau of Labor Statistics, Wash., DC) Lifetime Earnings and Life Expectancy: Implications for Social Security Reform

John B. Williamson (Dept. of Sociology, Boston College, Chestnut Hill, MA) Social Security Privatization in Other Nations: Lessons for the United States

Discussants:

Jane L. Ross (Social Security Admin., Washington, DC)

Yung-Ping Chen (Gerontology Inst., UMass Boston)

Contentious debate over the fiscal year 2000 budget this year presages a lengthy national dialog in the next several years on how best to reform Social Security. As we consider reform options, we need to know more about their potential effects on individuals by gender, income, and race/ethnicity.

Designed to contribute to an informed discussion, the symposium begins with the question of affordability of Social Security for baby boomers. Virginia Reno will relate the future cost of Social Security to the projected size of the economy and to the projected growth of workers' wages. She will outline some generic reform options such as cutting benefits, delaying benefit eligibility, and/or new revenue sources. Without advocating any particular solutions, she will conclude with questions that face policymakers and the general public when deciding on how to reform Social Security.

Cynthia Fagnoni (in her private capacity) will report on the effects of some of the reform options on subpopulations of individuals such as women and minorities.

James Duggan, Robert Gillingham, and John Greenlees (in their private capacity) will deal specifically with the implications of reform options for individuals by income levels, given the positive correlation between income or wealth and life expectancy.

Lastly, drawing on privatization efforts in foreign countries, in particular the United Kingdom, John Williamson will discuss the potential effects of privatizing Social Security on workers by earnings levels. These papers will be discussed by Jane Ross (in her private capacity), and by Yung-Ping Chen.

194

PSYCHOTHERAPY WITH COGNITIVELY IMPAIRED OLDER ADULTS.

A. L. Snow, Johns Hopkins School of Medicine, Psychiatry Dept., 600 N. Wolfe St., Meyer 218, Baltimore, MD 21287-7218.

Participants:

J. M. Cook (Palo Alto V.A. Med. Center, Psychology Svc., Palo Alto, CA), A. L. Snow. A Review of the Literature on Psychotherapy with Cognitively Impaired Older Adults.

A. B. Higgins (Palo Alto V.A. Med. Center, Psychology Svc., Palo Alto, CA), J. M. Cook., D. V. Powers (Loyola College, Psychology Dept., Baltimore, MD). Adapting Cognitive/Behavioral Therapy for Use with Cognitively Impaired Depressed Older Adults.

A. L. Snow, D. V. Powers, A. B. Higgins. Psychotherapy with Cognitively Impaired Older Adults: A Systemic Perspective.

Discussant:

L. W. Thompson (Pacific Graduate School of Psychology, Palo Alto, CA).

The use of psychotherapy with cognitively impaired older adults has received little attention. This symposium will review the empirical research and clinical literature regarding different approaches that are possible with this population. We will explore modifications necessary for the successful implementation a cognitive/behavioral treatment for depression. Several case examples will be presented to illustrate appropriate goals and techniques for varying levels of impairment. A systemic approach to psychotherapy with this population will be presented, emphasizing the importance of including consideration of the caregiver(s), and the interaction between the caregiver(s) and patient, when formulating the treatment plan. The use of couples therapy and family therapy with this population will be discussed. Systemic interventions with the nursing home population will also be explored. The symposium will culminate in a discussion of the appropriate and inappropriate goals of psychotherapy, the necessity of assessment of the patient and system before beginning psychotherapy, and important ethical considerations unique to this population.

A REVIEW OF THE LITERATURE ON PSYCHOTHERAPY WITH COGNITIVELY IMPAIRED OLDER ADULTS.

J. M. Cook (Palo Alto V.A. Med. Center, Psychology Svc., 116B, Palo Alto, CA 94304), A. L. Snow (Johns Hopkins School of Medicine, 600 N. Wolfe St., Meyer 218, Psychiatry Dept., Baltimore, MD 21287-7218).

We will present a review of the clinical and empirical literature on psychotherapy with older adults. We will compare and contrast different orientational approaches that have been applied to cognitively impaired older adults, including cognitive-behavioral, psychodynamic, and systemic perspectives. Common themes in therapy with this population, particularly declining health and loss of significant others, will be explored. Finally, the use of approaches unique to this population, including reality orientation, validation therapy, and reminiscence therapy will be discussed. Finally, the small number of efficacy and feasibility studies of different psychotherapeutic approaches will be examined. We will conclude with recommendations for those therapeutic approaches that are supported by empirical studies.

ADAPTING COGNITIVE BEHAVIORAL THERAPY FOR USE WITH COGNITIVELY IMPAIRED DEPRESSED OLDER ADULTS.

A. B. Higgins (Palo Alto Veterans Affairs Medical Center, 116B, Palo Alto, CA 94304), J. M. Cook (Palo Alto Veterans Affairs Medical Center, 116B, Palo Alto, CA 94304), D. V. Powers (Loyola College, Psychology Dept., 4501 N. Charles St., Baltimore, MD 21210).

The efficacy of cognitive-behavioral therapy (CBT) approaches to treat depressed older adults has been well-established. However, little has been written about the use of CBT with cognitively impaired patients. This paper will present the use of a manualized CBT treatment for depression with cognitively impaired older adults. Several patients with well-characterized neuropsychological deficits will be presented to illustrate how CBT was adapted to work with older adults with specific cognitive impairments. The process of designing appropriate treatment plans, adapting homework assignments, and tailoring the treatment approach to working with a variety of sensory impairments will be discussed. Obstacles to obtaining traditional outcome measures and special considerations concerning therapists working with cognitively impaired older adults will be discussed. Finally, recommendations for future research and practice will be explored.

PSYCHOTHERAPY WITH COGNITIVELY IMPAIRED OLDER ADULTS: A SYSTEMIC PERSPECTIVE.

A. L. Snow (Johns Hopkins School of Medicine, 600 N. Wolfe St., Meyer 218, Psychiatry Dept., Baltimore, MD 21287-7218), D. V. Powers (Loyola College, Psychology . Dept., 4501 N. Charles St., Baltimore, MD 21210), A. B. Higgins (Palo Alto Veterans Affairs Medical Center, 116B, Palo Alto, CA 94304).

Because the cognitively impaired older adult almost always requires the assistance of relatives or paid caregivers, a systemic approach with this population is invaluable. The experience of the caregiver, and the interaction between the caregiver and patient, must be considered in order to formulate an effective treatment plan. First we will focus on the use of family and couples therapy approaches with this population. Innovative approaches to disseminating psychotherapy to older adults beyond the traditional office visit, such as home visits and telephone counseling, will be discussed. The importance of the establishment of effective relationships with another important component of the patient's system, the physician and other members of the medical treatment team, will also be discussed. We will then consider treatment of the cognitively impaired patient within the nursing home setting. Important issues include the unique challenges of working with staff members and the establishment of treatment priorities in a setting where psychotherapy resources are often unequal to demand. Finally, an innovative social milieu approach to intervention with the social environment of an entire nursing home unit will be presented.

195

NEW FINDINGS ON PERSONALITY CHANGE AND STABILITY OVER THE ADULT YEARS

R. Helson, Institute of Personality and Social Research, University of California, Berkeley, 94720-5050

Participants:

B.W. Roberts (Department of Psychology, University of Tulsa, Tulsa, OK) Rank-order Consistency of Personality Traits from Infancy to Old Age

R. Helson, C. Jones, & V. Kwan (Institute of Personality and Social Research, Berkeley; California State University, Fresno, CA) Is There Normative Personality Change?

G. Labouvie-Vief (Department of Psychology, Wayne State University, Detroit, MI) Cross-sectional and 6-year Longitudinal Predictors of Norm Orientation

E.C. Klohnen (Department of Psychology, University of Iowa, Iowa City) Individual Differences in Personality Change Across 25 Years of Adulthood

Discussant

J.R. Nesselroade (Department of Psychology, University of Virginia, Charlottesville, VA)

The symposium brings together new findings on the topic of personality change in adulthood. Roberts reports a meta-analysis showing that rank-order consistency of personality does not reach a plateau until late middle age. Helson, Jones, & Kwan show that both cross-sectional and longitudinal studies using the California Psychological Inventory report increases in control and decreases in social vitality with age, but that findings for social competence and complexity are more varied. Labouvie-Vief reports that increases on norm-orientation (control) are related to different factors in young and old participants. Klohnen shows that amount of personality change is a meaningful and consistent individual difference variable. Nesselroade puts these findings in perspective.

THE RANK-ORDER CONSISTENCY OF PERSONALITY TRAITS FROM INFANCY TO OLD AGE: A QUANTITATIVE REVIEW OF LONGITUDINAL STUDIES

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A quantitative review of the rank-order consistency of temperament and adult personality traits was undertaken to determine whether trait consistency maximizes and stabilizes at a specific period in the life course. Three thousand and ninety-one test-retest correlation coefficients from 150 studies were compiled. Meta-analytic estimates of mean population test-retest correlation coefficients showed that trait consistency increased from .32 in childhood, to .51 during the college years, to .62 at age 30, and then reached a plateau around .75 between ages 50 and 70 when time interval was held constant at 7 years. Consistent with past research, the longitudinal time interval had a negative relation to trait consistency. Additional analyses showed that study attrition, gender, and assessment method had minimal effects on trait consistency. Temperament dimensions were less consistent than adult personality traits. The implications of the findings for theories of personality change are discussed.

IS THERE NORMATIVE PERSONALITY CHANGE?

R. Helson, C. Jones, & V. Kwan, Institute of Personality & Social Research, University of California, Berkeley, CA 94720-5050, and Department of Psychology, California State University, Fresno, CA

Recent cross-sectional studies using different personality inventories show common patterns relating personality to age, even across culture. Findings from cross-sectional studies that used the California Psychological Inventory (CPI) are compared with newly available CPI findings from three longitudinal studies representing different cohorts. Measures of control increase with age and measures of social vitality decrease with age in both cross-sectional and longitudinal samples, ruling out cohort as a major explanatory factor. Measures of social competence and complexity give more variable results, including curvilinear relationships. Period effects and the role of occupation, gender, and individual differences in personality are considered.

CROSS-SECTIONAL AND 6-YEAR LONGITUDINAL PREDICTORS OF NORM ORIENTATION.

G. Labouvie-Vief, Department of Psychology, Wayne State University, Detroit, MI 48202.

This sequential study examines correlates of age difference and 6-year change patterns in six age/cohort groups of male and female adults aged 18 to 80+, using the three vector scales of the Califoria Personality Inventory as dependent variables. Age group (6) by time (2) MANOVA's revealed that for two vectors (Internality and Self Realization), different cross-sectional (age-related) and longitudinal (time-related) patterns were found, suggesting that cohort-related changes are important in explaining cross-sectional age differences on these dimensions. In contrast, for Norm Orientation, the two patterns coincided. There was a linear cross-sectional relation to age, with the oldest group achieving the highest scores. In addition, longitudinally, all age/cohort group increased over time. Despite these linear patterns, variations in Norm-Orientation appeared to reflect the operation of different non-age-related developmental mechanisms at earlier and later life stages. Norm orientation in the three youngest age/cohort groups was primarily related to education and the growth of culture-mediated cognitive capacities. In contrast, for the mature and late adult groups, norm orientation was predicted by variables related to the immaturity/maturity of emotion regulation. These results suggest that, as suggested by several theories of adult development, increases in norm-orientation in youth is related to processes of socialization and acculturation; in contrast, later life increases are more strongly related to processes of individuation.

INDIVIDUAL DIFFERENCES IN PERSONALITY CHANGE ACROSS 25 YEARS OF ADULTHOOD.

Eva C. Klohnen, Department of Psychology, University of Iowa, Iowa City, IA 52242.

Studies on personality development typically focus either on issues of consistency or on questions about normative change. However, little is known about whether individuals vary in the degree to which they change in their personality over time. The present study examined whether such differences in change exist and whether they form a meaningful individual difference variable. Using data from a longitudinal study of women, individual differences in personality change were examined across 25 years of adulthood. Standard deviations of personality scale scores obtained at three assessments (ages 27, 43, & 52) served as an index of individual differences in change. This index was computed separately for each inventory scale, thus providing multiple indicators of temporal variability for each individual. Alpha reliability analyses on these multiple indicators of change showed that these individual differences in change form an internally consistent scale, indicating that individuals who changed considerably in one aspect of their personality, also tended to change on other aspects . Temporal variability indices derived from two different personality measures showed good convergent validity. Changeable individuals also showed greater change in terms of observer-based personality descriptions over time. Ego-resiliency predicted changeability, with more ego-resilient individuals showing less change over time. These findings suggest that differences in intra-individual change--that is, the degree to which an individual's personality changes over time--is a meaningful individual difference variable.

196

BEYOND FAMILY AND FRIEND: UNDER RESEARCHED TOPICS IN SOCIAL SUPPORT

K. L. Fingerman, Dept. of Human Development and Family Studies, 110 Henderson Building South, Penn State University, University Park, PA 16802.

Participants:

K. L. Fingerman, H. Mayger, B. C. VanCitters, & K. S. Birditt (Pennsylvania State University, University Park, PA). Variation in definitions of close and problematic relationships across the lifespan.

C. L. Johnson (University of California, San Francisco) Social connections of the Black oldest-old

J. Barker (University of California, San Francisco) Non-kin caregivers

L.M. Chatters, R.J. Taylor, C. Ellison, J .S. Levin, & K. Lincoln (University of Michigan, Ann Arbor, MI) Congregational and clergy support to African American older adults

Discussant:

R. G. Adams (University of North Carolina at Greensboro)

The role of close friends and family in the social support systems of older adults has been widely addressed in the gerontological literature. There has been scant attention, however, to variation in the types of relationships that individuals consider important. This symposium presents current research addressing social ties that have not been widely studied. Dr. Fingerman and colleagues look at the social ties individuals ages 13 to 99 list as close and problematic. They contrast this list with a content analysis of 1,000 journal articles addressing relationships in adulthood. Dr. Johnson describes the flexibility that African American oldest-old adults demonstrate in defining attachments to friends and family. These individuals include a unique type of relationship category, weak friendships that provide social support. Dr. Barker presents findings from an innovative study that looks at caregivers of the frail elderly who do not share a kinship link. Finally, Dr. Chatters and colleagues address the role the church plays in provision of social services to older African American adults. Discussion focuses on the reasons why researchers have addressed specific types of relationships in later life while ignoring other types that may be equally important.

VARIATION IN CLOSE AND PROBLEMATIC SOCIAL RELATIONSHIPS ACROSS THE LIFESPAN

K.L. Fingerman, H. Mayger, B.C., VanCitters, K.S. Birditt (110 South Henderson, Penn State University, University Park, PA 16802).

This study looks at whether existent research addresses relationships that are important to adults of different ages. One hundred and eighty-seven individuals ranging in age from 13 to 99 provided descriptions of their close and problematic social ties. Individuals listed over 60 types of relationships in these networks. This list of relationships is contrasted to a content analysis of over 1,000 recent journal articles pertaining to social relationships. Most studies focused on marital or dating relationships (55%) and parenting of young children (20%), an issue or relevance to a limited age segment. The majority of the youngest and oldest participants did not have romantic partners or young children. Participants of all ages listed friends as important, whereas only 12% of studies looked at this tie. Participants also described classmates, team or club members, co-workers, church members, individuals who are deceased, and an array of other ties that have not been included in many studies of social ties. Implications for integrating lay and scientific conceptions of relationships are discussed.

CONGREGATIONAL AND CLERGY SUPPORT TO OLDER AFRICAN AMERICANS

L.M. Chatters, R.J. Taylor, C.Ellison, J.S. Levin, K. Lincoln, Department of Health Behavior and Health Education, School of Public Health, Ann Arbor, MI 48109.

A small, but growing literature recognizes the varied and important roles that church members and clergy play in identifying and addressing social support and mental health needs within their congregations. This critical review examines this research, specifically as it relates to older African Americans, highlighting available information concerning these processes and citing those areas and issues where additional information is needed. Topics addressed include conceptual models of support processes based in religious settings, types of support provision (e.g., instrumental, affective), and family and social characteristics of support recipients. Further, attention is given to the role of ministers in mental health delivery, client characteristics and factors that are associated with the use of ministers by older persons, factors related to the development of church-based programs and service delivery systems, and models that link churches and formal service agencies.

SOCIAL CONNECTIONS OF BLACK OLDEST OLD.

Colleen L. Johnson, Med. Anthro., U. of California . San Francisco, CA 94143-0850.

An analysis of the social networks of very old Black Americans indicates that self-definitions of who are family and friends are flexibly determined on the basis of immediate needs as well as personal preferences. Consequently, distinctions between family and friends can be blurred, and the strength of the attachments can vary over time. There is also a propensity to define friendships by making a distinction between degrees of connections, so one may define relstionships as "friendly, but not friends," or "friends but not real friends." By specifying friendships as strong or weak and close of distant, a new type of relationship category of weaker friendship ties potentially increases the size of the network and its potential supportive activities to the very old.

NEIGHBORS, FRIENDS, AND OTHER NON-KIN CAREGIVERS TO DEPENDENT ELDERLY.

J. C. Barker, Medical Anthropology, University of California - San Francisco, San Francisco, CA 94143-0850.

Around 10% of dependent community-living elderly rely on unpaid, unrelated other people, such as neighbors, tenants, friends, for day-to-day assistance. This qualitative study investigated how these informal caring relationships come into being, what activities they encompass, and what sustains them. Interviews were conducted at recruitment and again 12 months later. The 156 cases of non-kin caregivers and elders were recruited through home health care and social service agencies, probate court, and churches. Just over half (53%) of cases are dyadic, the rest are in various combinations, from one elder with multiple unrelated caregivers (17%) to one person caring for multiple elders (29%). Most participants are female (elders -70%, caregivers- 79%). Elders range in age from 65 to 97, caregivers from 22 to 92. Half the cases comprise age peers over 65. Most relationships involve minimal instrumental care for a variety of IADL deficits along with socialization, but a sizeable proportion (15%) involve heavy personal care for ADL limitations. Many of the latter have existed for over five years. Most relationships are new, less than one year old, but around 20% have been in existence for more than five years. In most cases, these unpaid caregiving relationships begin through a casual encounter that develops into a friendship, often with assertions that it has a kin-like quality. A strong affective bond sustains the majority (over 80%) of relationships long term, even as the elder becomes more dependent, or, in many cases, after the elder is institutionalized or moves to live with family.

197

EMPOWERING CUSTODIAL GRANDPARENTS,

C.B. Cox, Fordham University,Graduate School of Social Service, 113 W. 60th St., New York, New York, 10023.

Rather than playing peripheral roles in the lives of their grandchildren, increasing numbers of grandparents are assuming complete responsibility for raising them. This responsibility involves a myriad of problems, issues, and concerns which can greatly affect their parenting ability. This presentation describes a training program and curriculum developed to meet the parenting needs of a group of African American custodial grandparents in New York. By focusing on empowerment, the program aimed to not only foster the parenting skills of the group but also to develop them into community peer educators and resource persons. The 12 session course trained 14 grandparents and covered topics ranging from grief and loss to legal issues and making community presentations. At the completion of the program, grandparents' knowledge had increased and parenting behaviors had altered. The grandparents also began giving presentations to groups and schools throughout the city as well as advocating for their own needs at community meetings. The curriculum and training guide will be presented as well as recommendations for programs. Funded by the New York Community Trust

EXAMINATION OF INTERGENERATIONAL CULTURE SHARING FROM THE PERSPECTIVE OF GRANDPARENTS.

K. Judge, K. Kopera-Frye, R. Wiscott, & Gesen, K. Applied Cognitive Aging, University of Akron, Akron, OH 44235-4301.

The role of 'culture keeper' (e.g., Kivnick, 1983) is an important dimension of the grandparenthood experience. However, little work has specifically addressed grandparents' (GPs) perceptions of the transmission of shared cultural beliefs. The present study used the newly designed Culture Sentence Completion Test (CSCT) to examine GPs perceptions of intergenerational sharing (*N*= 183; *M* age = 71.4, *SD* 9.2; 85% female; 80% Caucasian). Additionally, traditional measures (e.g., Grandparenthood Meaning Scale; Shared Activities Scale, Kennedy, 1992) which assessed factors related to the grandparenting relationship were used. A total of 1,694 stems were completed, with 86% of the cultural sharing responses positive in affective tone, 10% negative, and 4% neutral. Results indicated the number of positive CSCT stems was significantly related to spirituality, shared activities, shared cultural activities, belief formation, and grandparenthood meaning (*r*'s = .21 to .39, all *p*'s < .05). Negative CSCT stems showed the same pattern of relationships, but in the opposite direction(*r*'s = -.17 to -.31, all *p*'s < .05). Significant predictors of positive CSCT stems were greater perceived grandparent meaning and more shared cultural activities, accounting for 22% of the variance in positive intergenerational cultural sharing. Findings demonstrate convergent validity for our newly created CSCT. It is suggested that GPs view their role as culture keepers in a predominately positive light and perceive this to be an integral aspect of the grandparenting relationship. (BSS 6)

RELATIONS WITH GRANDPARENTS: BIG CITY VERSUS RURAL HEARTLAND

Valarie King, Department of Sociology, Pennsylvania State

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University, University Park, PA 16802, Merril Silverstein, University of Southern California, Glen H. Elder, Jr., University of North Carolina, & Vern L. Bengtson, University of Southern California.

The historic decline of the rural farm population in the U.S. has produced changes in the types of relationships maintained across generations. To the extent that grandparents play a different role in the lives of farm children when compared to those in nonfarming rural and urban communities, the substantial population decline in rural society would be expected to feature corresponding changes in intergenerational relationships. Yet little is known about the influence of rural-urban contexts for grandparenting. This study examines whether grandparenting differs between rural farm, rural nonfarm, and urban contexts by comparing grandparents living in Iowa (Iowa Youth and Families Project) and California (Longitudinal Study of Generations) on frequency of contact, provision of help, and levels of conflict with grandchildren. Results show that maternal grandparents in rural families stand out in providing more help and reporting less conflict compared to their urban counterparts. Paternal grandparents in rural contexts have more contact and provide more help than those in urban contexts. Furthermore, paternal grandparents in farm families are more involved than those in rural nonfarm families. Most differences remain even after controls for proximity and other demographic characteristics. It is concluded that regional context is important in patterning grandparent-grandchild relationships.

FACTORS INFLUENCING GRANDPARENTS' SATISFACTION WITH THEIR ROLE

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Owing to improved longevity and health, grandparents of the 1990s are likely to overlap a longer portion of their grandchildren's life-span than earlier cohorts, but the role may be more ambiguous today than previously. To examine how the new cohort's experiences of grandparenthood may help to predict their levels of satisfaction and dissatisfaction with with the role, a sample of 190 Australian grandparents aged 41 to 88 years was studied using rating scales and open-ended measures. In contrast to findings reported in the U.S.A. between 1964 and 1986, only 6% of these Australian grandparents felt dissatisfied, 50% were "extremely satisfied", and there were no differences in mean levels of satisfaction due to grandparent or grandchild age or gender, or family size. Approximately 70% of the sample saw at least one grandchild at least once a week, and frequent contact predicted higher satisfaction. Open-ended responses revealed that sharing in the grandchild's development and exchange of affection were deemed the best features of grandparenthood, while lack of contact was the worst feature. Possible effects of cohort, culture and social climate were discussed.

THE MENTAL HEALTH OF GRANDPARENTS IN BRITAIN: REGULAR CONTACT COMPARED TO THOSE WHO HAVE LOST CONTACT DUE TO PARENTAL SEPARATION/DIVORCE

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162 grandparents in Britain returned questionnaires about their relationship with their grandchildren. 98 have regular contact and 64 have lost/reduced contact with their grandchildren due to parental separation or divorce. Grandparents who had lost contact with their grandchildren were found to be experiencing mild depression (mean = 12.1) with 7 symptoms of mental illness vs. grandparents with regular contact had minimal levels of depression and 4 symptoms of mental health. Compared with a normal population grandparents' who had lost contact due to parental separation or divorce their past and present grief was found to be high, which is indicative of prolonged grief. Their coping strategies were within the normative range for seeking social support and avoidance and low in problem solving. The grandparent-grandchild relationship and the prolonged grief experienced by grandparents due to loss of contact with their grandchildren will be discussed in the light of relevant theoretical perspectives. (BSS-6)

198

DEFINITION OF "SUCCESSFUL AGING" BY COHORT MEMBERS OF THE MANITOBA FOLLOW-UP STUDY

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The Manitoba Follow-up Study is a prospective cohort study of 3,983 men followed with routine medical examinations since 1948. In 1996, a mailed questionnaire about aspects of aging, mental, physical and social functioning was responded to by 90% of the 2043 survivors, then at a mean age of 75 years. The last two questions were: "What is your definition of successful aging?", and "Have you aged successfully?". This analysis examines the relationship between self-rated and self-perceived definitions of successful aging. Definitions of successful aging were summarized as 15 overlapping themes. The percent of subjects stating each theme and the relative odds of "successful aging" for each theme were calculated for the 84% who indicated "yes" in contrast to all others. Some themes reported differentially by success of aging were:

"Have you aged successfully?"(%)		Relative Odds ($p<.05$)	Theme
yes	not yes		
19.1	7.2	3.02	Positive outlook and attitude
26.3	12.4	2.52	Happy, enjoy life, content, no worry
8.8	3.8	2.44	Moderation, one day at a time, gradual decline
17.9	8.6	2.31	Keeping active - physically
20.1	10.7	2.10	Loving spouse, family, friends
21.4	33.1	0.55	Good health, less pain

There was large variation in the frequency of themes reported. Themes varied by self report of successful aging.

HEALTH OF THE OLDER POPULATION IN THE UNITED STATES: AGE, SEX, AND RACE DIMENSIONS

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This special study on health and aging is part of the annual report on the nation's health submitted by the Secretary of the U.S. Department of Health and Human Services to the President and Congress. It summarizes the health of older people in the United States at the end of the twentieth century, using nationally representative health surveys and vital statistics. Measures of health status, including mortality, the prevalence of chronic conditions, disability, oral health, hearing and visual impairments are presented. In addition, health care access and utilization measures such as hospital discharge rates, use of home health care services, and health insurance coverage are included. Special attention is paid to differences in health by age, sex, and race and ethnicity.

There is much heterogeneity in the health of the older population. The largest differences are age-related. Persons 85 years of age and over, the majority of whom (71 percent) are women, have noticeably higher rates of illness, disability, and utilization of health care services than older persons who are less than 85 years of age.

DRIVING AND TRANSPORTATION STRATEGIES OF RURAL ELDERS.

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Access to transportation services is very limited in most rural communities. At the same time rural dwellings, services and facilities are geographically dispersed, making transportation a major barrier to service use by older adults. The goal of this paper is to describe how older adults perceive their transportation options and the strategies they develop to access goods and services and maintain social interaction with family and friends. Data come from in-depth interviews conducted with a multi-ethnic (African-American, European-American, and Native-American) sample of 145 adults aged 70+ in two rural counties in North Carolina. Interviews were tape recorded, transcribed and analyzed using a systematic, computer-assisted text analysis procedure. Private cars, van service, informal support, delivery services, and paying family or friends for transportation were all used. Gender, health status, and life course events were factors affecting the transportation options available to elders. Some persons had little access to transportation. Lack of acceptable transportation led to choices about trip frequency, routes, and destinations that may have a negative effect on health and on quality of life. Acceptable transportation options are necessary for successful aging in rural areas. Supported by NIH grant R01-AG 13469.

IN THEIR OWN WORDS: A MODEL OF HEALTHY AGING

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Previous studies have assessed older people's health based on clinical and functional variables. To supplement that quantitative understanding, we asked older people what they think constitutes their health and what contributes to it and to older people's health in general. We used grounded theory-type methods to analyze 22 semi-structured interviews with community-dwelling older members of a group model HMO, randomly selected from those whose reported perceived health differed from that predicted by a regression model based on the above variables. Questions targeted perceptions of health; well-being; valued abilities, activities, and relationships; social support; control; sense of coherence; and personal outlook. A model of healthy aging emerged from our analysis. To these people *health* meant *going and doing* something meaningful. They identified the following factors as important to their own health and to differences in how older people in general rate their health: something worthwhile to do, the balance between abilities and challenges, appropriate external resources, and personal attributes (e.g., positive attitude vs. "poor me"). The components of the model directly support the *going and doing* that is healthy aging and also influence each other by supporting, supplementing, and interacting in adaptive feedback relationships. By reframing healthy aging in older people's own terms, this model encourages interdisciplinary support of their desired goals and outcomes rather than only medical approaches to deficits and challenges. BSS-25

Mediation of Uncertainty and Anxiety in Older Adults:. A Model of Perceived Affiliation and Self-Acceptance through Lateral Social Comparisons.

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Gerontologists have suggested that social comparisons may be used by older adults to preserve their self-concept despite narcissistic threats from physical declines. The scant research in this area, however, has focused on downward and upward social comparisons and ignored the role of lateral comparisons (i.e., comparisons with those experiencing similar situations) in maintaining emotional well-being. In the present study, a model was tested with a sample of 362 older adult males and females (M Age=75 yrs.) in which lateral comparisons were hypothesized to diminish uncertainty and anxiety by first reducing feelings of social uncertainty in a manner similar to the dynamics of support groups. It was specifically hypothesized that reduced physical function yields a sense of uncertainty about oneself which then leads to heightened anxiety. This uncertainty is also predicted to increase the frequency of making lateral comparisons which, in turn, results in a greater sense of similarity and affiliation with one's peers. The end result of this comparison process is increased self-acceptance which directly reduces the anxiety. Analysis with EQS 5.4 yielded a satisfactory model fit ($\chi^2 = 30.076$; df =14; $p < .01$; CFI = .95; GFI=.98; RMR = .051; RMSEA =.056). Findings will be discussed in terms of current theoretical models of later-life adjustment.

CRITERIA FOR SUCCESSFUL AGING IN FAMILIES

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The goal of this study was to develop a multi-criteria instrument (Baltes & Baltes, 1990) for assessing family process important to successful aging in families. 116 men and women, age 26-64, who had a parent age 60 or over, evaluated the importance of 87 indicators of how adult children in families might enhance their older parents' continued health and quality of life. Indicators reflected 15 a priori sub-categories within three primary domains: (1) *abilities and competencies* in the family to actively provide support, encouragement, and coping resources to parents; (2) *comprehensive knowledge* of parents' health and psychological status, needs, and coping potential, and of available community support resources; and (3) *adaptive family dynamics*, e.g., respecting parents' feelings and decisions, knowing how to talk with parents about health or current concerns; motivation, adaptability, and depth of family reserves with respect to parental support, and equitable sharing of responsibility for long-term support or caregiving. Analyses showed the 15 subscales of the instrument to be reliable (alphas ranging from .70 to .95). As evidence for criterion validity, the indicators in all subscales were rated as significantly more important by families who were already more involved in (a) providing parental support, (b) caregiving, and (c) decision making. Significant differences were also found across the three primary domains with respect to their potential to enhance a parent's successful aging. Most important was the *Adaptive Family Dynamics* domain, followed by the *Knowledge* domain and the *Abilities and Competencies* domain, respectively.

COPING AND LIFE SATISFACTION IN YOUNGER AND OLDER ADULTS.

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Having effective coping mechanisms may be one of the most important predictors of well being across the life span. We examined the relation between four types of coping strategies and life satisfaction in 224 younger adults (18-35 years) and 223 older adults (60-95 years). All participants were healthy community dwelling volunteers who were interviewed about their coping competency, and their use of optimism, humor and spirituality to cope with difficult life events. Participants were queried about health and life satisfaction; and answered questions from the Life Orientation Test, Coping Humor Scale and the Spiritual Well Being Scale. We found no age differences on reports of health, life satisfaction, and the use of optimism, humor and spirituality. Collapsing across age, we found a positive and statistically significant relation between each of the four coping strategies and life satisfaction. Descriptions of these coping strategies are included. These results may be interesting to individuals who are caregivers or who are providing supportive services to older adults.

RESERVE CAPACITY IN A SAMPLE OF AFRICAN AMERICAN ELDERS: A LIFE STORY APPROACH.

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The purpose of this study was to examine the theoretical concept of reserve capacity in a sample of minority elderly. Reserve capacity, defined as the potential for change after the experience of stress, allows for growth beyond a previous level of functioning. This concept was examined using life stories, or personal accounts of the important events and experiences that shape an individual's development. Life story interviews were conducted with 10 African-American elders (aged 69 to 88). Tape-recorded interviews were examined for thematic content. Overall, several themes emerged as being important to participants' reserve potential. First, spirituality and family, especially parents and grandparents, were identified as being important across interviewees. Also identified were: education; community involvement; and certain personality attributes, including a strong sense of self and an optimistic attitude. As described by the respondents, these factors were used as reserve resources from which they were able to draw in times of stress, thus allowing them to grow as a result of their hardships. Although the identification of these particular themes may not be surprising, this research has important implications. For example, this methodology provides the opportunity to examine the process by which various attributes serve a protective function and contribute to reserve capacity in African-American elders. This information, in turn, may be important in fostering more optimal outcomes for these individuals.

AWARENESS AND USE OF COMPENSATORY MEMORY STRATEGIES: A PSYCHOMETRIC AND LONGITUDINAL ANALYSIS

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Researchers have identified multiple mechanisms through which cognitive decline may be compensated. The Compensation Questionnaire (CQ) was designed to measure the extent to which older adults report using such mechanisms in everyday life. The purpose of the present study was to investigate psychometric characteristics and longitudinal profiles of the seven CQ scales. Two samples (Ns = 336 & 530) of adults (aged initially 55-85 years) from the Victoria Longitudinal Study were followed over a three- and six-year period. Reliability estimates showed relatively high test-retest coefficients (range .52 to .78) and internal consistency (range .55 to .87) across gender, three age groups, and occasions. Repeated measures MANOVAs revealed an overall preference for external strategies, as well as selected age and gender differences in everyday compensatory strategies.

CRITERIA FOR SUCCESSFUL AGING AT WORK

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The goal of this study was to develop an instrument for determining important criteria to successful aging at work. 139 employed men and women, age 40-79, evaluated the importance of 101 indicators for determining how well older workers have aged in their jobs. Indicators were developed to reflect 30 a priori subcategories representing the broad health, psychological, social, economic and workplace-environmental factors that affect successful aging. Factor analyses produced five interpretable factors accounting for 59.7% of the common variance, reflecting: (I) Continued productivity and maintenance of skills, (II) Control over workload and work environment, (III) Opportunity for growth and development, (IV) Interpersonal support and relationships, and (V) Security in job and retirement readiness. Inspection of mean endorsements indicate that continued productivity was the most important factor contributing to successful aging, followed by opportunity for growth, control over workload, security in job, and interpersonal support. As evidence for criterion validity, indicators were significantly related to age, action planning, retirement concerns, and industry characteristics.

EXPERIENCES OF EMOTIONAL AND SOCIAL LONELINESS AND SUBJECTIVE WELL BEING IN OLD WOMEN LIVING ALONE

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Assuming that social and emotional isolation are different experiences, not necessarily related to living alone, we interviewed 20 widowed and single women aged 60 to 70. All them moved from larger urban centers to a small town recognized by having good medicinal waters. We explored the antecedents of their decision of living alone; their social network in terms of size and level of closeness of members; nature and frequency of contacts with relatives; level of satisfaction with the available social relationships, life style, activity and social involvement; feelings of loneliness, life satisfaction; concepts of loneliness and meanings of psychological well being. Data analysis confirmed the initial assumption about the non-existence of relationships between social and emotional isolation. The women described themselves as successful agees since they were able to take the decision of living alone. Data showed evidence of selectivity and the social convoy effect in the composition of their friendship network. However they indicated mostly children as their closest significant others. Life satisfaction was not related neither to the size of the social network, neither to the geographical closeness of children, close friends and relatives. Many of them reported feelings of satisfaction with recent although distant social relationships. They described themselves as highly satisfied with life and associated well being with health, activity, autonomy and self-acceptance.

TIME PERSPECTIVE OF OLDER ADULTS: RELATIONSHIPS TO ATTACHMENT STYLE, WELL-BEING, AND DISTRESS

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The personal experience of time is one of the important dimensions of the subjective world of older adults which, however, has received little attention within gerontology. The purpose of this study was to determine the ways in which older, community dwelling adults view their past, present, and future and the patterns of relationship between time perspective and three psychosocial factors - attachment style, well-being, and distress. In contrast to prior research that focused either on a single time orientation (e.g., future or the past), or on a single temporal dimension (e.g., extension), this study examined all three time orientations and along multiple dimensions (density, emotional valence, extension, time continuity, and temporal balance). The sample included 103 women and men aged 65 to 91. Temporal variables conceptualized as "healthy" - time continuity, balance of time orientations, and positive emotional valence -were found to be differentially associated with the measures of attachment style, well-being, and distress, and also with certain demographic characteristics of respondents. Older adults with a greater sense of continuity among their perceptions of past, present, and future and a greater balance of positive experiences across time zones were more likely to be securely attached. Participants reporting higher levels of life satisfaction expressed more positive attitudes about both their present and their past. Older respondents reporting more global distress and depression tended to attribute the preponderance of positive experiences to only one of the time zones (e.g., either the past or the present). The findings pointed to the importance of simultaneously examining multiple facets of time perspective in later life. This approach will enhance our understanding of experience of growing old and well-being among older adults.

PHYSICAL FUNCTIONING, SUBJECTIVE HEALTH AND SUCCESSFUL AGING: THE MODERATING INFLUENCE OF SELECTIVE OPTIMIZATION WITH COMPENSATION

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Staying and feeling healthy are important facets of successful aging. However, there is much evidence that objective indicators of health do not always correspond with subjective evaluations of health. Models of adaptation to aging losses suggest that individuals make use of selective optimization with compensation (SOC) in order to enhance their functional resources and physical well-being. Within the Successful Aging Study on Life Experience (ALLEE), 480 participants between 20 and 90 years of age took part in an extensive interview session covering tests of objective physical functioning (gait/balance), subjective health and a questionnaire on SOC. Preliminary results indicate that SOC moderates associations between physical functioning and subjective health: When using more SOC in everyday life, individuals profit more from high levels of functioning in terms of subjective health as compared to participants who use SOC less often. It is suggested that SOC is a critical mechanism to successful management of health resources. BSS-25

Ute Kunzmann & Robert W. Levenson

Emotion During Marital Conflict:
Does Personality Moderate the Effects of Age?

Past research suggests that one benefit of age is that older couples generally experience marital conflicts as emotionally more positive and less negative than do middle-aged couples. We sought to determine whether this finding holds for couples across a range of personality dimensions (neuroticism, extroversion, openness, agreeableness, and

conscientiousness). 156 married couples (middle-aged: age 40-50; older: age 60-70) discussed a marital conflict for 15 minutes, then viewed a videotape of their discussion and provided continuous ratings of their emotional reactions on a "positive-neutral-negative" scale. Results indicated that the greater positivity during conflictive conversations associated with age was most pronounced when spouses scored low on neuroticism and conscientiousness. The lesser negativity associated with age was most pronounced when spouses were less agreeable. Thus, the improved emotional climate during conflictive discussions reported previously for older marriages may be a joint function of age and personality that is found primarily for spouses who are low in neuroticism, agreeableness and/or conscientiousness. We believe that these effects result from gains in emotional understanding and in emotion regulatory competence that accrue to certain but not to all individuals as they age.

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Chronic Health Conditions and Quality of Daily Life: Results from the National Study of Daily Experiences.

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Using a daily experiences paradigm, this study examined how the type and number of chronic health conditions are associated with indicators of daily well-being. Previous studies of individual consequences of chronic health conditions have typically only examined monetary costs, work productivity, and basic daily functioning. The current study considered other important aspects of daily life such as daily stressors, negative mood, and the ability to provide emotional and instrumental assistance to others, which are likely to be affected by chronic health conditions. Respondents were a U S national sample of 1483 adults ranging in age from 25 to 74 years, equally distributed across gender and age categories. Respondents completed telephone interviews on each of eight consecutive evenings resulting in a total of 10,389 interviews. The daily interview included questions about daily experiences occurring in the past 24 hours concerning time use, mood, physical symptoms, productivity and cutbacks, daily stressors, and emotional and instrumental support given and received. A baseline measure of chronic health conditions assessed whether the respondents had been treated for each of 29 chronic conditions in the past year. Preliminary analysis indicated that 78% of the entire sample reported at least one chronic health condition and 58% reported more than one condition. Furthermore, 84% of the respondents in the oldest age category (55-74 years) had at least one chronic condition and 69% reported multiple conditions. Subsequent analysis will assess the extent to which type and number of chronic health conditions are associated with indicators of daily well-being. Special attention will be given to age differences in the daily effects of chronic health conditions. Just as the prevalence of chronic health conditions is higher for older adults, we also believe that the daily effects of these conditions will be more severe for older adults.

IS WELL-BEING SUBJECT TO AN ADAPTATIVE PROCESS IN OLD AGE?

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This study analyzes the relationship between well-being and the objective life conditions and tests the hypothesis that the elderly tend to lower their expectations in order to maintain their well-being. Well-being is defined as a state of satisfaction towards what life offers in a given context.

Positive well-being is related to an adequate correspondence between expectations and resources. When resources cannot be improved, an adaptive strategy is to lower expectations Data are from a Swiss cross-sectional survey carried out in 1994 on a random sample of people aged 60-94 years old (N=1759). Several fields of life were evaluated by the respondents. A factorial analysis yielded three components of well-being: physical-psychological, material-occupational, and relational-emotional. Each component was significantly related to the objective life conditions to which it refers, but the objective factors explained only a limited part of the variance. This finding suggests that respondents have a subjective interpretation of reality. Results based on regression analyses show that persons have adjusted their expectations in the physical-psychological and material-occupational domains of well-being, but not in the relational-emotional domain. Thus, these findings support the hypothesis but only in part: they sustain the argument saying that with ageing, people get more satisfied with their material life conditions, but are not really happy (Coleman, 1993). A methodological caveat is that, due to the cross-sectional nature of the data, age and cohort effects cannot be disentangled.

Association Between Cognitively Stimulating Activity and Cognitive and Physical Test Performance in Older Adults

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Participants in the Women's Health and Aging Study (WHAS) II were asked to report their frequency of participation (ranging from "not at all" to "every day") across 23 everyday activities, such as doing crossword puzzles, reading newspapers and books, gardening, sewing, going to movies and plays, playing and listening to music, volunteering, and watching television. Ten cognitive psychologists rank-ordered these activities according to their relative level of cognitive demand. Spearman rank-order correlations revealed that crossword puzzles were ranked, overall, as the most cognitively demanding and television watching as the least demanding activities. These activities were divided into the 10 most and 10 least cognitively demanding. The number of high vs. low cognitively demanding activities endorsed by each participant were then analyzed for their association with cognitive and physical test performances, after adjusting for age, education, race, and depression. Regressions showed that increasing participation in low and, particularly, high cognitive demand activities was significantly associated ($p<.03$) with better cognition (verbal memory, psychomotor speed, mental flexibility), instrumental (using telephone, preparing bowl of oatmeal), and, surprisingly, mobility-based (walk 4 meters, 5 chair stands) test performances. For example, for each low cognitive demand activity endorsed, there was a 3-second decrease in psychomotor speed, 11-second decrease in mental flexibility, and a 7-second decrease in telephone use and meal preparation. For each high cognitive demand activity endorsed, these effects were magnified and there was also a significant decrease in walking speed and chair stands. These cross-sectional associations have been supported in preliminary longitudinal examination and suggest that cognitively stimulating activity may have a great impact on physical health later in life.

SELECTION, OPTIMIZATION, AND COMPENSATION AS PREDICTORS OF SUBJECTIVE WELL-BEING.

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The SOC-Model of successful development (Baltes & Baltes, 1990) describes selection, optimization, and compensation as strategies of life management. Within the

Successful Aging Study of Life Experience (ALLEE: N=480; 20-90yrs) the differential influences of SOC-processes on well-being across early, middle, and late adulthood were explored. SOC explained between 4 to 11% of the variance of well-being measured by the PGCMS (Lawton, 1975), and the Ryff-Scale (Ryff, 1989). No age differences emerged in the correlations between SOC and PGCMS. Relations between SOC and Ryff-Scale were higher in the younger than the older group. As compaired to older adults, selection was more strongly associated with environmental mastery, and positive relation with others in young adulthood. Also, compensation was higher related to life satisfaction, self-acceptance, environmental mastery, and positive relation in the young group. In contrast, optimization was more strongly associated with aging satisfaction in the older age groups. Findings suggest that SOC contributes to life management and to greater well-being across adulthood.

HUMOR AND WELL BEING AS A FUNCTION OF AGE.

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There has been recent interest in humor as a buffer for dealing with negative life events. Preliminary empirical findings suggest that humor can enrich one's overall quality and satisfaction with life. Using humor may be particularly important for older adults who encounter developmental transitions that may be particularly difficult. The purpose of this study was to examine the relation between humor and well being in healthy community dwelling younger and older adults. We expected that humor would be positively related to well being regardless of age. A questionnaire was given to 224 younger adults (18-35), mean age = 24.429, and 223 older adults (60-95), mean age = 75.462. We asked participants about their use of humor and about their health and life satisfaction; and they responded to questions from both the Humor Coping Scale and the Spiritual Well Being Scale. Both younger and older adults self-reported themselves to be healthy and both groups were comparable in terms of education. We found no statistically significant age differences on measures of health, life satisfaction, and use of humor to cope. Consequently we collapsed across age and conducted multiple regression analyses to assess the relation between use of humor to cope and well being. We found that the higher that our participants scored on the Humor Coping Scale, the higher were their levels of life satisfaction; a statistically significant relation. A discussion of the use of humor is included. This may be interesting for caregivers and other helping professions.

OLDER WORKING WOMEN: SUCCESSFUL AGING IN THE WORKPLACE

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Baltes & Baltes' (1990) model of selective optimization with compensation (SOC) would suggest that the ability to maintain critical occupational competencies in later life requires the development of specific areas of expertise. This study is the first test of that hypothesis among older working women. 180 women, ages 40-66 years, whose jobs ranged from clerical to professional/managerial, described the extent to which they used the strategies of Selection, Optimization, and Compensation in their jobs with the goal of maintaining critical abilities and high levels of performance. Results indicated that increased use of SOC strategies was significantly and positively related to attainment of one's career goals, overcoming gender stereotypes, achieving power and status in the organization, independence, productivity, recognition by co-workers, career growth and growing status as an expert. Interaction effects suggest that the above relationships are even stronger among professional/managerial women, who have higher educational status, and who are more able to define and organize their own jobs (job latitude). Of particular interest, professional/managerial women were more likely to use Selection strategies, whereas women of lower occupational status were more likely to use Optimization and Compensation strategies. This suggests that for older women (like older men), the option to use Selection strategies at work is in part determined by one's organizational status and power.

USE OF THE POSITIVE AND NEGATIVE AFFECT SCHEDULE (PANAS) WITH OLDER ADULTS AND FOR AGE-COMPARISONS

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The Watson, Clark, & Tellegen (1988) model of positive affect (PA) and negative affect (NA), as measured by the PANAS, has been evaluated and widely employed with younger adult populations. Despite increased use in studies of affect and successful aging in older adults, and being recommended for use when making age comparisons, there is little information on the appropriateness of this model for these purposes. The present study was intended to evaluate this model of PA and NA in an older adult sample and for making age comparisons. Confirmatory factor analyses (CFA) and criterion relationships of the PANAS were evaluated within and across young (M_{age} = 20 years) and older adult (M_{age} = 74.6 years) samples. Older adults' mean levels of PA and NA were significantly lower than those of the younger adults. CFA results indicated a less than optimal fit of the PANAS' proposed 2-factor (PA and NA) model in both samples. Of even greater interest, the factor structure was not invariant across age groups with the most important difference being in the interpretation of the mood item: "Excited." Further, the correlation between PA and NA was significant in the younger ($r = -.40$, $p < .01$), but not older ($r = .09$), sample. Finally, criterion relationships differed across the two samples, with both PA and NA being significant zero-order and partial predictors of satisfaction with life, health, finances, and social contacts for the younger adults (PA: $rs = .23$ to .38; NA: $rs = -.27$ to $-.40$, $ps < .01$) but only NA significantly predicting for the older adults ($rs = -.32$ to $-.48$, $ps < .01$). Thus, interpretations of PANAS PA and NA factors appeared to differ across the age cohorts. It is suggested that the confounding of "activation" and "pleasantness" in the PANAS definitions of PA and NA might account for these age-group differences.

AGING AND EMOTIONAL RESPONSE TO NEGATIVE SITUATIONS.

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Although it appears that older adults are better at emotion regulation than younger adults, it remains unclear as to what strategies they use to do so. From experience, older adults may have learned that negative situations can entail

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positive as well as negative consequences. The present study tested the hypothesis that older adults have more emotionally complex responses to negative situations than younger adults. Ninety-nine participants, aged 19 to 94, read eight scenarios depicting negative situations. After each scenario, they indicated the extent to which they felt each of 8 positive and 11 negative emotions. Factor analyses showed a negative and a positive emotion factor. Regressions on the frequency and intensity of each factor on age, education, SES, and gender were conducted. Older adults reported experiencing more emotions overall. Frequency of negative emotions was positively correlated with age ($p = .01$) and education ($p < .01$). Frequency of positive emotions was also positively correlated with age ($p<.01$) and education ($p< .05$). Age was positively correlated with intensity of both positive ($p <.01$) and negative emotions ($p = .05$). Findings show that older adults may experience more emotionally complex responses in response to negative situations.

THE CONTRIBUTIONS OF INDIVIDUALS 85 AND OVER

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The primary goal of this cross-sectional community based field survey is to challenge the portrayal of individuals 85 and over primarily as care recipients by investigating the patterns and correlates of the contributions they provide in their informal and formal networks. The respondents were 457 people 85 and over residing in 8 suburban towns in Massachusetts who completed an extensive telephone interview that elicited information on 18 instrumental and expressive contributions. Previous reports using the same data focused on the distribution, types and contexts of contributions of this age group. This paper builds on the previous research by using regression and a path model to elaborate on the causal links to contributory behavior. The data reveal that over 90% perform some contributory act within their informal networks, 77% for family and 69% do so for friends and neighbors. Forty percent volunteered in organizations. Multiple regression analysis revealed that men living alone most strongly predicted contributory levels, *in the negative direction*, while men living with a spouse predicted an increase. Other significant predictors were age, religious affiliation, sources of income, robustness, driving a car, well-being, family proximity, at least monthly attendance at religious services, number of group memberships, and high levels of contact with others. All were positive predictors except for age: older individuals contributed less. In general social participation variables predicted increased levels of expressive contributions and contributions to friends, while health status variables predicted increased levels of instrumental contributions. Path analysis revealed the importance of vision and robustness through driving, the increased level of well-being associated with older ages, and the decreased well-being among men living alone. The findings reveal a broad range of contributory behavior that occurs in a variety of circumstances. Recommendations for research, analysis, and policy regarding the 85+ are presented.

MORTALITY AND MORBIDITY OUTCOMES OF VOLUNTEER AND PAID WORK IN OLD AGE.

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Participation in volunteer work and paid work are thought to promote health and well-being of older Americans and thereby to foster successful aging. Yet, the supporting evidence is sparse and inconsistent. Longitudinal data from more than 7,000 persons age 70 and older surveyed as part of the Asset and Health Dynamics Among the Oldest Old (AHEAD) study are used to estimate the effect of performing more than 100 annual hours of volunteer work and more than 100 annual hours of paid work in Wave 1 (1993) on the competing risks of poor self-rated health (fair, poor vs. excellent, very good, good) and death (dead vs. excellent, very good, good health) by Wave 2 (1995), while controlling on major risk factors of bad health and mortality. About 13% of all AHEAD respondents volunteered in Wave 1. In Wave 2 these respondents were less likely to be in bad health (odds ratio=.68, $p<.01$) or to have died (odds ratio=.58, $p<.01$), compared to excellent-good health, than those who did not volunteer. Only 3% worked for pay and subsequently they were less likely to have died (odds ratio=.30, $p<.05$). These findings provide strong support for the beneficial effects of volunteer and paid work.

PRODUCTIVE ACTIVITY AND SUCCESSFUL AGING: EVIDENCE FROM A LONGITUDINAL U.S. NATIONAL STUDY

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The stereotype of older adults as burdensome and needy dependents has been persistent. But recent research has begun to document that older adults participate in a significant amount of productive activity. The potential benefits of productive activity to older adults themselves, however, have received relatively little attention.

The main purpose of this study was to examine the impact of multiple dimensions of productive activity on the physical and mental health of older adults. Specifically, this study examined how the influence of productive activity varied due to 1) gender differences, and 2) differences in the type of productive activity.

Data from N=2,606 persons aged 60-85 who were respondents to two waves of the U. S. National Survey of Families and Households 1987-1993 were used for these analyses. Multivariate regression models controlling for physical and mental health at time 1, receipt of social support, and several demographic variables were estimated.

Result suggests that the effect of productive activity is dependent not only on gender but also type of productive activity. Participation in organizations and religious activity have positive effects on mental health for both men and women. Organizational participation is positively associated with psychological wellness, and religious activity is negatively associated with level of depressive symptoms. Full-time work contributes to mental health for women, but not for men. Providing instrumental support to nonkin is negatively associated with psychological wellness for both men and women, whereas providing emotional support to nonkin is positively associated with both physical health and psychologi-cal wellness for women, but not for men. Providing support to kin is not associated with either physical or mental health.

THE ANCHYSES PROJECT: AN ITALIAN LONGITUDINAL STUDY OF AGING

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Population aging is one of the most important events of the century. Longitudinal studies of aging are needed to identify factors which can contribute to successful aging.

The Anchyses Project is a longitudinal study of aging being conducted in the Veneto region of Northeast Italy. The aim of the project is to identify certain demographic, biological, and cultural features of natives who belong to areas that have characteristics of geographic isolates that promote successful aging. It is a multidisciplinary project. In 1991, in the Veneto region, there were 669,013 people over the age of 65 representing approximately 15.27 percent of the entire population of people over 65 in Northern Italy. The areas being studied in the Anchyses Project include mountainous regions generally exceeding 600 meters, hilly regions, and plain regions. Analysis of census data has shown a steady aging of the population living in the municipalities under study. The project is now collecting data of a variety of functional measures including activities of daily living, pulmonary function testing, and anthropometrics. Data presented will reflect both a description of the project and an update of the current status.

PREDICTORS OF SUCCESSFUL AGING: A SIX-YEAR LONGITUDINAL STUDY

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The purpose of the present study was to examine predictors of successful aging among elderly Canadians. The sample (N=1324) was drawn from the Aging in Manitoba database, a longitudinal study of older adults. For the present purposes, data from the 1990 and 1996 phases were used. Two outcome measures were examined: 1) a composite measure of successful aging that combined good physical and mental function and positive health perceptions, and 2) whether individuals lived in a nursing home. Predictors were: demographic variables (gender, age, education), social support variables (living arrangements, number of friends), health and function (IADLs/ADLs, mental status, morbidity, self-rated health), life style (alcohol consumption, activity level), and psychological factors (locus of control, life satisfaction). IADLs/ADLS, morbidity, and self-rated health were the major predictors of the composite measure of successful aging. A somewhat different pattern emerged for residence in a nursing home, with poor mental status in 1990 being the strongest predictor of whether individuals were in a nursing home six years later (adjusted odds ratio=2.4). These findings demonstrate the importance of functional and mental status as predictors of successful aging while, consistent with previous research, highlighting the role of self-rated health in successful aging.

PROFILE OF SUCCESSFUL AGERS: PSYCHOLOGICAL, PSYCHOSOCIAL, AND SPIRITUAL PREDICTORS

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In the past two decades, a number of studies have identified a variety of biopsychosocial predictors of successful aging. This study was conducted to profile a number of psychosocial variables that differentiate successful from unsuccessful agers residing in the community and in institutions. Successful aging was defined a priori as above average ratings on mental and physical health and adjustment, as determined by an interviewer and a panel of three gerontological professionals. Data were gathered from 98 elderly judged to be aging successfully and 88 elderly judged to be aging unsuccessfully. All participants were between 65 and 95 years of age. In addition to expected positive health, successful agers had greater meaning and purpose in life, were more optimistic, were more committed, employed self-reliant coping strategies, practiced a healthy lifestyle, had more social contacts, were married, were more intelligent, and engaged in more religious activities compared to their unsuccessful counterparts. Implications for promoting successful aging, particularly in institutions, are discussed.

GENDER AND FAMILY OF ORIGIN DIFFERENCES IN LIFE SATISFACTION: DOMAINS OUTSIDE THE HOME

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A question that remains in research on life satisfaction is, "How do early life events affect assessments of life satisfaction for older adults?" This study addresses the effects of early familial disruption (and its related life events) on a construct of life satisfaction with external life domains (ELDs) in later life.

A sample of 328 respondents, born around 1910, was drawn from the *Terman Life Cycle Study of Children with High Ability, 1922-1986* data set. The hypothesis of this study was: Early disruption in the family of origin will show a negative association with life satisfaction with ELDs assessed in later life. Following factor analysis, "Life Satisfaction with ELDs" was an additive construct which combined responses to life satisfaction with: hobbies, friendships, community service activities, participation in cultural activities, recreation, and religion, ($\alpha = .75$).

Hierarchical multiple regression analysis did not support the hypothesis--the event of familial disruption was not *itself* significant to Life Satisfaction with ELDs in later life. However, two important findings related to the event of disruption emerged through the use of interaction terms. First, the conditions of the family of origin prior to disruption surfaced as important (e.g., perception of parental marital happiness was conditioned by SES, and affected ELD assessments in later life). Second, gender differences across the life course following disruption emerged (e.g., women who had children earlier scored higher on Life Satisfaction with ELDs and men who had children earlier scored lower).

These life chances can have a negative impact on later life ELD assessments *regardless* of familial disruption. Findings will be discussed in terms of differences in gender expectations and adult socialization within this cohort.

199

PAIN ASSESSMENT AND HOSPICE CARE IN NURSING HOMES

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The provision of Medicare hospice care to nursing home (NH) residents has been controversial, with the added value of hospice care being questioned. In this study we present original data examining the assessment of pain at the end of life for NH residents who died with and without hospice care. Included for study were NH hospice decedents in Kansas, Maine, Mississippi, New York and South Dakota who had at least 2 assessments (MDSs) completed between 1992 and 1995, 1 of which was after hospice admission (n=1574). 3 non-hospice decedents (2 in 2 cases) were matched to each case by state, 1 of 3 diagnosis groups, and by the time interval from last MDS to death (n=4720). To identify hospice use and NH characteristics MDS data were merged with Medicare claims and On-line Survey Certification Automated Survey (OSCAR) data. On the last MDS, 22% of hospice decedents and 14% of non-hospice decedents had pain recorded. When pain was recorded on the penultimate MDS (n=777), 56% of hospice and 58% of non-hospice decedents had pain recorded on the last MDS. Using multiple logistic regression and controlling for patient and facility-level factors, hospice enrollment was significantly associated with a 40% increased probability of having pain recorded. In separate models by diagnosis groups, hospice enrollment resulted in a nearly 4 times greater likelihood of pain being recorded for decedents with dementia but no cancer and a 2 times greater likelihood for those with neither cancer or dementia. Findings suggest that, especially for non-cancer NH residents, hospice care has a major influence on residents being recognized as having a problem with pain.

A RUG-III BASED CASE-MIX SYSTEM FOR HOME HEALTH CARE.

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The case-mix classification system, Resource Utilization Groups, Version III (RUG-III) was developed to explain the cost of caring for nursing home residents. This study tested and refined RUG-III as a case-mix system for long-term home care clients. The data included 804 individuals seeking home care through two programs: the Michigan Care Management and the Home and Community-Based Waiver for the Elderly and Disabled. Clients were classified and RUG-III models were derived using the Minimum Data Set for Home Care (MDS-HC). A refined home care model, RUG-III/HC, with 23 groups was developed. It incorporates Activities of Daily Living (ADLs), Instrumental ADLs, and most RUG-III structures such as the clinical hierarchy of major categories (rehabilitation, extensive care, special care, clinically complex, impaired cognition, behavior problems, and reduced physical functions). Overall, RUG-III/HC explained 33.7% of the variance of per-diem cost at baseline (and up to 43.5% at 180-day follow-up) using cost-weighted formal and informal care as the dependent variable. Resource use within groups was relatively homogeneous. Groups' relative cost spanned an 8-fold range (0.35 to 2.70). The availability of a case-mix system - and one compatible with nursing homes - has significant potential to understand cost tradeoffs between institutional and home and community-base care.

FACILITY APPROACHES TO NURSING HOME CARE.

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Nursing home management strategies for falls, pressure ulcers (PU) and disruptive behavior (BEH) were examined by site visits conducted at 45 facilities in a for-profit chain (1996-97). Homes were classified as High (Hi) or Low risk (Lo) by tertiles of their incidence experience for each outcome (PU, falls, BEH). Certified nurse assistants (CNAs) were questioned about risk factors and likely interventions for a sample of "at-risk" residents, and their charts reviewed. Observations were made at lunch and during a walk-through of units. CNA understanding of risk was low (< 10% cases were thought at-risk due to specific factors), scoring worst with BEH. CNAs in Hi homes were more likely to report chair/bed alarms to prevent falls (22% Hi v 4% Lo, p<0.01), whereas a contact guard was more often cited in Lo homes (1 v 24%, p<0.01). CNAs were less likely to encourage activities in Hi homes (24 v 32%, p<0.01) or to anticipate resident needs (14 v 20%, p= 0.03). More positive meal activities were seen in Hi homes but the walk-through survey was more negative (p<0.01). Hi homes documented extensively (particularly careplan), focusing on BEH (p< 0.04); Lo homes emphasized falls prevention (p<0.01). Chart review and observation of BEH contradict CNA reports. A BEH focus may be counterproductive due to CNAs' limited understanding of risk. Thus, staff interventions in Hi homes may be reactive, not proactive. Anticipating resident needs and encouraging activity may be more targetted and productive in the long-run. Staff training should be directed towards non-licensed nursing staff.

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Title: Medicare in Focus: Caring for People at the End of Life

Public demand and professional interest are converging to engender substantial improvements for persons who are coming to the end of life. Although Medicare can accommodate different arrangements for care at the end of life, a lack of patient and provider knowledge about these options and the mismatched set of services prevent many seriously ill Medicare patients from obtaining optimum care and impose needless financial and emotional suffering on their families.

With the exception of the hospice benefit for those who are eligible, Medicare does not offer a set of benefits that fits the needs of seriously ill patients at the end of life. The fragmentation of the Medicare system provides various conflicting incentives for providers, and can be confusing for patients who would benefit from coordinated care. Providers must be taught how to use what Medicare provides to design care for non-hospice patients who are at the end of life. This knowledge would also help professionals provide end-of-life services to patients with serious chronic diseases, in various health care settings.

Objectives: To provide information about how to organize care for a seriously ill patient. To discuss ways of overcoming current obstacles to utilizing the Medicare home health and hospice benefits. [SRPP-15]

PREDICTORS OF QUALITY OF CARE IN CALIFORNIA NURSING HOMES

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In this study, 1996 OSCAR and OSHPD data were used from 883 California nursing homes to identify structural characteristics that were predictive of a risk-adjusted pressure sore prevalence rate and receipt of a survey deficiency related to pressure sore prevention/treatment. Multiple regression was used to analyze a risk-adjustment model of resident characteristics predictive of the pressure sore prevalence rate ($R2 = .44$). The residual from this regression analysis was then used in two analyses. A negative residual indicated a lower-than-expected pressure sore prevalence rate. A positive residual indicated a higher-than-expected rate. A multiple regression analysis revealed that structural characteristics of homes that were predictive of the residual included: licensed nurse average hourly wage, total licensed nurse hours/resident day, total dietary staff hours/resident day, facilities in rural (vs urban) counties, nursing facilities (NF) with a distinct part (vs dually certified SNF/NF), and NFs (vs dually certified SNF/NF). However, little of the variation in the risk-adjusted rate was explained ($R2 = .04$). A logistic regression analysis revealed the estimated OR that a facility was 1.07 times more likely to receive a deficiency with a positive residual, 1.95 times more likely if the facility size was > 160 beds (vs 60-120 beds), 1.5 times more likely if certified as a NF with a distinct part, .32 times less likely if certified as a NF only, and .64 times less likely with a higher CAN/resident ratio. The likelihood of receiving a deficiency increased if the facility was surveyed by district office personnel from San Bernardino (2.6 times), Orange (3.1 times), San Diego (7.3 times), San Francisco (3.4 times), or Riverside (3.5 times) vs personnel from LA. Future studies on processes of care and surveyor practices were recommended.

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Validity and Reliability of Resource Utilization Groups (RUG-III) in Finnish Long-term Care Facilities

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Resource Utilization Groups, Version III (RUG-III), is a case-mix system, developed in the United States for classification of long-term care residents. This study examines the validity and reliability of an adopted 22-group version of RUG-III (RUG-III/22) for use in long-term care facilities in Finland. Finnish cost weights for RUG-III/22 groups were calculated, and different methods for their computation were evaluated using analysis of variance (ANOVA). The study sample (N = 1,964 residents) was collected in 1995-96 from ten long-term care facilities in Finland. RUG-III/22 alone explained 38.2% of the variance of total patient-specific (nursing+auxiliary staff) per-diem cost. Resource use within RUG groups was relatively homogeneous. Other predictors of resource use included age, gender, and length of stay. RUG-III/22 also met the standard for good reliability (i.e., a kappa value of 0.6 or higher) for crucial classification items, such as ADLs, and high correlation between assessments based on relative cost. Conclusion: RUG-III/22 is a valid and reliable case-mix classification system in Finnish long-term care.

200

INCREASING LOCAL HOME MODIFICATION ACTIVITY: FROM RESEARCH TO PRACTICE.

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At the local level, it is increasingly important that individuals with various types of expertise come together to address issues that impact their community. Promoting Successful Aging in Place: The Home Modification Action Project (HMAP) has created two local home modification action coalitions (HMAC) in Southern California. The purpose of this project is to create: 1) two ongoing HMACs; 2) a model process for developing a local HM coalition; and 3) an increase in HM programs and in use of HM. HMAP developed and distributed a Request for Assistance (RFA) Application to cities with a population between 100,000 and 500,000. Approximately 100 groups including government agencies, senior centers, area agencies on aging, and independent living centers were invited to submit an RFA. Two cities were selected: 1) Pasadena with a mix of suburban and urban areas, a very old housing stock and aging population, and a very committed group of potential coalition members; and 2) Santa Clarita, a very rural area with a high percentage of baby boomers with aging parents, and a newer housing stock. Over the past two years, both of these local coalitions have involved the organized participation of professionals, consumers and constituencies that are either directly or indirectly involved with home modification. HMAP brought together major local stakeholders to mobilize resources and organize ongoing support for home modification. This session will demonstrate and provide examples for how such coalitions can be successfully replicated elsewhere. The process of selecting coalition members and activities for the local home modification coalition, the challenges associated with implementation and ongoing participation, and steps to self-sufficiency will be featured.

201

THE NURSING HOME QUALITY PARTNERSHIP PROJECT: SETTING THE STAGE FOR QUALITY IN NURSING HOMES

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Participants:
C.G. Morris (NJ Department of Health and

Senior Services, Trenton, NJ) Building Knowledge and Skills for Quality Improvement in Nursing Homes.

J.A. Lucas (Rutgers College of Nursing, Newark, NJ) Environmental and Organizational Factors associated with TQM Adoption in Nursing Homes.

J.P. Robinson (Rutgers College of Nursing, Newark, NJ) Organizational Culture and Quality in Nursing Homes.

M.J. Koren (The Samuels Foundation, New York, NY) Self-Assessment of Quality and Implications for Long Term Care Policy.

Discussants:

S. G. Burger (National Citizens' Coalition for Nursing Home Reform)

L. Fishman (American Association of Homes and Services for the Aged)

The quality of care provided to nursing home residents varies dramatically among facilities and may fluctuate considerably within a facility. Despite improvements, the survey process continues to have shortcomings as a mechanism for improving nursing home quality, especially since experience has shown that improvement arising from within a facility tends to be better and more lasting than externally imposed changes. The recent advent of electronic MDS data gives nursing homes (NH) an objective measure of performance and enables comparisons to be made between facilities, often a powerful stimulus to change. In 1996, the New Jersey Department of Health and Senior Services received support from the Robert Wood Johnson Foundation for a demonstration project to develop, implement, and test a model of collaboration between the state's surveillance agency and its providers, while still maintaining an effective surveillance and enforcement system. The purpose was to attempt to align the interests of government and providers in raising the overall quality of NH performance. The goal of the project was to ensure that NHs understood and were capable of adopting total quality management (TQM). In this symposium we will describe the process that has been used to prepare and assist the thirty participating NHs to adopt TQM and discuss the educational, environmental, and organizational factors that influenced adoption of TQM. We will conclude with a discussion of the implications of our experiences with this project for long term care policy as it relates to quality.

SRPP - 14

BUILDING KNOWLEDGE AND SKILLS FOR QUALITY IMPROVEMENT IN NURSING HOMES

C.G. Morris, J.A. Lucas, J.P. Robinson, M.J. Koren, S.C. Reinhard, NJ Department of Health and Senior Services, Trenton, NJ 08625

While the theory and practice of TQM originated outside the health care field their appeal to and applicability for health care organization is readily apparent. There are few health care providers who are unaware of the concept of TQM and its potential for improving performance. Awareness of or even belief in the precepts of TQM is not adequate preparation for providers wishing to establish, in their facility, a vigorous TQM program capable of effecting measurable and lasting changes in response to a broad range of identified problems in order to improve care. Since that is one of the major goals of the NHQPP, education and skill development have been a primary focus of project activities. Formal education in continuous quality improvement and quality indicator use, combined with hands on application during site visits and informal meetings of the participating nursing homes, were used to ensure that providers had the necessary skill and knowledge for managing a TQI process. This presentation will discuss the knowledge and skill building activities utilized by the project.

FUNDING SOURCE: *The Robert Wood Johnson Foundation*

ENVIRONMENTAL AND ORGANIZATIONAL FACTORS ASSOCIATED WITH TQM ADOPTION IN NURSING HOMES.

J.A. Lucas, J.P. Robinson, T. Avi-Itzhak, C. Morris, M.J. Koren, S.C. Reinhard. N.J. Department of Health and Senior Services, Trenton, N.J. 08625

In recent years, nursing homes (NH) have been faced with regulatory reforms focused on clinical outcomes and increased competition. These developments suggest that NHs must be more responsive to demands of both internal and external customers. Total Quality Management (TQM), as a managerial innovation, holds particular promise for implementing process improvement in NHs, since it stresses organization-wide participation in efforts to meet or exceed customer expectations. This study examined organizational and environmental factors associated with TQM adoption during the NH Quality Partnership Project. Environmental factors were perceived market competition and proportion of Medicare recipients in total resident census. Organizational factors were facility size, ownership and corporate affiliation. Twenty diverse NH's were selected by stratified random sampling from facilities volunteering for the Project. Ten were added as funds became available (N=30). Data concerning NH characteristics and TQM adoption were collected from survey reports (OSCAR) and the *Nursing Home Quality Improvement Survey*, and are being verified with direct observation and interviews. Findings and conclusions will address relationships among environmental and organizational factors and TQM adoption in nursing facilities. These contextual factors may have implications as policymakers explore supplemental processes for certification and payment.

FUNDING SOURCE: *The Robert Wood Johnson Foundation*

ORGANIZATIONAL CULTURE AND QUALITY IN NURSING HOMES

J.P. Robinson, J.A. Lucas, C.G. Morris, T. Avi-Itzhak, M.J. Koren, S.C. Reinhard; N.J. Department of Health and Senior Services, Trenton, NJ 08625

Organizational culture has been linked to adoption of total quality management (TQM), which emphasizes continuous improvement to meet or exceed customer expectations in all aspects of management. TQM has been adopted widely by acute care hospitals, however, nursing homes have been slow to embrace this philosophy. The purpose of this ongoing study is to examine organizational culture as it relates to adoption of TQM and delivery of quality care in a diverse group of 30 nursing homes. Each home participates in the NJ Nursing Home Quality Partnership Project, an initiative providing guidance and support for TQM adoption. Using Q-sort methodology, the *Nursing Home Culture Profile* is currently being administered to a targeted convenience sample of 10 employees in each home, allowing for classification of the culture of each home. Analysis of variance will be used to examine differences in TQM adoption and quality care based on organizational culture classification. Data on TQM adoption are available from the *Quality Improvement Survey* and a visual analog assessment of TQM adoption. Data on quality care are available from the *Facility Quality Indicator Profile* generated from resident assessment data. Findings and conclusions will address relationships among organizational culture, TQM adoption, and delivery of quality care.

FUNDING SOURCE: *The Robert Wood Johnson Foundation*

SELF-ASSESSMENT FO QUALITY AND IMPLICATIONS FOR LONG TERM CARE POLICY

M.J.Koren, S.C.Reinhard, C.G.Morris, J.P.Robinson, J.A.Lucas, N.J.Department of Health and Senior Services, Trenton, N.J. 08625

The relationship between the NH industry and the governmental agencies responsible for oversight has been a stormy one. Critics have argued that the current mechanism for quality monitoring, the federal survey system, can only distinguish truly awful care from adequate care, but cannot discriminate between gradations of excellence nor motivate providers to exceed minimum standards. The survey has been blamed for stifling innovation and keeping the industry locked in a straitjacket of mediocrity. Many within the NH industry would eliminate the survey process altogether proposing instead the adoption of a quality improvement (QI) paradigm aimed at shifting the entire quality curve for nursing homes to right. The model for this would link nursing homes and state surveillance agencies in a collaborative relationship in which they would work together as partners. However, outright replacement of the surveillance and enforcement system is highly unlikely for a variety of reasons. As a consequence, if a QI approach is to be utilized at all, it may have to be done in parallel with the current survey process. This project was undertaken, in large part, specifically to explore and test the viability of such collaboration within the existing federal oversight system. We hoped to move beyond the conceptual aspects of what would be required to establish a state/provider partnership, into the actual operational and technical requirements posed by such an undertaking. We wished to identify the barriers to implementation of state/provider QI collaboration, should other states or the health Care financing Administration choose to establish a TQM model as an adjunct to the survey. This presentation will elaborate on the implications for state and federal policy of our findings to date.

FUNDING SOURCE: *The Robert Wood Johnson Foundation*

202

GERONTOLOGY AT THE MILLENNIUM: PERSPECTIVES OVER THE PAST CENTURY AND THOUGHTS FOR THE FUTURE.

Organizers:

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Participants:

R. Arking, (Dept. of Biological Sciences, Wayne State University, Detroit, MI 48202).

L. George, (Duke University, Durham, NC 27710).

T. Miles, (University of Texas Health Science Center, San Antonio, TX 78284-7795).

R. Hudson, (Boston University, Boston, MA 02215).

Discussant:

R. Atchley, (The Naropa Institute, Boulder, CO 80301).

Aging theories have evolved significantly over the twentieth century. Advances in both theory and practice have enhanced our understanding of the aging process across disciplines. As societies become increasingly older and the aging population more diverse in the twenty-first century, there will be many new opportunities and challenges to explore gerontological theories from new perspectives. Panelists from each section of GSA will address their sections' perspective on the field of gerontology by reviewing where gerontological theories have been, what the state of theory is today, and what directions theories are headed as we move into the 21st century. The discussant will address the larger cross-cutting issues of gerontology raised by the various theories, with particular attention to the implications for disciplines in the field and society as a whole.

203

Medicare Post-Acute Care: Is Integration Needed and Are We Ready?

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Discussant: Dr. Henry Krakauer, Senior Medical Epidemiologist, HHS/OS/ASPE 200 Independence Ave. S.W., Washington, D.C. 20201.

Medicare is developing or considering prospective payment systems for skilled nursing facilities (SNFs), home health agencies (HHAs), and long-term care and rehabilitation hospitals. Concerns have been raised that these providers are treating similar types of patients but receiving different payments and may be producing different outcomes. Many believe that an integrated financing system is needed to ensure consistent payments across providers treating similar patients with comparable outcomes. This panel will:

- provide a synthesis of relevant HHS PAC research;
- discuss what is known about similarities in PAC patients and providers;
- discuss what is known about outcomes in PAC settings and PAC episodes of care; and
- explore alternative integrated PAC financing strategies.

Post Acute Care Research Sponsored by ASPE/DHHS

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This presentation provides an overview of research funded by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the Department of Health and Human Services (HHS) on Medicare post-acute care issues.

Currently funded projects include 1) Synthesis and Analysis of Medicare Post-Acute Care Benefits being conducted by the Urban Institute. This project synthesizes extant research on Medicare's post acute benefits and includes discussions with Federal and State officials, providers and their representatives, consumer groups, and researchers. A complete report should be available in Fall 1999. 2) Medicare Post Acute Care: Quality Measurement being conducted by the University of Colorado. This project is specifying performance measures that could be used to examine the cost-effectiveness of Medicare post-acute care services for patients with CHF, pneumonia, stroke, or back and neck diagnoses who are treated in HH, SNFs, rehabilitation hospitals, or LTC hospitals. This is the first phase of a longer term research effort to examine the relative cost-effectiveness of episodes of care that include post-acute care services. The specification of measures should be completed by June 1999. Future related projects will also be discussed.

Post Acute Care Research Sponsored by the HCFA

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This presentation provides an overview of the Health Care Financing Administration's (HCFA) current and future research agenda on issues related to integrating Medicare post-acute care services. Topics include funded research, such as:

A. Study to Develop Case-Mix PPS for Rehabilitation Hospital Services
B. Study of Long-Term Care Hospitals
C. Non-Therapy Ancillaries Under Existing SNF PPS

Also included is a discussion of FY 1999 Post-Acute research interests.

The BBA and Post-Acute Services

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This paper presents work funded by the Commonwealth Fund and included in ASPE's synthesis of Medicare's post-acute benefits. Differences in the populations using rehabilitation facilities, skilled nursing facilities, and home health agencies are studied and the impact of the BBA payment policy changes on practice patterns are discussed. 1995 Medicare claims for hospitals, skilled nursing facilities, and home health agencies were used to create beneficiary-level episodes of care. Multinominal logistic regression was used to predict the type of post-acute service (rehabilitation facility, skilled nursing facility, home health, combinations of home health plus either rehabilitation or skilled nursing facility or all three services) that different types of beneficiaries would use.

Bivariate analyses showed post acute users differed by age, gender, disability, race, and Medicaid buyin coverage and diagnosis. The relative probability of using each service changed for stroke, joint, and hip patients after controlling for age, prior disability, hospital readmission, and other factors suggesting that patient acuity influences site of care. Discharge destinations for Pneumonia (DRG 89), CHF (DRG 127), COPD (DRG 88), nutritional and metabolic disorders (DRG 296), and Joint patients (DRG 209) do not change after controlling for health characteristics suggesting that payment policies may be more influential in determining service site for these 8 post-acute DRGs.

Quality Measurement in Post-Acute Care: The Need for a Unique Set of Measures

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This project uses literature review, claims analysis, and expert panels to develop quality of care measures for post-acute settings. Post-acute care was defined as care provided in the 30 days after an acute hospitalization in skilled nursing facilities, home health agencies and rehabilitation hospitals. Four tracer conditions were selected to illustrate the challenges of quality measurement across settings. The selection criteria included: 1. Care provided across different post-acute care settings 2. High volume conditions 3. Medicare service use patterns, and 4. Analytic practicality. The study conditions included: Pneumonia, Congestive Heart Failure, Back and Neck Conditions (medical and surgical), and Stroke.

The Expert Clinical Panel included content experts for each of the conditions and multidisciplinary providers. The quality indicators that received the highest ratings represented a blend of acute/disease-specific and more global/functional measures and related to both process of care and outcomes. For example, among patients with Pneumonia, the top 20 rated indicators (out of a total of 110), were acute/disease specific indicators (e.g. dyspnea, cough, fatigue, physician visits for pneumonia, and immunization status) and more global indicators (physical function, health related quality of life, patient satisfaction, and role resumption).

Integration Across Post-Acute Settings

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Dr. Kane is working on the design phase of a demonstration for the Health Care Financing

Administration. This will examine and propose an approach to integrate post acute care across various settings. The status of this project will be described and future research needs will be discussed.

204

RESEARCH ON CHINESE ELDERS IN CHINA & THE UNITED STATES

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Participants:

J. Zhu & L. Shou (Shanghai Research Center on Aging) Caregiving Patterns of the Advanced Aged in Shanghai

B. Wu, G. Khatutsky, T. Tran, K. Aroian, L. Chiang, A. Balsam (Graduate School of Social Work, Boston College) Health Seeking Patterns for Chinese Immigrant Elders

N.B. Emerson Lombardo & B. Wu (Wellesley College Center for Research on Women) Raising Awareness and Developing Skills of Caring for Dementia Patients in the Chinese Community: A Model Strategy

S. Levkoff, Z. Guo, L. Hinton (Harvard Medical School Division on Aging) Recruitment of Chinese Caregivers of Dementia-Affected Elders into Research

J. Zhu & L. Shou (Shanghai Research Center on Aging) Comparing the Social Participation of the Oldest Old in China and the United States

Discussant:

E. G. Caro (University of Massachusetts Boston Gerontology Institute & Center, College of Public & Community Service, 100 Morrissey Blvd., Boston, MA 02125-3393)

China and the United States face similar challenges in responding to the needs of their aging societies. Research on Chinese elders in China and studies on Chinese elders who are immigrants to the United States may shed insight into research and practice strategies designed to meet the respective challenges of the two countries. Presenters will focus on the cultural considerations necessary in conducting research with Chinese elders; present findings from original datasets that highlight the similarities and differences between Chinese elders in China and Chinese immigrants to the United States; and explore multi-cultural outreach strategies for the delivery of health and social services.

Caregiving Patterns of the Advanced Aged in Shanghai

Zhu Jiming & Shou Lily Shanghai Research Center on Aging, Shanghai, P.R. China

There will be an increase in the growth of two populations of aged in Shanghai in the next thirty years. One is the proportion of older people 60 and older in the total population and the other is the proportion of the advanced aged, 80 and older.

Now, there are 2.37 million people above 60 years old, and 1.75 million people above 65 years old in Shanghai. The percentages of older people in Shanghai today are 17.8% age 60+ and 13.2% age 65+. Meanwhile, there are 0.27 billion people over 80 years (11.4% of people over 60) in Shanghai.

In Shanghai, the number of family members in a household has decreased to 2.8, so that it becomes more difficult to take care of the advanced aged by the family and more necessary to develop community support to care for them. This paper will analyze the data of two studies about the advanced age people in 1998 and 1999 in Shanghai, and will describe the elders' basic characteristics, such as their health conditions, their economic condition and their social intercourse.

Data illustrate that most of the advanced aged in Shanghai have positive attitudes toward life. They always do something for their family members, their friends and their neighbors, and they regard themselves as useful. The difficulties of these older people (80 and older) are loneliness, lack of care and lack of transportation. The main way to solve these problems is through improving the function of the community. The ideal model of caring for the advanced aged in Shanghai will be to have them living in the household with the assistance of family members and more services from the community.

HEALTH CARE SEEKING PATTERNS FOR CHINESE IMMIGRANT ELDERS.

B. Wu, G. Khatutsky, T. Tran, K. Aroian, L. Chiang, A. Balsam Graduate School of Social Work, Boston College. Chestnut Hill, MA 02167

This qualitative study presents results from a series of focus groups and in-depth interviews with Chinese Immigrant elders and Chinese community's health care providers in the Greater Boston area. The goals are to identify Chinese elders' health problems, unmet health care needs, barriers and patterns of health care services utilization.

The preliminary results show that there are unique patterns of health care seeking behavior among Chinese elders. Cultural factors such as fluid definitions of health and illness, importance of self care, knowledge of both Eastern and Western traditions, as well as use of food and traditional Chinese medicine for healing significantly affect health seeking behavior of elderly immigrants. Additional structural factors including linguistic isolation, access to and knowledge of existing services also have an impact on Chinese elders' health care utilization.

The study provides interesting insights by comparing and contrasting data from the perspective of elderly immigrants and health care providers that work with the growing population of Chinese immigrants. Policy implications and recommendations on improving access to health care services for Chinese Immigrant Elders will be discussed.

RAISING AWARENESS AND DEVELOPING SKILLS OF CARING FOR DEMENTIA PATIENTS IN THE CHINESE COMMUNITY: A MODEL STRATEGY

N.B.Emerson Lombardo. B. Wu. Wellesley College Center for Research on Women. Wellesley. MA 02481

In the Chinese community, because of language barriers and stigma attached to the dementia, people with dementia and their families have little knowledge about the disease and also are reluctant to seek outside help. The study's goals are to reach out to the Chinese community, raise awareness and enhance the skills of Chinese caregivers of persons with dementia. The data is drawn from the project documentation, surveys, and focus groups with Chinese health care providers.

The project developed and introduced innovative and culturally appropriate efforts and strategies for creating dementia capable services. These efforts include (1): for a staff train the trainer program: including bilingual professionals as teachers in dementia specialist workshops for Chinese health care providers, (2) searching world-wide for Chinese language dementia care materials & translating additional materials and instruments, and making these accessible to staff and families (a copy of key items for each trainee and 2 lending libraries) (3) creating a joint venture between Chinese agency serving elderly with the local Alzheimer's Association to develop bilingual outreach service, brochures and help-line services for dementia patients and their families. (4) new strategies for assessment and interventions for working with family members.

Based on our experience with Chinese community in Boston, facilitating minority provider agencies' own efforts is key to creating effective, on-going viable services and interventions for minority elders and their families.

SRPP

RECRUITMENT OF CHINESE CAREGIVERS OF DEMENTIA-AFFECTED ELDERS INTO RESEARCH

S Levkoff, Z Guo, L Hinton, Harvard Medical School, 643 Huntington Avenue, Boston, MA 02115

Recruiting minority elders who suffer from dementia related problems and their family care-givers to participate in studies is often challenging. We report on data from qualitative research conducted in a four-year NIA-funded study in the Chinese-American community in greater Boston, in which we recruited 40 Chinese caregivers. We examined how dementia labels were perceived by the Chinese American community including the elderly, their families and their health care providers.

We found that when a Chinese individual develops dementia, there is a tendency for the community to stigmatize both the individual and their family. This process leads to: 1) the family actively avoiding the dementia label and instead trying to normalize dementia as part of the aging process, and 2) health care providers of the Chinese community resisting making diagnoses in order to protect family members from the dementia label. We found that researchers who try to recruit individuals with dementia and their caregivers, without sensitivity to the power of illness labels, cause cultural conflicts. We argue that researchers who work with ethnic minority communities need to become aware of the history of such labels and to develop sensitive and culturally appropriate recruitment strategies.

To develop culturally appropriate recruitment strategies, researchers need to: 1) become aware of the history, as well as the differences in illness labeling and be sensitive to the diversity of interpretations of illness symptoms; 2) include local ethnic health care providers and community gate-keepers who have understanding of the community, and: 3) link with services providers of the community so that some direct benefit can be provided to the family who participated the study.

COMPARING THE SOCIAL PARTICIPATION OF THE OLDEST OLD IN CHINA AND THE UNITED STATES

Zhu Ji Ming, Shou Li Li, Shanghai Research Center on Aging

Due to their health conditions, the oldest old have limited social participation. However, this kind of social participation is very precious; not only can it be beneficial for themselves, but it also can bring benefits to society.

Two studies (one is from Massachusetts, in 1996 and another from Shanghai, in 1999) show that social participation of the oldest old has two directions. On the one hand, the oldest old make contributions to society through helping their friends and family members; on the other hand, society provides help for the oldest old through help from various social organizations, service agencies for elders, and volunteer organizations.

Whether in China, or the United States, the oldest old need help from others, and they can also be very helpful to society. This concept has to be reinforced in order to modify the stereotype that elders are useless, and to respect the oldest old in society. In China, the oldest old as a group received much more attention and concerns than other age groups, and their life is relatively secure. However, compared to the people in the U.S., the social participation of the oldest old in China is very different; the activity rate is much less, and the activities have less variations. The purpose of this paper is to begin to compare the similarities and differences of the oldest's old social participation in China and the U.S. The results can help the elders and their family members realize the importance of social participation of the oldest old's social participation. Several policy recommendations can be made as follows: government and organizations should provide more opportunities for elders to participate in social activities, encourage elders to participate in various activities, and help elders to stay healthy and active.

205

PATHWAYS TO LIFE QUALITY: PROVIDING RESEARCH EXPERIENCES FOR FUTURE GERONTOLOGISTS

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Participants:

- C. Whitlow (Cornell Univ) & J. Oggins Changes in Student Interviewers' Attitudes Towards and Interests in Gerontology
- D. Dempster-McClain & F. Balada (Cornell Univ) Integrating Life-History Interviews into a First Year Gerontology Class
- D. V. Williams (Ithaca College), G. W. Evans (Cornell Univ) & J. Kim (Cornell Univ) ElderScapes: Undergraduates as Environmental Psychology Researchers
- S. Morgan (Ithaca College) Local Gerontology Data in the Classroom: Computer Modules

Discussant: R. J. Maiden (Dept of Psychology, Alfred University, Alfred NY 14802)

Pathways to Life Quality, a longitudinal study of residential change and well-being which began in 1995 with over 800 older persons, has provided rich educational opportunities for both undergraduates and faculty/staff at Ithaca College and Cornell University. This symposium features four examples of in-class and out-of-class research experiences and documents their influence for both academic and professional socialization of the next generation of gerontologists.

Research experiences outside the classroom provide students with opportunities to connect with older persons and learn valuable skills. Involving undergraduate students in collecting survey data is the focus of the first paper. Examples of techniques used to train over 40 students to administer a two-hour survey in respondents' homes, students' evaluation of the experience and "lessons learned" by the faculty and staff will be discussed. Collecting more in-depth life-history data is the focus of the second paper. Pairs of students in an introductory "Social Gerontology" class conducted 40 interviews. Materials used to train students, examples of life-history recording sheets, students' evaluations of the experience and suggestions for integrating this data with the survey data will be presented. The third paper describes the process of actively involving undergraduates from both colleges in developing and implementing measures to describe "ElderScapes" (elder-residential areas). Examples of data collection instruments, student training materials and evaluation of the experiences will be provided. Improving students' learning through in-class experiential data analysis exercises is the focus of the last paper. Modules have been developed to help students learn how to predict patterns and test their predictions in the data set using SPSS. Specific modules and reactions to the experiences will be presented.

CHANGES IN STUDENT INTERVIEWERS' ATTITUDES TOWARDS AND INTERESTS IN GERONTOLOGY.

Carol Whitlow (Bronfenbrenner Life Course Center MVR Hall Cornell Univ Ithaca NY 14850) & J. Oggins

Students from two colleges jointly administering the longitudinal Pathways to Life Quality Study, conducted two-hour interviews of older participants both in the community and in senior housing residences. Training consisted of developing students' sensitivity to health issues of older people, understanding older people in the context of their life course, and role-playing interview scenarios. Students were asked to complete a survey after their interviewing experience, describing their beliefs about older people and about their own aging; student interest in gerontology careers was also assessed. Students developed a more comprehensive and more positive view of aging, with greater insight into the issues older people face. Opportunities for interaction and sharing experiences were of mutual benefit to both students and the older people who participated in the study. Data is from Waves 1 and 2, 1995 and 1997; preliminary data from the 1998/99 Wave 3 of interviews will also be included.

Integrating Life History Interviews into a First Year Gerontology Class

D. Dempster-McClain (Bronfenbrenner Life Course Center MVR Hall Cornell Univ Ithaca NY 14853) & F. Balada (Cornell Univ)

Integrating out-of-class research experiences into the undergraduate curriculum provides opportunities for both academic and professional socialization of the next generation of professionals. This paper describes Life History Interviews with older persons who are participants in the Pathways to Life Quality Study. Pairs of undergraduates enrolled in a "Social Gerontology" course conducted the interviews. We describe the life-history assignment, provide interview materials and suggestions for training students. Analysis of forty interviews highlights students' reactions to the experience and themes from their final papers. Specific examples of techniques for using life history information, such as event trajectories, duration and number of events, to enrich quantitative data will be presented.

ElderScapes: Undergraduates as Environmental Psychology Researchers

D. V. Williams (Dept of Psychology Ithaca College Ithaca NY 14850), G.W. Evans (Dept of Design and Environmental Analysis) & J. Kim (Department of Planning Cornell Univ Ithaca NY 14853)

Independent study students in Cornell University's Department of Design & Environmental Analysis have been collaborating with the Psychology Research Team II at Ithaca College in developing and implementing measures to describe "ElderScapes"-- the areas adjacent to houses in elder-residential areas. The study's scientific goal is to assess how these areas provide opportunity for casual contact that contributes to "social support", "sense of community" and "attachment to place" for pedestrian elders. The measures describe 1)access to basic services, 2) the sidewalk-streetscape and 3) "prospect - refuge" opportunities. These measures are then related to Pathways respondents' reports of satisfaction with the "neighboring" opportunities of their residence area. The paper further describes the process of involving two sets of undergraduates actively in the development and implementation of these measures and the effort to equilibrate the achievement of scientific and educational goals.

Local Gerontology Data in the Classroom: Computer modules

S. Morgan (Department of Sociology, Ithaca College Ithaca NY 14850)

Gerontology data in texts can seem distant or dry to undergraduates. These computer modules engage students actively in analysis of a large set of data collected locally. They ask students to predict, using prior information from their course or their personal knowledge, the patterns the data might show. Then, working collaboratively, they find the answers within the Pathways dataset using SPSS. The modules are designed to be used in courses not necessarily related to research or statistics, as a stand-alone exercise. Since undergraduate students are increasingly familiar with using computers, using the technology is engaging but not intimidating. The fact that the data is locally gathered, and that their fellow undergraduates did the interviews, increases students' engagement with the gerontological findings. The paper presents the pedagogical theory supporting this kind of learning experience and illustrates with one of the modules.

206

SERVICE NEEDS OF GRANDPARENTS AND KIN CAREGIVERS RAISING RELATED CHILDREN

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This needs assessment addressed the service use and needs of grandparents and kin-caregivers who were awarded care of grandchildren and relative children through the Department of Child and Family Services. A mailout survey was completed by 243 caregivers. Age ranged from 18 to 81 and relative caregivers included siblings as well as aunts and uncles, grandparents and great-grandparents. Most were women, African American, high school graduates with trade school, raising 2 or more relative children, and half had a family income of under $20,000 for an average family of 4.6 persons. More than half had used services for the grandchild/relative child, and only 20% had used respite care, with a third using services for household needs and about 40% using services for support and information. Service needs were more often expressed for household basics and for services for grandchildren (about 2/3 of respondents). Life satisfaction was inversely correlated with expressed need and Bradburn's negative affective was positive correlated with expressed need in all four service categories: household basics, support and information, respite, and services for grandchild/relative child. The highest level of need within categories was for food and clothing and information about services. The study showed that expressed service needs and not service utilization were related to grandparent or relative caregiver well being.

IMPACTS OF EMPLOYMENT, FAMILY ROLE, AND RURAL VERSUS URBAN LIVING ON LEVELS OF INFORMAL CARE PROVIDED TO OLDER PARENTS

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Data from the 1993 Panel Study of Income Dynamics and the 1993 Health Care Burden file are employed to examine factors influencing caregiving. We use multinomial logistic regression to distinguish among four caregiving levels, defined by hours of care provided. Results show that unmarried women are significantly more likely to provide care at all levels than men or married women. For example, unmarried women are about three times more likely to provide 100+ hours of care per year than married men or married women, unmarried women are about 50 percent more likely to provide a moderate level of care (29 to 99 hours of care per year) than married men. Daughters and sons living in rural areas are significantly more likely to provide care at all levels than those living in urban areas. Caregivers living in rural areas are 60% more likely to provide 100+ hours of care per year than their urban counterparts; caregivers living in rural areas are also 50% more likely to provide a moderate level of care than those living urban areas. Employed caregivers are about 34% more likely to provide a moderate level of care than caregivers who are not employed. These results reinforce the usefulness of distinguishing by family role and level of care provided, and of examining differences in caregiving between rural and urban areas.

SRPP-7

ALZHEIMER'S DISEASE RESPITE: LONG TERM SUSTAINABILITY

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Respite care continues to be a primary intervention for family members caring for persons with Alzheimer's disease or related dementias. An examination of the Brookdale National Group Respite Program, a system of social adult day service providers that offers specialized group care for persons with Alzheimer's disease, identifies the success of respite in providing relief from the demands of caregiving for family caregivers while providing quality care to clients. Findings from the national program show that, commencing in 1989, program growth has steadily expanded from 10 sites to 220 sites geographically distributed with a majority established in rural locations. Since inception, only 37 sites have closed. Expansion has been accompanied by increases in service duration (hours and days), stability of the respite model, and replication of service sites. Program stability appears to be a function of program goal congruence with sponsors, consumer demand, multiple funding sources, and consumer satisfaction, as opposed to program fees, geographic location, intensity of service, or variability of care provided.

CURRENT MARITAL FUNCTIONING IN MEDIATING DEPRESSION IN SPOUSE CAREGIVERS. E. Rankin, M. Haut, & R. Keefover. Departments of Behavioral Medicine and Neurology, West Virginia University, Morgantown, WV 26506

Previous studies have reported the central role caregiver burden plays in mediating negative outcomes in dementia. Several patient and caregiver characteristics have been associated with burden including the caregiver-patient past relationship. Current marital functioning among spouse dyads, however, has been virtually ignored even though systems theory would predict its relevance. Ninety-six marital dyads consisting of a primary caregiver and patient were evaluated at a university-based cognitive disorders program. All patients met criteria for dementia (DSMIV) and dyads completed standardized patient and caregiver assessment batteries. A model of spousal caregiving was constructed in which current marital functioning and satisfaction were hypothesized to mediate between the patient's clinical status, caregiver characteristics including burden and caregiver depression (CESD). Bivariate analysis revealed that caregiver depression was associated with burden ($r = .45$) and marital satisfaction ($r = -.42$) but not the patient's clinical status (e.g., MMSE: $r = .05$, ADL: $r = -.16$). Multivariate (path) analysis of the model explained a significant proportion of the variance in caregiver depression ($R^2 =$ 79%). Moreover, both marital functioning via marital satisfaction ($\beta = -.25$) and caregiver burden ($\beta = .34$) were significantly, but independently associated with caregiver depression. Clinical implications will be discussed.

The Motivations and Outcomes of Young Adults in Primary Caregiver Roles to Chronically Ill Older Relatives. M. Dellmann-Jenkins, O. Pinkard, Family Studies & Human Development, Kent State University, Kent, OH 44242.

This presentation focuses on an intergenerational topic of considerable importance as families enter the 21^{st} century: young adults taking on caregiver roles to impaired older relatives that were traditionally held by middle-age members. Recent estimates suggest that as many as 1 in 3 chronically ill older adults living in the community is receiving daily assistance from a family member under the age of 40 years. Fifty young adults who were primary caregivers (providing daily care) to an impaired older relative completed an in-depth interview designed for this study. Filial responsibility and flexibility of current lifestyle were the most frequently reported reasons for assuming the caregiver role. Time devoted the role averaged 10 hours per week, with transportation, personal care, assistance with Medicare paperwork, and emotional support the most frequently provided services. Major rewards of the caregiver role for the young adults included stronger ties with the care recipient and satisfaction from avoiding nursing home placement, while major strains ranged from having an unsupportive spouse to less time for dating. Directions for future study on this emerging group of caregivers are outlined.

Traditional Grandparents in the Late 1990s. S. Worley, M. Dellmann-Jenkins, Family Studies & Human Development, Kent, State University, Kent, OH 44242. Antecedents and consequences of grandparents raising their grandchildren have been the primary focus of recent studies. The less researched group of traditional grandparents and their perceptions of the roles they play in the lives of young grandchildren (under age 10) was the focus of this study. This group's views were also surveyed on the rewards and strains resulting from their grandparent roles. Traditional grandparents were defined as adults of any age, sex, or race, who were not primary caregivers to grandchildren. Sixty-five females and 55 males, ranging in age from 36 to 84 (M=64) completed a survey instrument designed for this study. Although the data collections sites (a county library and retail mall) were selected in order to recruit a racially diverse group of grandparents, the majority (86%) were Caucasian. Significant associations were found between subjects' age, gender, employment status, and geographic location and the roles they shared with their grandchildren. The most frequently reported roles included: friend, teacher, playmate, babysitter, role model, and spiritual guide. While the most frequently reported rewards and strains included: unconditional love and anxiety over the health and future of the younger generation. Directions for further research on this important family relationship are outlined.

COGNITIVE IMPAIRMENT, FAMILY ENVIRONMENT, DECISION-MAKING & CAREGIVER DEPRESSION: COMPARATIVE PATH ANALYTIC MODELS FOR ADULT CHILD AND SPOUSE CAREGIVERS. V. **Smerglia**, U. of Akron, Akron, OH 44325, G. **Deimling**, & M. **Schaefer**, Case-Western Reserve U., Cleveland OH 44106.

Caregiving is a complex entity that includes care recipient impairment, family environment, and the decision-making process. It is one that may differ for spouses and adult children providing care. This research examines the differential impact of these factors on caregiver depression for spouse and adult child caregivers in shared and separate residences. This research uses data from interviews with 244 caregivers in an NIMH funded study. Path analysis is used to identify the differential impact that care recipient cognitive impairment has on family adaptability, cohesion and conflict, decision-making satisfaction, and caregiver depression. Analyses indicate higher levels of cognitive impairment are associated with poorer adaptability, cohesion and decision-making satisfaction for spouse caregivers. Cognitive impairment was also a significant predictor of family conflict among adult children not co-residing with the elder, which in turn affected decision-making satisfaction. For co-residing adult children lower levels of family adaptability were associated with less satisfaction with decision making which in turn was a significant predictor of their depression. Differential strategies for clinical work with families based on the caregiving context are discussed.

NURSES' COMMUNICATION WITH FAMILY CAREGIVERS OF OLDER PATIENTS

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Recent research has challenged nurses to establish partnerships with family caregivers and consider their perceptions and preferences during hospital stays of older patients. Nurses' failure to address family caregiving issues may affect the continuity and costs of care for older patients. The current study interviewed 30 family caregivers approximately 12 days following their older relatives' discharge to determine what nurses had discussed with them during the hospital stay. While nearly 75% of caregivers reported that nurses discussed patients' needs to stay healthy, about 50% reported that patients' problems in self care were not discussed. More than 50% of the caregivers said that nurses did not discuss their needs or problems with continued caregiving. Over 50% of the caregivers reported not being encouraged to become involved in patients' health care, over 75% said they were not encouraged to share their needs with staff, and over 90% were not encouraged to communicate with other families sharing similar experiences. Caregivers' willing to participate in an intervention designed to enhance communication and promote family-centered care is discussed.

ATTITUDES TOWARD PUBLIC SUPPORT FOR CHRONICALLY ILL ELDERLY: DOES CAREGIVING MAKE A DIFFERENCE?

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Little is known about how *responsibilities toward* and *experiences with* older family members influence attitudes concerning the equitable distribution of societal resources to the elderly. Recent proposals to reduce public funding for entitlement programs for the elderly require that we better understand the attitudes toward the appropriate level of public and private effort devoted to serving the needs of older citizens. Based on a nationally representative sample of data collected in 1997 from the Study of Intergenerational Linkages (N=1559), this study examines the role of caregiving in forming attitudes toward public responsibility to the elderly. Specifically, the purpose of this investigation was to ascertain whether providing care for chronically ill older relatives influenced attitudes regarding the nature of governmental direct and indirect support of chronically ill elderly. Multiple regression analyses found that caregiving significantly increases support for long-term care coverage under the Medicare program. Moreover, caregivers demonstrate favorable opinions about indirect support to the elderly by more strongly supporting the granting of tax credits to caregivers. Finally, caregivers, apparently realizing the burden imposed on individuals by the high cost of health care, tend not to support initiatives requiring the elderly to pay a greater portion of their costs. Variations by the type of filial relationship with the recipient are also discussed. The findings enhance our understanding of the impact of caregiving on the underlying values used by Americans to weigh the desirability of direct and indirect forms of public support to older family members.

SPOUSES CARING FOR MATES WITH DEMENTIA: FAMILY CONFLICT AND ITS ASSOCIATION WITH CAREGIVER OUTCOMES

D. Stewart, M. K. Aronson, Ferkauf Graduate School of Psychology, Yeshiva University, Bronx, NY 10461.

Caring for a spouse with dementia can be a psychologically and physically compromising experience. As a result, caregivers often are described as "hidden patients." For many older adults, relationships with adult children are crucial. Conflict within these relationships can have significant negative consequences, especially if the elder is providing care for a spouse with dementia. The purpose of the present study was to examine the prevalence and nature of conflict between both older adult caregiving and non-caregiving spouses and their adult children. Community dwelling, married older adults were administered a combination of structured interview and self-assessment. Adult children were the most frequently reported members of participants' social support networks and were the primary sources of reported conflict. Caregiving spouses experienced more conflict with their adult children than non-caregiving spouses. Caregivers experiencing conflict reported more psychological symptoms than those not experiencing conflict. Caregivers not experiencing conflict had better mental health outcomes than non-caregiving controls, indicating that caregiving per se is not automatically a negative experience. Overall, results suggest that caregiver interventions should focus on both the positive and negative consequences that familial relationships can have on caregiver outcomes.

Artisans and Prisoners: Gender and Metaphors of Dementia Caregiving.

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We conducted open-ended interviews with family caregivers as part of the initial data-gathering for an NINR-supported study of two training programs for dementia caregivers. Caregivers were asked, among other questions, how they would describe their situation, what they needed most right now, and what life lessons they had learned from caregiving. We used qualitative methods to categorize responses to these questions by 38 wife and 20 husband caregivers. At least in this early data set, there are clear differences between the genders. While both spouses indicate stress, wives typically use metaphors connoting constraint ("sometimes I feel like I'm in jail") while husbands typically rely on work-oriented metaphors ("It's been a duty, a job"). Consistent with this, nearly half the wives indicated self-time as their greatest need, while men expressed either no or instrumental needs. Husbands seem to take the role as a norm and find few lessons from it, while wives seek meaning in personal growth or a focus on the present. We used Chi-square methods to explore differences in response patterns and even with this small number of early responses, differences were significant ($p<.02$). These patterns may have implications for ways in which programs tailor training or other interventions for caregivers.

A 2-Year Longitudinal Study of Cessation of In-home Caregiving in Japan

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We analyzed three waves of panel data (1996-98) from 834 informal primary caregivers of frail elders using an event history framework to identify: 1) how long in-home caregiving continues, and 2) how differences in the caregiving situation are related to long-term care facility placement.

1) Transitions in Care Over Time: At baseline, all frail elders were cared for at home, but over the next two years of observation, 155 caregivers (19%) placed their elders in institutions; 34 of these caregivers subsequently became bereaved. During the same period, 233 elders (28%) died without having been placed in an institution. The survival distribution of in-home care was a plateau across the early years of in-home care. The rate of decline over the next 10 years was relatively constant. The median survival time from the start of in-home care was 9.1 years.

2) Stress, Support and Institutionalization: Whether a family member continued to provide in-home care was influenced by the presence of primary stressors, especially elder's cognitive impairment. Caregiver's psychological distress strongly elevated the risk of institutionalization of their elder. Whether the caregiver received help from family members or formal services independently contributed to the delay of placement. These findings suggest that caregivers resort to institutional placement as a result of being overwhelmed by primary stressors, therefore support and assistance from others may be effective to prevent or delay institutional placement of elders.

FINANCIAL STRAIN IN DEMENTIA CAREGIVERS EXPLORING THE FIS.

Leslie. A. Morgan and J. Kevin. Eckert, Dept. of Sociology & Anthropology, UMBC, Baltimore, MD 21250.

Kin who care for relatives with dementia incur a range of costs beyond health care for their relatives. This analysis presents original data from the Financial Impact Scale (FIS), a 20-item scale designed for community-based caregivers, for a sample of spouses and adult children (N=90). Since our sample included caregivers with kin in long-term care, some FIS items are excluded or less appropriate.

Analysis of the scale items indicates several important findings. First, there is surprisingly little financial strain reported among these caregivers, given the expenses they are reporting. Scale scores ranged from 5-61 in a potential range of 0-75 (M=30.4, s.d.=15.1). Although financial strain was expected to vary by relationship (spouse or child) and level of impairment, neither factor appeared to be substantially related to financial strain using the FIS. Degree of impairment was only modestly correlated ($r=.24$) with the financial impact scale and analysis of variance showed no significance by relationship type. Third, scale analysis suggests that correlations among items vary considerably (from $r=-.015$ to $r=.72$) and that some items could be eliminated and subscales developed to create a more compact and parsimonious instrument.

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FACTORS ASSOCIATED WITH DEMENTIA SEVERITY AT PRESENTATION IN A MEMORY DISORDER CLINC

W. Barker, D. Harwood, C. Morano, D. Lowenstein, R. Duara Wien Memory Center, Mt. Sinai Medical Center, Miami Beach, FL

This study comprised 455 subjects diagnosed with Alzheimer's Disease, who presented with memory complaints to an outpatient memory disorder clinic between 1987 and 1998. Hispanic patients (N=129) presented with lower MMSE scores ($P<.001$), psychosis ($p<.007$), and a longer duration of AD (4.4 vs 3.4 years) than the non-Hispanic caregivers (N=326). Higher scores on the Hamiltion Depression Rating Scale were associated with being female ($p<.0001$), Hispanic ($p<.0001$) and lower education ($p<.0001$). Hispanic subjects are more likely than white non-Hispanics to delay diagnosis and present with psychotic symptoms. Screening for memory disorder centers is an effective outreach method to detect AD at an early stage of illness. Early diagnosis is important in Alzheimer's Disease because intervention with the caregiver and treatment of the patient may improve the patient's quality of life, reduce severity of depression and psychosis, and possible slow down the rate of AD progression. The findings indicate a need to develop early intervention programs, particularly for Hispanic patients and caregivers. SRPP7

COMPARISON OF HISPANIC AND NON-HISPANIC CAREGIVERS SEEKING FORMAL SERVICES

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The purpose of this study was to examine the similarities and differences between Hispanic and non-Hispanic caregivers seeking formal community based services. Hispanic caregivers reported a similar degree of problematic behavior by the AD person; and somatic complaints. However, while the Hispanic caregivers appraised their situation as better (p < .05), they reported significantly greater levels of depression (p < .05) than the non-Hispanic caregivers. Differences were observed in the composition of the two samples, with the Hispanic sample (N=44) primarily female caregivers (90%), of which 60% of being adult daughters. The non-Hispanic sample (N=64) was comprised of more of a mixture of 70% females, with adult children comprising approximately 40%. The findings from this study confirmed, the presence of both differences and similarities, the importance of targeting information and referral services to adult children, as well as the need for exploring more effective ways to reach the older adult Hispanic community. SRPP7

The Minnesota Family Workshop: Significant changes in the predominance of caregiver strategy and caregiver problem themes. J.B. Tornatore, Department of Family Practice, University of MN, 825 Washington Ave. SE, Suite 201, Minneapolis, MN 55414, A.L. Siegenthaler, K.W. Hepburn, University of MN & Sharon Ostwald, University of TX.

Qualitative Interviews were conducted with 72 participants in the Minnesota Family Workshop (MFW), a training program for persons caring for family members with dementia. Participants were randomly selected into treatment or control groups and open-ended interviews were conducted before the intervention, immediately after, & 2-3 months after the 7-week intervention. During pre, post & follow-up interviews, caregiver comments reflected themes in four main content areas: Caregiver Strategy issues; Caregiving Problems; Health Issues; and Family Interactions. ANOVA technique was used to examine differences between groups regarding the change in percentage of total comments concerning the 4 themes from pre to post and pre to follow-up interviews. Significant differences between groups in the change in proportion of comments were found for Caregiving Strategy and Caregiving Problem statements. The proportion of Caregiving Strategy comments increased more for treatment group than for control group participants from pre to post (p<.01) & pre to follow-up (p<.05). Additionally, the reduction in the proportion of Caregiving Problem comments was significantly greater in treatment than control group interviews from pre to post (p<.05) & pre to follow-up (p<.01). We hypothesize that MFW's focus on caregiver self-care and strategic caregiving prompted caregivers to think more strategically, which led to an increase in awareness of effective caregiving strategies and less of an emphasis on problems in caregiving.

PEER SUPPORT TO AD CAREGIVERS: RESULTS OF A RANDOMIZED, CONTROLLED EXPERIMENT.

K. Pillemer, J. J. Suitor, L.T. Landreneau, C. Henderson, (Cornell Gerontology Research Institute, Cornell U., Ithaca, NY 14853), S. Brangman (SUNY Health Sciences Center, Syracuse, NY).

This poster presents findings from a model social support intervention for family caregivers to relatives with Alzheimer's disease or other irreversible dementia. Drawing upon theory and empirical research on status transitions and interpersonal relationships, we conducted a randomized control-group experiment that tested the efficacy of adding an experientially-similar volunteer visitor to caregivers' social networks (54 treatment subjects and 61 control subjects). Specially trained volunteers, who themselves had been caregivers, were matched with persons whose relative had received a diagnosis of AD. Semi-structured visits occurred for an 8-week period. Although this intervention was designed to remedy weaknesses in previous efforts, the evaluation findings were consistent with prior research: Participants reported high levels of satisfaction with the program, but there were no main effects of program participation on any of the outcome variables, including depression, self-esteem, or caregiver burden. However, one subgroup of did appear to benefit in comparison to the control group: persons in the most stressful caregiving situations. Implications for future research and planning of support interventions are presented.

THE COSTS OF INFORMAL CARE: ESTIMATES AND POLICY ISSUES FOR GERMANY

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Family support for older persons with functional limitations or mental health problems includes financial support and unpaid time help. We use secondary data from the first three waves (1994-1996) of the European Household Panel (EHP) to develop a multiperiod model of caregiving choices, employment and economic status. We find that the resource implications of informal caregiving are substantial. In particular, the results confirm a reciprocal relationship between paid work and informal caregiving. The interaction between changes in labor force participation and changes in caregiving responsibilities differs according to the caregiver's gender as well as between coresident and non-coresident caregivers. The analysis throws a new light on the 1995 reform in German long-term care policy. Measures in support of family caregivers and the relative merits of informal care need to be reassessed.

Pain, Fatigue, and Insomnia Among Elderly, Newly Diagnosed Cancer Patients

S.L. Kozachik, B.A. Given, C.W. Given, F. Azzouz, College of Nursing; Department of Family Practice, College of Human Medicine; Cancer Center, Michigan State University, East Lansing, MI 48824

Sixty percent of all cancer diagnoses are among persons 65 years of age or older. Shifts in cancer treatment to outpatient settings mean that families are called upon to become involved in care and symptom management. Pain, fatigue, and insomnia are among the most common symptoms/side effects manifested in elder cancer patients, as well as the most difficult for families to manage. The purpose of this present study was to examine the impact that the symptom constellation pain, fatigue, and insomnia, in addition to patient demographics, have on patient reports of other symptoms, patient depression, and caregiver awareness of patient symptoms. Results demonstrated that elder cancer patients who do not have any of the three target symptoms have, on average, only one symptom. The addition of pain, fatigue, and/or insomnia increases the incidence of other symptoms, such that one brings a mean of 2.5 other symptoms, two brings a mean of 3.2 other symptoms, and all three brings a mean of 4 other symptoms. Pain, fatigue, and/or insomnia impacted patient depression ($p = 0.00$) and total number of other symptoms at a statistically significant level. Cancer stage and the target symptoms impacted caregiver awareness of symptoms ($p = 0.00$, 0.05 respectively) at a statistically significant level, and total number of symptoms impacted patient depression ($p = 0.00$) at a statistically significant level. These data were taken from "Family Home Care for Cancer—A Community-Based Model, grant #2 R01 NR/CA01915. Barbara A. Given, PhD, RN, FAAN and Charles W. Given, PhD, Co-Principal Investigators.

INTERGENERATIONAL RELATIONSHIP, SELF-CONCEPT AND MIDLIFE WELL-BEING.

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With the increase in life expectancy, parents and adult children are sharing more years of life together than ever before. The purpose of the present study was to investigate whether parents' need for care in old age affects the quality of the relationship between adult children and their parents, and how, in turn, the quality of this relationship affects the psychological well-being of adult children. Data from the first two waves of a 4-wave longitudinal study of women were analyzed. Respondents included daughters who were providing care to either a physically or mentally impaired parent throughout the two waves, as well as daughters whose parents were healthy and did not need any care during this period. Results revealed that the quality of the parent/adult daughter relationship was poorer when the parent had a mental impairment, but not when the parent had a physical impairment. The effect of relationship quality on psychological well-being was mediated by the daughter's self-concept — a good relationship with the parent led to higher levels of self-esteem, which, in turn, contributed to lower levels of depression and subjective burden among daughter caregivers. For daughters who were providing care to a physically impaired parent, the association between the quality of relationship with the parent and self-concept was stronger than in the other two groups. In general, findings support a symbolic interaction perspective for understanding in a caregiving context the effect of intergenerational relationships on well-being in midlife. (SRPP-7)

INTEGRATING FAMILIES INTO GERIATRIC REHABILITATION: AN EVALUATION OF ELDER & FAMILY OUTCOMES.

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Although the importance of family members in geriatric rehabilitation has been acknowledged, formal mechanisms for incorporating service to family members are not standard practice. The main objective of this investigation was to examine the extent to which family involvement influences rehabilitation outcomes for both the elder and their family. As part of an AARP Andrus Foundation action-demonstration project, families had the opportunity to be involved in all aspects of the elder's vision rehabilitation program, as well as individual and group counseling specifically for families. Telephone interviews were conducted with both an elder with vision loss (n=165) and a family member (n=74) before and after receiving vision rehabilitation services at the Lighthouse. Hierarchical regression analyses were conducted on major outcome variables, for both the elders and family members, controlling for basic demographics, and the elder's rehabilitation service hours. The positive outcomes associated with greater family involvement in rehabilitation services include an increase in the number of elder social activities and an increase in family life satisfaction. However, some negative findings associated with greater service use by family members were observed, such as an increase in elder depressive symptoms. The lack of hypothesized significant findings in specific outcomes (e.g. family understanding of vision), as well as seemingly negative findings will be discussed within the context of methodological issues in intervention research.

CARERS RESPONSES TO DIFFICULT BEHAVIOURS IN ELDERLY PERSONS WITH DEMENTIA

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There have been numerous reports on the prevalence and management of difficult behaviour of persons with dementia in residential care settings, but limited research on how family carers manage these behaviours. The aims of this study were to identify the frequency and typology of difficult behaviours, the consequences for the carer and management strategies. A comprehensive questionnaire was administered using intensive interviewing techniques to 150 family caregivers. The questionnaire addressed areas such as the physical health of the person being cared for, their ability to perform everyday tasks, medications, and the presence of any abnormal/unusual behaviour. A diagnosis of dementia was confirmed using the Cognitive Decline Scale (Jorm & MacKinnon, 1994) and the MMSE. Psychopathology and details of behavioural disturbances were determined using a the 59 item instrument MOUSEPAD (Allen, N.H. et al 1993) which measures both current and past psychiatric and behavioural changes in dementia. The results will cover the frequency/typology of problem behaviours and carer's responses. The study identified that carers developed strategies that accommodated rather than attempted to change the presenting behaviour and only sought assistance at a crisis point. This provides a challenge to community service providers to develop earlier intervention programs to alleviate some of the stress associated with the caring role.

A COMPARISON OF KIN CAREGIVERS AND FRIEND CAREGIVERS.

W.J. Looman, D.M. Bass & L.S. Noelker. The Benjamin Rose Institute, Cleveland, OH 44114.

Research on informal care of the elderly has focused primarily on assistance by family members. Less is known about care provided by friends, particularly friends who act as primary caregivers. This presentation compares kin primary caregivers with friend primary caregivers. Data come from 401 inperson interviews with primary caregivers (351 family members and 50 friends) for elderly persons who were clients of five case management agencies in Cuyahoga County, OH.

Kin caregivers and friend caregivers are similar in that they are primarily female (75% and 76%), African-American (59% and 60%), and have been helping the care recipient an average of 7+ years. Significant differences between kin primary caregivers and friend primary caregivers include: friend caregivers are older, less depressed, report less health and social strain, help with fewer care tasks, and are more likely to say that the care recipient will have to go to a nursing home if the situation worsens. Care recipients with friend versus kin primary caregivers are not significantly different in age or physical disability. However, care recipients with friend caregivers are more often childless (59% vs. 15%); have more friends but few kin in their total support networks; and are less likely to have Alzheimer's disease. Findings suggest that friends serve as primary caregivers for an overlooked minority of impaired elders. These situations tend to less difficult and less stressful for caregivers. However, the lack of kin may increase fragility of the care arrangement increasing the risk of nursing home placement.

NURSING HOME INTENTIONS OF ALZHEIMER'S CAREGIVERS: ROLES OF HEALTH, PSYCHOSOCIAL, AND DEMOGRAPHIC PREDICTORS.

R.F.Young, Department of Community Medicine, Wayne State Univ., K.Kosloski, Department of Gerontology, Univ. of Nebraska-Omaha, R.J.V. Montgomery, Gerontology Center, Univ. of Kansas.

The intention to admit a family member to a nursing home predicts actual placement, so addressing these intentions may facilitate interventions that prevent or delay nursing home use. 573 Alzheimer's caregivers were asked about intended nursing home placement of the care recipient. Predicting these intentions were: attitudes toward care of family members; burden; patient behavioral and IADL impairment; race; age (R^2=.24). Since major ADL impairment and poor caregiver health were not predictors, results support a biopsychosocial, rather than medical model of nursing home admission. The significant role of race is consistent with this model and reflects studies whereby African Americans avoid nursing home placement. Results, the biopsychosocial model, and interventions to prevent or delay nursing home use will be discussed, particularly attitudinal variables predicting intentions (caregiving commitment, perceptions of burden).

An Evaluation of Caregiver Support Groups for Employees in the Workplace.

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The majority of studies evaluating the effectiveness of caregiver support groups have used a quantitative approach. The objective of this study was to conduct a qualitative evaluation of caregiver support groups situated in the context of the workplace. Data were gathered through personal interviews from employees who participated in 10 short-term support groups offered through an Employee Assistance Program in a large Canadian financial institution. A content analysis of the interviews identified 5 themes related to the ways that being in the group was beneficial: 1) caregivers received emotional support; 2) caregivers developed new coping strategies or were better able to mobilize familiar ones: 3) caregiving was viewed from a different perspective; 4) caregivers were able to control the context in which they discussed caregiving issues, & 5) being in the group impacted on decision-making both in the short- and long-term. Two central conclusions were drawn. First, the workplace is an important environment in which to offer caregiver support groups. Traditional outcome measures, however, may not be applicable because of the short-term nature of the group. Secondly, evaluations framed around a stress model should examine the way that being in these groups impacts on the subjective appraisal that participants attach to their caregiving experiences.

THE IMPACT OF QUALITY OF RELATIONSHIPS BETWEEN THE ELDERLY AND THEIR CAREGIVERS ON THE MENTAL HEALTH OF JAPANESE CAREGIVERS

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The purpose of this study is to investigate whether family caregiver mental health is influenced by the quality of their relationships with elderly in Japan. Our hypothesis is that the effects of quality of relationships on caregiver mental health differ by type of kinship. Face-to-face interviews were carried out in Japanese with 379 primary family caregivers. Mental health was measured by two scales: a caregiver burnout sub-scale of emotional exhaustion and the Center for Epidemiological Studies- Depression Scale (CES-D). We measured the quality of relationships by three items: the extent of communication, emotional closeness, and the cooperation of the elderly. Analyses were conducted by the type of kin relation, respectively. Regression analyses showed that the quality of relationship was negatively related to emotional exhaustion among three different types of kin relation: spouses, daughters, and daughters-in-law caregivers. Quality of relationship was also negatively correlated with depression, but only among daughters-in-law caregivers. Our findings suggest that, among different types of kin relations, the mental health of Japanese daughter-in-law caregivers was most strongly influenced by the quality of relation with their elderly. Longitudinal research is required to explore the causal relations between the quality of relationships and mental health among different types of caregivers.

207

Full Circle

One (29 minute)/color videotape/1997
Produced by Yasha Aginsky

Full Circle is a personal documentary about a 50 year old daughter who brings her 90 year old mother to her home to share her last days and care for her as she dies. It is an intimate story, told in the first person by the daughter, who collaborated in the making of the video. The video also relates the effects of this experience on the daughter and her family.

Winner of a 1998 Retirement Research Foundation National Media OWL Award.

Contact: James Vanden Bosch, Terra Nova Films, 9848 S. Winchester Ave., Chicago, IL 60643 800.779.8491; FAX 773.881.3368; e-mail: jvb@terranova.org

208

UPDATE ON CAUSES, TREATMENT AND ETHICAL ISSUES IN ALZHEIMER'S DISEASE

M. Morrison-Bogorad, Neuroscience and Nerupsychology of Aging Program, National Institute on Aging, 7201 Wisconsin Avenue, Suite 3C307, Bethesda, MD 20892-9205

Participants:

R. Tanzi (Neurogenetics Laboratory, Massachusetts General Hospital, Building 149, 6th Floor, Charlestown, MA 02129) "Genetics and Biology of AD".

L. Thal (Chair, Department of Neurosciences, Univ. of CA San Diego, San Diego, CA, 92093-0624) " Drug development and Clinical Trials"

S. Post (Assoc. Dir. For Edu. Prog., Center for Biomedical Ethics, School of Medicine, Case Western Reserve Univ., Cleveland, OH 44106) "Ethical Issues".

Developing effective treatments for preventing or slowing the onset of Alzheimer's disease is a major public health priority. Dr. Tanzi will overview recent research on the genetics of Alzheimer's disease. He will summarize the latest strategies in gene identification and illustrate how identification of these genes leads to clarification of the underlying biological pathways. Dr. Thal will review new strategies for drug development and prevention trials and give an update on clinical trials. Dr. Post will address several of the ethical issues brought to the fore by recent scientific and medical advances, including issues relating to recruitment for clinical trials and the development of genetic and other tests to predict likelihood of developing Alzheimer's disease.

Each speaker will be asked to predict future developments and how these might impact Alzheimer's disease patients, their families and the public.

209

ISSUES IN THE STUDY AND THE UNDERSTANDING OF RECOVERY

J. Mossey, School of Public Health, Allegheny University of the Health Sciences Center, Broad & Vine Streets, Philadelphia, PA 19102

J. Magaziner, Department of Epidemiology and Preventive Medicine, School of Medicine, University of Maryland, 660 W. Redwood Street, Baltimore, MD 21201

Participants:

J. Mossey (Allegheny University of the Health Sciences Center) The Definition and Measurement of Outcomes in Studies of Recovery

J. Magaziner (University of Maryland, Baltimore) The Recovery Process: Toward a General Model

S. Leveille, J. Guralnik (Epidemiology, Demography, and Biometry Program, National Institute on Aging, Bethesda, MD 20892) Patterns and Trajectories of Recovery from Mobility Disability in Older Adults

T. Gill (School of Medicine, Yale University, New Haven, CT 06520) Predictors of ADL Recovery Among Disabled Community-Living Older Persons

S. Kasl (School of Medicine, Yale University, New Haven, CT 06520) Capacity to Recover: A Critical Variable in Outcome Studies

Discussant

A. Jette (Sargent College of Health and Rehabilitation Sciences, Boston University, Boston, MA 02215)

Epidemiological research directed towards understanding the course, process, and outcomes of recovery from illness or injury has evolved substantially over the past decade. Despite this, critical methodological issues require resolution to ensure the generation of further information that is scientifically valid and clinically useful. This symposium focuses on research strategies and findings pertinent to: the definition and measurement of meaningful outcomes, the sequence of return to functions and the overall trajectory of recovery, and the multiplicity of personal, health and socioenvironmental factors that are predictive of recovery.

(This symposium is sponsored by the Epidemiology of Aging Interest Group.)

210

CALORIES, FREE RADICALS, AND GENE HOMOLOGY: EXAMINING THE SACRED COWS OF TODAY'S BIOGERONTOLOGICAL RESEARCH

R. Michael Anson, Laboratory of Cellular and Molecular Biology, NIA, NIH, Gerontology Research Center, Box 11, 5600 Nathan Shock Dr., Baltimore, MD 21224-6825;
April Handy, NIH Animal Center, 16701 Elmer School Road, Building 103 Room 1B06, Poolesville, MD 20837

Participants:

R.D. Lipman, (Jean Mayer USDA Human Nutrition Research Center on Aging, Tufts University, Boston, Massachusetts 02111, USA.). Defining "ad lib": the effect of dietary composition on caloric intake. Are calories the key?

T.E. Johnson (University of Colorado, Boulder 80309, USA). From daf-2 to insulin receptor: does the dauer pathway truly mimic CR in mammals?

BEST COPY AVAILABLE

T.T. Huang (Department of Pediatrics, Division of Genetics, University of California, San Francisco, CA 94143-0546): Are free radicals and reactive oxygen species the "fountain of senescence?"

Several ideas in biogerontology have become so central to our thinking that we seldom re-examine the evidence that supports them. It is often stated, for example, that caloric restriction is the only intervention known to extend the maximum lifespan of a species. Furthermore, this is thought to be entirely dependent on the intake of fewer calories: appetite and hunger are seldom discussed. Also quickly moving into the "established fact" category in the minds of many: *C. elegans* mutants are good models for caloric restriction in mammals. Perhaps the most famous of the current beliefs that has achieved "everyone-knows" status, however, is the idea that if we could prevent oxidative damage, we could prevent aging. Have any of these beliefs been over-simplified, or are they all true as stated? The speakers in this symposium were each asked to spend twenty minutes reviewing the evidence for or against one of these ideas. No restriction on their use of published studies to support their discussion was given, and so these talks may combine original research with literature review.

211

IMPROVING CARE OF ELDERS: CREATING THE NEXT GENERATION OF GERIATRIC NURSING RESEARCH

T. Fulmer, Hartford Institute for Geriatric Nursing, New York University Division of Nursing, New York, NY 10012

Participants:

T. Fulmer (Hartford Institute for Geriatric Nursing, New York University Division of Nursing, New York, NY 10012) Productivity of Participants in the Hartford Research Institute and Fellows Program

Deborah Chyun (Yale University School of Nursing, New Haven, CT 06536) Diabetes Mellitus and Cardiac Risk Factor Management in the Elderly

P. Greiner (Fairfield University School of Nursing, Fairfield, CT 06430) Self-Rated Function: A New Global Measure

Meredith A. Rowe (Binghamton, University School of Nursing, Binghamton, NY 13902) Development and Testing of a Prototype Night Alert Prompting System (NAPS

There is growing consensus that care of the elderly represents the next frontier in health care. The elderly can best be served by preventing, delaying and decreasing disability. Yet the amount of clinical nursing research in care of the elderly has traditionally been and remains surprisingly small. The primary mission of the Hartford Institute for Geriatric Nursing, funded with a generous grant by the John A. Hartford Foundation, is to identify, develop, and disseminate best practices in nursing care for the elderly. By engaging universities with outstanding programs of geriatric nursing research in a collaborative Geriatric Nursing Research Scholars and Fellows Program, the Hartford Institute seeks to assist new nurse scholars to develop significant programs of clinical aging research. The goal of the Program is to position geriatric nurse researchers in the mainstream of nursing research by: 1) identifying and fostering emerging geriatric nurse researchers; and 2) assisting non-geriatric nurse researchers seeking to re-focus their research programs on care of the elderly.

The purpose of this Symposium is to present research from participants at the first, 1998 Scholars and Fellows Program. This Program was a collaboration among New York University, Yale University and the University of Pennsylvania. Symposium participants will present a specific research study and discuss their evolving program of research. The effectiveness of the Scholars and Fellows Program as a vehicle for promoting nursing research will be presented.

PRODUCTIVITY OF PARTICIPANTS IN THE HARTFORD RESEARCH INSTITUTE AND FELLOWS PROGRAM

T. Fulmer New York University, Division of Nursing, New York, NY 10012

Seeking to stimulate nursing research in aging, The Hartford Institute for Geriatric Nursing has established an annual Geriatric Nursing Research Scholars and Fellows Program with the following components: 1) regional consortiums of universities with outstanding geriatric nursing research; 2) participants early in their career in geriatric nursing research or seeking to redirect their careers towards aging research; 3) a week long, intensive Summer Institute involving outstanding geriatric researchers from universities and the NIH; 4) selection of 3 applicants as Fellows for intensive research mentoring; 5) ongoing mentoring; and 6) showcasing participants at national meetings.

Participants varied markedly as to past research preparation, research funding, and publications of data based articles in peer reviewed journals. Since participation in the Institute, productivity and involvement of participants in new sources of aging research funding, in gerontological journals and national meetings has been particularly impressive.

DIABETES MELLITUS AND CARDIAC RISK FACTOR MANAGEMENT IN THE ELDERLY

D. CHYUN, Yale University, School of Nursing, New Haven, CT 06536

Few studies have assessed management of diabetes mellitus (DM), cardiac risk factors, nutritional and functional status, psychosocial factors, and quality of life in the elderly with DM and coronary heart disease (CHD) in relation to morbidity and mortality. This prospective pilot study for a larger study examined these factors in the year following discharge from a CHD-related hospitalization in patients with insulin and noninsulin-treated DM. Twenty-two subjects from an 816-bed tertiary care center in Southern New England agreed to participate over a 4-month enrollment period. The 15 (68%) males and 7 (32%) females ranged in age from 60-88 years (M = 69.05). DM duration ranged from <1 year to 34 years (M = 11.34). Fourteen (64%) were taking oral agents, 5 (23%) were on insulin, 2 (9%) were on both and 1 was on neither. At baseline, subjects with DM duration > 9 year had lower positive attitude (p=.05) and higher exercise barrier scores (p=.04), and had higher scores related to understanding management practice (p=.04) as compared to subjects with duration < 9 years.

SELF-RATED FUNCTION: A NEW GLOBAL MEASURE

P.A. Greiner, Fairfield University, School of Nursing, Fairfield, CT 06430-5195.

A new global measure of functional ability, self-rated function, has been used as part of a longitudinal study of aging called the Nun Study. Initial findings demonstrated that this measure was consistent with concurrent physical function and predicted future function loss and mortality. More recent findings established an association between lower self-ratings of function and mortality with evidence of stroke. As part of my work as a John A. Hartford Foundation scholar, I developed plans for further research on this new measure. This symposium report will review the most current findings from my research on decline in self-rated function and cognitive decline and outline the next series of research proposals to be submitted for funding. The advantages of working with a group of peers in project development and the utility of group feedback will be discussed.

DEVELOPMENT AND TESTING OF A PROTOTYPE NIGHT ALERT PROMPTING SYSTEM (NAPS)

Meredeth A. Rowe, (Binghamton University, Decker School of Nursing, Binghamton, NY 13902)

Nighttime activity in persons with dementia living in the home has negative consequences for the caregiver and frequently results in nursing home placement for the patient. The purpose of this study was to determine the general acceptance of using a monitor that would wake a caregiver at night and a caregiver's impression of the usefulness of the device.

An early prototype of the NAPS was installed in the home of a 64 year old wife caring for her 71 year old husband with Alzheimer's disease. The patient had extensive nighttime activity confirmed by actigraphy.

The prototype-NAPS consisted of a door status detector on the front door with an alarm and a motion detector outside the bedroom with an alarm and a trigger that turned on the living room light. Both alarms sounded in the caregiver's bedroom. During the two weeks of the study, the husband moved about an average of two times per night, and all movement was sensed by the system. The Nighttime Activity Worry Scale, a PI-developed 100 cm visual analog scale, was used to measure changes in caregiver concern about nighttime activity after NAPS installation. The NAPS decreased worry about nighttime activity and increased caregiver awareness of her husband's location during the night. The NAPS identified attempted exits for which the caregiver would not have awoken. Caregiver worry about injuries to her husband increased, possibly due to a heightened awareness of his activity. The caregiver requested continued NAPS use, which continued to work well for 4 months.

212

THE USE OF EXPRESSIVE PHYSICAL TOUCH IN DEMENTED OLDER ADULTS

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This study explored the effect of expressive physical touch with verbalization (EPT/V) on patients with dementia using a one group repeated measures design. The aim of this experimental study was to determine whether or not use of EPT/V would reduce anxiety and dysfunctional behavior in demented persons. Additionally, this study was to determine the length of time that EPT/V would reduce anxiety and dysfunctional behavior after the intervention was stopped. A convenience sample was composed of 30 chronic cognitively impaired residents of a home for the aged in Korea. EPT/V was implemented twice a day for 10 days. The outcome variable of anxiety was measured by pulse rate at pre and post intervention. Dysfunctional behavior was measured using the Empirical Behavioral Pathology in Alzheimer's Disease (E-BEHAVE-AD) rating scale (Auer et al., 1996) at five day intervals. Repeated measures ANOVA was utilized to analyze the data. The first research hypothesis that pulse rate would be lower immediately following EPT/V was supported ($p < .001$). The effect of EPT/V on anxiety is not cumulated, but cleaned out everyday. The second research hypothesis that EPT/V would cause decreasing episodes of dysfunctional behavior in persons with dementia was supported ($p < .001$). EPT/V continues to have an effect on dysfunctional behavior for 5 days after the intervention is stopped, but the effect is significantly decreased. However, the 10 day period that this study utilized is an adequate amount of time to cleanse the subjects of the beneficial effects of the intervention. Therefore EPT/V is cost effective, time efficient and a caring way of working with demented older adults.

VITAMIN & NUTRITIONAL SUPPLEMENT USE & COGNITIVE PERFORMANCE IN ELDERLY WOMEN

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Studies suggest that vitamins and other supplements may have a positive effect on cognitive function in the elderly. One of the purposes of this NIH funded study is to evaluate whether vitamins C, E, folic acid, calcium or gingko biloba are associated with cognitive performance. Using preliminary data from a telephone interview of 400 elderly women, extent and type of vitamin use was assessed and the women were given the Telephone Interview Cognitive Status (TICS) screen to gauge their cognition. Using hierarchical multiple regression adjusting for the effects of education, age, ethnicity and hormone use, we found significant (p=<.05) mean differences on the TICS between users and nonusers of 1.4 points for vitamin E, 1.0 for multivitamins, and .7 each for vitamin C and calcium. No significance was found for folic acid or gingko biloba. To determine if any specific pattern of supplement use was associated with better cognition after adjusting for education, we found the following mean cognitive scores for these groups of users: 33.8 (n=6) for vitamin E alone; 31.9 (n = 260) for any combination of vitamins E or C, and calcium and multivitamins; 30.9 for calcium alone (n = 15); 30.7 (n = 35) for multivitamins alone; and 29.7 (n = 22) for multivitamins and vitamin E only. A mean of 30.4 was found for non-users of multivitamins, vitamins E, C, or calcium (n = 61). While there is some support for a positive effect of multiple supplements on cognition, it is premature to draw conclusions about causality.

AGE AND GENDER DIFFERENCES IN THE UTILIZATION OF ALTERNATIVE HEALTH CARE.

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Recent health services research has established that alternative health care has emerged as an important component of the U.S. health care system. With release of preliminary data from the 1996 Household Component of the Medical Expenditure Panel Survey (MEPS), a national probability sample (n=23,230), it is now possible to explore age and other sociodemographic differences in the utilization of these alternative services. Within a multiple logistic framework, this research found that compared to young and middle-aged adults, the elderly are less likely to use alternative providers (OR=.66; p<.0001), controlling for educational level, health status, use of conventional providers, and gender. Among the elderly, men are slightly less likely (OR=.70;p<.05) and those with at least a high school education more likely (OR=2.02;p<.0007) to use alternative providers. However, unlike the younger population, poor health and the utilization of conventional providers by the elderly appears to be unrelated to the utilization of alternative care.

THE EFFECT OF THERAPEUTIC TOUCH ON CORTISOL AND AGITATED BEHAVIOUR IN INDIVIDUALS WITH DEMENTIA OF THE ALZHEIMER TYPE

D.L. Woods, M. Dimond, Dept. of Biobehavioural Nursing and Health Systems, University of Washington, Seattle, WA

Agitated behaviour in individuals with Dementia of the Alzheimer Type (DAT) presents a challenge to current interventions. Recent developments in neuroendocrinology suggest that the Hypothalamic-Pituitary-Adrenal (H-P-A) Axis may have a role in the altered response of individuals with DAT to stress. Given the deleterious effects of pharmacological interventions in this vulnerable population, it is essential to explore non-invasive treatments for their potential to decrease a hyperresponsiveness to stress and indirectly decrease detrimental cortisol levels. This within subject interrupted time series study was conducted to test the effectiveness of Therapeutic Touch (TT) on the frequency of agitated behaviour, and salivary and urine cortisol level in individuals with DAT. Ten subjects, aged 71-84 years, who resided in a Special Care Unit were observed every 20 minutes 10h a day, were monitored 24h a day for physical activity and had samples for salivary and urine cortisol taken daily. The study occurred in 4 phases: 1) Pre-treatment/ baseline (4 days), 2) Intervention/ treatment (TT for 5-7 minutes twice/day for 3 days), 3) Treatment effect (11 days), 4) Post "wash-out" (3 days). ANOVA for repeated measures indicated a decrease in the frequency of overall agitated behaviour and in two of the six agitated behaviours (vocalization and pacing/walking) coincident with the treatment time (phase 2) and early post-treatment (phase 3). A decreasing trend over time was noted for salivary and urine cortisol. Post hoc analysis found a positive correlation between agitated behaviour and psychotropic medication, and a negative correlation between analgesic and agitated behaviour. While this study does not provide direct clinical evidence to support dysregulation in the H-P-A Axis, it does suggest that the cortisol levels in individuals with DAT may be mitigated by environmental/behavioural interventions such as TT. TT has the potential to decrease verbal agitation and pacing, two prevalent agitated behaviours.

COMPLEMENTARY MEDICINE USE IN OLDER ADULTS.

Cynthia X. Pan, J. Ness, S. Pinderhughes, K. Ek, J. Eiseman, E.P. Cherniack, R. Senzel. Box 1070, Dept. of Geriatrics, Mount Sinai School of Medicine, New York, NY 10029.

Complementary/alternative medicine (CAM) use is increasing in the general population with health, safety, policy, and financial implications. Patterns of CAM use in older adults has not been well described and may differ significantly from that in younger adults. A convenience sample of patients from a geriatric primary care practice (47%), a VA clinic (44%), and a subacute rehabilitation unit (9%) participated in a survey about CAM use in the past 12 months. Patients were excluded if non-English speaking, MMSE <21, or were unreliable during survey. 328 subjects, mean age 78, were surveyed. 180(55%) were currently using CAM. Of all CAM therapies used, 35% were herbs/supplements, 35% were vitamins/minerals, 3.4% were anti-aging hormones, 15% were diet/exercise, and 13% were alternative practitioners. CAM therapies were most commonly used for general health, bone health, memory, infections/colds, and 'don't know.' Users of CAM usually learned about therapies from newspapers/radio/TV, family and friends, and their doctors. Most CAM users (63%) have known family members or friends who used these therapies. Most (77%) were not concerned about side effects before starting therapy, and only 2.5% reported having adverse effects. Close to half of users reported feeling much or somewhat better as a result of using CAM therapy, while a third reported no change. While only 20% of the therapies were reimbursable, 90% of users did not let cost prevent them from using CAM.

CLINICAL STUDIES OF THE ANTIAGING BENEFITS OF CHINESE QIGONG

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Qigong is the ancient Chinese art and science of longevity and is practiced by exercises of breathing, movement, self-massage, and meditation. Hundreds of clinical studies on the health and healing benefits of qigong have been carried out exclusively in China. Of special note is a 30-year retrospective controlled study of hypertensive subjects by the Shanghai Institute of Hypertension. The qigong group (n=122) practiced qigong 30 min twice daily and had 50% less incidence of death (p<0.001) and of stroke (p<0.01) than the control group (n=120); all subjects received hypotensive drugs. Blood pressure of the qigong group stabilized, and the drug dosage could be decreased 48% and eliminated in 30% of subjects. However, the blood pressure of control group increased even though the drug dosage was increased. Further benefits of qigong that were reported include an increase of blood flow to the brain, improvement in cardiovascular functions as indicated by ultrasound cardiography, return to normal levels of estradiol levels in aged men and women, an increase in immune function, and an increase in bone density.

Qigong is suitable for the elderly because it is gentle and easy to learn. Qigong is a holistic practice that valuable as preventive medicine and for improving chronic conditions such as hypertension and cardiovascular and respiratory diseases.

213

HOW EASY IS THE INTERNET – HOW DIFFICULT ARE COMPUTERS? TEACHING AND TRAINING THE USE OF TECHNOLOGY TO ELDERS.

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Participants:

A.S. Bucur (Distance Learning Division, Andrus Gerontology Center, University of Southern California, LA 90089-0191) How do Older Netizens Compare with their Younger Counterparts?

R.W. Morrell (Gerontology Center, The University of Georgia, Athens, GA 30602-1775) Older Adults and Electronic Technology: An Overview of Past and Future Research.

R.E. Morgan, Jr. (SPRY Foundation, Washington, DC) Developing Curricula for Training Seniors to Access Quality Health Information from the Internet.

L.M. Pearson (Center on Aging and Aged, Indiana University, 2805 East Tenth Street, Bloomington, IN 47408-2698) Teaching Elders Computer Skills at a Senior Citizens Center.

D.F. Mahoney & B. Tarlow (HRCA Research and Training Institute, Hebrew Rehabilitation Center for Aged, 1200 Centre Street, Boston, MA 02131) Verifying Technology Training in the Reach for TLC Project.

Discussant:

G. Lesnoff-Caravaglia (Division on Aging, College of Health and Human Services, Ohio University)

This symposium provides a forum of discussing training issues in communication and information technology (particularly the Internet) by senior citizens. The session begins with reports on the phenomena of lower PC and Internet usage by the elderly, access barriers, and a synopsis on past and current research about teaching and training electronic technology to elders. Searching for trustworthy health information on the Net is an important concern that involves age-specific, well-planned curriculum development. Different problems have to be tackled when providing PC services and lessons to elderly in the community. Strict procedures of verifying that a training took place is another aspect discussed. Such protocols may well extend in modified forms to day-to-day senior citizens' training programs as technology becomes even more affordable. However, a main emphasis of the symposium lies in practical aspects of training in information technology that can already be implemented today, given that the extent of material and immaterial investment, efficiency and effectiveness are properly taken into account.

HOW DO OLDER NETIZENS COMPARE WITH THEIR YOUNGER COUNTERPARTS?

A. Bucur, Distance Learning Division, Andrus Gerontology Center, University of Southern California, Los Angeles, 90089-0191.

For a long time elderly have been less involved in the computing revolution, however, in the recent years they have experienced the largest rate of increase in both computer ownership and usage. This paper presents updated trends in computer ownership and usage of the Internet by older users. By comparing these trends with the share of the population at large and that of other age groups of users, I focus on understanding the current stake elderly have in the computing revolution. Specific trends in usage of the Internet by older users are analyzed. The paper concludes that while we have experiences increases in computer usage by the elderly, they remain behind those younger than them in many aspects of WWW usage.

OLDER ADULTS AND ELECTRONIC TECHNOLOGY: AN OVERVIEW OF PAST AND FUTURE RESEARCH.

R.W. Morrell, Gerontology Center, The University of Georgia

Older adults are beginning to use electronic technology for information, community, and services for themselves. However, the information highway continues to bypass a majority of them. Research from our laboratory suggests that it is the lack of opportunity to learn how to use this new technology and access to the technology itself, that is hindering older adults' use. Therefore, this presentation will focus on results from a number of studies that have been conducted over the past ten years on how to teach older adults to use electronic technology as success at training has been shown to be a primary indicator of extended use of electronic technology. The collective analysis of empirical results in the area of gerotechnology leads to the conclusion that three important foci have been continually part of research presentations in the field, but that they are currently underrepresented: (1) Explicit goal definitions of empirical studies, (2) barriers to continued use and methods to alleviate these barriers, and (3) practical applications and programs on this topic from a more responsible, systematic view of perspectives and potentials.

DEVELOPING CURRICULA FOR TRAINING SENIORS TO ACCESS QUALITY HEALTH INFORMATION FROM THE INTERNET

R.E. Morgan, Jr., SPRY Foundation, Washington, DC

The author will discuss the objectives, design, methods and outcomes involved in developing curricula for training seniors to access quality health information from the Internet. This will include discussion of the pilot program, the initial training materials, and the evolution to a complete curricula.

The development of the lesson plans for both trainers and trainees will be covered, including use of screening tools, a resource guide, and the process of reinforcement exercises.

There are pros and cons of seniors researching their own disease, as well as problems regarding issues determining quality of health information on the Internet. Specific websites will be identified, as well as search engines, and methods of searching used in the curricula. The program has also identified a preliminary template for organizing health information on the Internet which responds to the learning interests of seniors.

The importance of training seniors about the process of accessing quality health information from the Internet cannot be underemphasized. This is process which can be used by seniors to search other interests as well.

The issue will be addressed how to enable seniors to share this information with their physician or other health professionals as a partnership exercise directed toward better understanding the scope of an illness, options for treatment or prevention, and overall improved case management, compliance and personal decision making on the part of the senior. Methods of assessing the effectiveness of the training curriculum will also be discussed.

TEACHING ELDERS COMPUTER SKILLS AT A SENIOR CITIZENS CENTER

L.M. Pearson, Center on Aging and Aged, Indiana University, 2805 East Tenth St., Bloomington, IN 47408

Practical issues on the creation and implementation of a small computer laboratory in a senior citizens' center are reported. Motivations for creating the laboratory included (1) increasing elders' access to computers, (2) improving the computer literacy of elders in the community, (3) creating a conducive learning environment for older persons wanting to acquire computer skills, (4) serving a wide range of elderly computer learners by offering low-cost training. To achieve these goals a casual, low-structured environment was created. The classes had small enrollments and a limited student-teacher ratio. Additionally the need of elder computer learners for open lab times to practice on their own was realized.

While such conditions are important considerations in designing computer learning experiences for older adults, they present challenges for those implementing such programs. One of the pressing challenges is to attract skilled persons to teach classes and be present during open lab times. Other challenges are locating appropriate curriculum materials and the problem of training elders on equipment and software that is different from that they want to have or use as their home PC equipment. An important serendipitous finding relates to the increased attention that must be paid to both teacher-student und student-student interactions for learning optimization.

This project implementation suggests that in offering alternative computer learning opportunities for older persons in community-based organizations factors such as the following must be taken into account – if the circumstances permit this: Designing an appropriate (flexible) PC learning environment, selecting suitable instructional materials, and special recruiting and staffing efforts.

VERIFYING TECHNOLOGY TRAINING IN THE REACH FOR TLC PROJECT

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User training is critical to the adoption and utilization of technology-based interventions. Yet few studies have systematically assessed whether the training occurs as planned. This paper reports on the training procedures implemented in a computerized telecommunication program for Alzheimer's disease caregivers, as part of the Reach for TLC project. The instructional protocol, training report and database were designed together to provide the means to verify that a training session occured. Due to the computerized nature of the intervention, it was possible to link the telephone training calls and the participant data files. This presented an objective means to efficiently collect training data for verifying instruction and reporting on the training session(s). Interviewer observations provided subjective data about the user's experience and level of skill proficiency with the program. The construction of objective and subjective data provides a robust procedure for evaluating technology-based trainings.

214

REFUSE-LIKE BEHAVIORS AT MEALTIME BY PERSONS WITH DEMENTIA: AN INDICATOR OF A TERMINAL STAGE OR A DYSFUNCTIONAL INTERACTION?

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Refuse-like behaviors at meals by individuals with late-stage dementia have been conceptualized as a marker of impending death, or at least, the terminal stage of illness. The influence of caregivers' style of interaction at meals has not been explored as a possible explanation for residents' refuse-like behavior. To determine the influence of these and other behaviors on food consumption, an observational study was conducted in a 500-bed, urban nursing home in the NE United States.

Fifty-three residents and their CNA caregivers (n = 106) were observed during the breakfast meal using standardized instruments including the EdFED Scale (Watson, 1994) that measures defined active and passive refuse-like behaviors at meals. Among the 53 residents, 23 were judged to display these behaviors. In post-hoc analysis, these two groups of dyads (n=23 "refusers" vs. n = 30 "non-refusers") were compared on various parameters using Student's *t*-test with significance set at $p \leq .05$. MMSE and Global Deterioration Scale scores, and Body Mass Index were not significantly lower for the refusal group (3.3 vs. 5.0; 6.3 vs. 5.9; and 20.4 vs. 22.3, respectively). Refusers took significantly longer to feed and consumed less food. However, the interaction between the CNA and resident was significantly different for refusers vs. nonrefusers when measured using the Interaction Behavior Measure (Burgener, 1990). CNAs' behavior was characterized as significantly more "Tense" with refusers, and resident - refusers were rated significantly lower on almost every dimension (9 of 10) of functional and social behaviors than nonrefusers. Thus, the influence of interactional styles as influencing the ability to be fed must be explored when residents refuse to eat.

5-YEAR DEMENTIA OUTCOME OF ELDERLY DEPRESSIVES AND CONTROLS WITH AND WITHOUT MEDIAL TEMPORAL ATROPHY

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Atrophy of hippocampus and related medial temporal lobe structures may be early markers for Alzheimer's disease (AD). As such, neuroimaging investigations in elderly depressives have speculated whether depression in non-demented patients with medial temporal atrophy (MTA) might represent prodromal AD wherein depression is an early manifestation. Objective: To compare 5 year outcome in elderly depressed patients and controls with and without MTA. Methods: A follow-up telephone survey was conducted in elderly depressives and controls who had undergone baseline MRI scans 5 years earlier that had been qualitatively evaluated for MTA on a standardized visual rating scale. Age-similar depressives and controls with MTA (depressives: n=9; controls: n= 4) and without MTA (depressives: n=35; controls: n = 35) were characterized according to pre-established outcome categories. Results: 86% (71/83) of subjects were successfully contacted. 83% (n=29) of depressives without MTA were available and 21% (7/29) met DSM-IV dementia criteria. 100% (n = 9) of depressives with MTA were available and 56% (5/9) had dementia. 86% (n = 30) of controls without MTA and 75% (n=3) of controls with MTA were available and 0% had dementia. Conclusions: Data suggest that non-demented elderly depressives are more likely than age-similar controls to become demented 5 years after an index assessment, and that those depressives with medial temporal atrophy (MTA) are at an even higher risk for dementia. Depression in these latter patients in particular may represent as-yet undeclared AD.

RISK FACTORS FOR ALZHEIMER'S DISEASE: A POPULATION-BASED, LONGITUDINAL STUDY IN MANITOBA, CANADA.

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Risk factors for Alzheimer's disease (AD) were investigated in the Manitoba Study of Health and Aging. In 1991/92, sociodemographic, genetic, environmental, medical and lifestyle risk factor data were collected from 694 cognitively intact subjects aged 65 years and older. By 1996/97, 36 of these subjects had developed AD.

Subjects who were older or who had less education were at greater risk. After adjusting for age, education and sex in multiple logistic regression models, migraines (relative risk [RR]=3.49; 95% confidence interval [CI]=1.39–8.77) or memory loss (RR=5.15; 95% CI =2.36–11.27) significantly increased the risk of AD. Occupational exposure to fumigants/defoliants was a significant risk factor for AD (RR=4.35; 95% CI=1.05–17.90) and explained the elevated risk of AD among subjects who had ever been farmers (RR=2.59; 95% CI=1.05–6.40). Vaccinations reduced the risk of AD (RR= 0.40; 95% CI=0.17–0.96).

The associations of AD with migraines and fumigants/defoliants are of particular interest because they are biologically plausible. Further investigation of their roles in AD is warranted.

LIGHT THERAPY AND AGITATED BEHAVIOR IN DEMENTIA

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Previous studies, using simple pre-post designs, have shown that bright light reduces certain types of agitation in elders with dementia. This study used a more powerful design: randomized crossover experimental design with pre-posttests of the effects of evening light with repeated measures. One aim of this study was to determine if light would diminish the frequency of selected agitated behaviors. Sample: N=63. Settings: 8 SCUs for elders with dementia. The Agitated Behavior Rating Scale (Bliwise & Lee, 1993)) was used to observe behaviors. Pre-test: 4 days of q 20 min. observations between 8-noon & 3-7pm each day; 14 days of evening bright light or placebo. During the last four days of light, observations of behavior were made on the same schedule as the pre-test observations; a 2-week washout was followed by crossover to either light or placebo. Subjects also wore an activity monitor 24 hrs/day on pre-post days in which observations of behaviors were made. Preliminary analysis showed some reduction in the frequency of selected agitated behaviors in both the light and the placebo arms of the study. Reduction of agitation in the light arm was not statistically significantly different from the results in the placebo arm. Activity monitor data showed that bursts of daytime activity were diminished following both the light ($p < .03$) and the placebo ($p < .001$). Bursts of nighttime activity did not change with either light treatment or placebo. These findings are contrary to previous reports of the affect of light on agitated behavior. Discussion of possible explanations for the findings includes: variation in levels of cognitive impairment, environmental variability among SCUs, time of year, ambient light levels, and data collection procedures.

LIGHT THERAPY IN ALZHEIMER'S DISEASE

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The purpose of this randomized clinical trial is to test the effectiveness of bright light therapy in reducing sleep-activity (circadian) disruption in institutionalized patients with Alzheimer's disease (AD). Disturbances in sleep-activity rhythm are prominent and disabling symptoms in AD. Medical treatment has proven only minimally effective and is associated with numerous and serious side effects.

Subjects (n=25, mean age=87 yrs) were randomly assigned to receive either one hour of bright light

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daily (9-10am) or usual light for 10 weeks. Sleep-activity was assessed by actigraphy. Preliminary data analysis (n=11) indicates that subjects who received the bright light intervention maintained their sleep efficiency (68%) while subjects who did not declined by 3% (72% at baseline; 69% at 10 wks). In the bright light group, the percent of wake time during the nighttime sleep episode worsened by only 2% (23% to 25%) compared to 6% (19% to 25%) in the control group. While actual improvement may be demonstrated with larger numbers (target n=64), it is encouraging that those exposed to bright light maintained their sleep efficiency, while those not exposed deteriorated.

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215

MOTIVATIONS AND ATTITUDES TOWARD APOLIPOPROTEIN E GENETIC TESTING AND ALZHEIMER'S DISEASE IN ASYMPTOMATIC OLDER PERSONS.

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This research project was designed to assess the ethical and psychological aspects involved with disclosure of apolipoprotein E genotype to asymptomatic older adults at risk for Alzheimer's Disease (AD).

Methods: Subjects must be over age 50, have a family history of AD and pass a screening 2-hour psychological assessment. Subjects are excluded if they have a history of severe depression, suicide attempt, alcohol or drug abuse or current serious life stress. Eligible subjects participate in pre and post-test genetic counseling and 3 follow-up visits to assess the psychological impact of learning their genotype.

Results: To date, 127 persons have been prescreened by telephone: 86 were not eligible; 33 underwent psychological screening; 28 subjects have participated in pre-test genetic counseling; 24 have had been genotyped; 16 have been given their genotype results; 14 subjects have participated in follow up visit #1; and 2 in follow up visit #2. The most common reasons cited for participating included curiosity/wanting knowledge about genes, interest in preventive measures, to help research, and information to plan for the future. At pre-test counseling, subjects responded that if they were found to be ∈4 +, the information would be helpful for future planning (insurances, living situation, health care directives), provide a reason to live life to the fullest, and would encourage them to keep abreast of Alzheimer's research (look for preventive studies, consider preventive measures). Concerns are that they may worry about memory loss symptoms. If subjects were ∈4-, they feel it may provide some relief. At follow-up visits to date, only 1 of 14 subjects expressed some feelings of regret at having been tested.

What are caregivers' preferences for slowing the progression of Alzheimers Disease?

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Objective: To measure the association between caregivers' (CG) preferences for two benefits of an AD slowing therapy; and Alzheimers disease (AD) severity, CG burden, and CG ratings of patient health and quality of life.

Methods: 40 CGs of community dwelling AD patients completed questions designed to measure their preferences regarding two benefits of an AD slowing therapy: a 1 year increase in survival (survival), and a 1 year delay before needing 24 hour nursing care (24RN).

Results: CGs place more importance on delay to 24RN than survival, as shown by three measures: **A.** Rating each benefit on a scale from 0 (not at all important) to 5 (extremely important), the within subject difference in benefit ratings (24RN - survival) was significantly greater than 0 ($t_{38}=1.9$, $p=.03$). **B.** 27 CGs ranked a delay in 24RN "more important," 4 ranked survival "more important" and 8 ranked them "equally important." **C.** 30 CGs would allow their relative to take a medicine that delayed 24RN but shortened survival by 1 year; 9 would not. No association was found between importance of survival and standard measures of disease severity. A negative association was found between importance of survival and CG burden ($R=-0.42$, $p=.007$). Positive associations were found between importance of survival and CG ratings of patients' mental health ($R=0.35$, $p=.03$) and quality of life ($R=0.44$, $p=.004$).

Conclusions: These results show that CGs may be willing to permit a decrease in survival in order to obtain the benefits of AD treatment. This willingness is associated with CG burden and CGs' perceptions of their relative's health and quality of life, but not with standard measures of disease severity.

PHYSICIAN ASSISTED SUICIDE: LOOKING BEYOND THE NUMBERS

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To date, the major empirical work regarding physician attitudes toward PAS has used quantitative methodology. Developed as a companion to a larger survey (n=2,805), this study analyzes extensive qualitative data provided by 909 physicians in response to an open-ended question about PAS and palliative care. Content analysis by a multidisciplinary research team revealed the following selected emergent themes related to opposition to PAS: adequate pain control would eliminate the need for PAS; thorough evaluation and treatment of depression is essential; the primary role of the physician is to preserve life; potential for abuse is great; PAS is morally wrong. Selected themes in support of PAS included: there is a need for PAS, with certain conditions; PAS is an act of compassion; must honor patient self-determination. The paper will present illustrative quotations and provide observations about the unique insights offered by this qualitative data.

THE UNION OF GERIATRICS AND FEMINIST BIOETHICS: A CURRICULUM IS BORN.

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While sharing similar non-traditional approaches and a commitment to nondominant groups, neither geriatrics nor feminist bioethics have served older women particularly well. There is much in common and a number of strengths which each could offer to the other. The purpose of this presentation is to propose a curriculum that can be useful to both groups in developing an alternative model for the older woman-clinician relationship and a new, richer bioethic framework furthering the understanding of older women. Utilizing KAS objectives, curricular components include a history of sexism and of ageism, a history of geriatrics and genesis of feminist bioethics, commonalities between the two, shortcomings of geriatrics and feminist bioethics and the proposal for a conjoint agenda for change. Students will participate in didactics, clinical vignettes and older woman interviews in various settings. Faculty include members of both disciplines in addition to older women in the community. We believe the union of these fields will correct each's distortions and create a new order that can be a remedy for the intersection of age and gender discrimination.

216

BEHAVIORAL SYNDROMES AND CHARACTERISTICS OF DEMENTIA PATIENTS IN A SAMPLE OF NURSING HOMES IN WESTERN JAPAN

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Although the Japanese elderly have the longest average life span and represent a relatively large portion of their population, there has been very little research on the state of elderly dementia patients in Japanese nursing homes. The present study reports on the results of surveys conducted in 1999 on the behavior and characteristics of dementia patients at six randomly chosen nursing homes in western Japan. The homes represent both rural and urban areas and modern and traditional structures. Data were collected on all dementia patients (N=396) admitted at least 3 months earlier using the Cohen-Mansfield Agitation Index (CMAI). Sample age ranged from 62-101 with a mean of 87; 79% were female. Inter-rater agreement was calculated on a subsample of 30 residents and averaged .90. This research represents the first time the CMAI has been translated into Japanese and used to collect data in Japan. Generally, average scores for most behaviors were not significantly different from previous US findings. For example x wandering in our sample 2.59 compared to (2.36) in sample reported by Cohen-Mansfield (1989); questioning 2.28 (2.24); pushing 1.26 (1.33). In addition, the behaviors formed similar factors and showed similar correlations between day, afternoon and evening shifts (declining in evening). Data were also collected for each patient on their ADL level, their MMSE score, their prescribed drugs, chart diagnoses (especially the type of dementia recorded), vision or hearing disabilities and on the level of difficulty NAs had performing their personal care. In addition, the facility physician was interviewed regarding his diagnostic procedure for dementia.

CLINICAL TRAINING IN NURSING HOME PSYCHIATRY

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INTRODUCTION Recent studies, have consistently found prevalence rates of psychiatric disorders, in the nursing home setting, of 80-90%. Approximately 50% of nursing home residents have orders for psychotropic drugs, yet mental health services are reportedly available to fewer than 5% of those with known psychiatric illness. In nursing home patients MEDICAL STUDENTS V PRIMARY CARE RESIDENTS receiving pyschotropic drugs, 85% of the presciptions were written by non-psychiatrists. This study evaluates the educational training received by primary care residents and medical students in nursing home psychiatry (NHP).

METHODS Surveys were mailed to training directors of all US, University-based Internal Medicine (IM), Family Practice (FP) and medical school psychiatry programs, requesting information about clinical rotations and didactics related to nursing home psychiatry. Frequency distributions, 2 tailed t-tests and chi-squares were performed. Statistical significance set at $p<0.05$

RESULTS 299 surveys were returned (55.8%). For both IM and FP, 86(37.4%) either did not offer psychiatry or had no residents rotate through psychiatry rotations. Of those programs that did offer psychiatry rotations, only 3.5% of IM and 19.4% of FP residents are exposed to NHP and on average, the mean number of weeks spent on a NHP service for IM is 0.47 and for FP is 0.41. Only 0.43% of all medical students are exposed to clinical rotations in NHP and on average, spend 1.17 weeks on the service.

CONCLUSIONS The vast majority of medical students (99.57%), IM (96.5%) residents, and most FP (81.6%) residents are never exposed to clinical rotations in NHP. Both medical school and primary care residency educational curricula need to change to provide more experiences in NHP.

BEHAVIOR AND STRESS RESPONSE TO BATHING IN PERSONS WITH DEMENTIA: EFFECTIVENESS OF SNOEZELEN AND REMINISCENCE INTERVENTIONS

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The purpose of this pilot study was to evaluate the clinical effectiveness of interventions to decrease negative consequences of bathing. Thirteen DSCU residents with severe dementia (mean age 74.6 ± 8.4), identified by staff as resistive to care during bathing, participated. Four conditions were tested: Snoezelen before bath, Reminiscence during bath, Snoezelen + Reminiscence, and Control, using an interrupted time series design with multiple switching replications. Research nurses used a standard gentle bath (208 baths). A Mini-mitter recorded continuous heart rate. Salivary cortisols were obtained at baseline and 3 times post-bath (678 samples). Baths were videotaped and behaviors rated by 2 blinded observers. Dependent variables were resistiveness to care, discomfort, and stress response (% change in heart rate and salivary cortisol response to bathing). Both Snoezelen and reminiscence had a significant effect on heart rate response to bathing ($F=6.89$, $p<.05$), with more pronounced effect when the two interventions were combined. Cortisol response by protocol was not significant. Resistiveness to care correlated with cortisol response ($r=.16$, $p<.05$) and discomfort ($r=.61$, $p<.001$). Correlation of cortisol and time was lower than expected ($r=.24$), raising issues about disentangling stress reactivity from circadian dysregulation in dementia. There was a small but clinically significant effect of experimental interventions on behavioral outcomes, even with the low-stimulus bath. Positive behaviors like engagement emerged as important outcomes. Findings support the usefulness of identifying profiles of persons who respond to different interventions.

HOPE IN INSTITUTIONALIZED ELDERS.

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Purpose: To describe the level of hope and examine factors related to hope in a sample of 69 institutionalized elders.
Methods: Descriptive correlational design with face to face interviews. The following instruments were utilized: Herth Hope Index, Spiritual Perspective Scale, Norbeck Social Support Questionnaire, self-report physical, mental health and functional ability, 1 item hope measure.
Results: The mean level of hope was 36 76 with a range of 29-43. No significant differences were found based on age, gender, length of stay, physical and mental health and functional ability. There was a significant difference based on religion. There was a significant positive correlation between spirituality and hope. The correlation between emotional support and hope was not significant. Spirituality emerged as the only significant predictor of level of hope.
Conclusion: Findings supported the active presence of hope despite age, functional limitations and placement in a nursing home and the positive relationship between spirituality and hope. The concept of hope, the variables associated with hope, and their meaning in the lives of institutionalized elders has been studied very little. Further research examining hope in this population is necessary to understand how hope can be enhanced or maintained to promote positive health outcomes. Further study of these concepts in larger and more culturally diverse samples is needed. The significant contribution of spirituality to hope calls for attention to the assessment of these variables in the nursing home setting. Education about hope and spirituality should be included in curricula of health professionals and staff education programs. **CM13**

THE NATIONAL PRESSURE ULCER LONG-TERM CARE STUDY: KEY FACTORS ASSOCIATED WITH PREVENTION OF PRESSURE ULCERS

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The National Pressure Ulcer Long-Term Care Study (NPULS) was designed to determine which resident and process characteristics are associated with the prevention and healing of pressure ulcers (PU) in long-term care (LTC) residents. Data were collected from the medical records of 2,490 non-randomly selected residents (111 facilities from 6 provider systems) who were either at risk of developing a PU or had an existing PU. Up to 400 resident, process, and outcome characteristics were followed for a 3-month period. Severity of illness was measured using the Comprehensive Severity Index (CSI), which is a disease-specific physiologic and symptom based data collection and analysis instrument. Forty-six percent of residents (n=1,147) were at risk of developing a PU, but never developed a PU during the study, 54% (n=1,343) had or developed a PU during the study. The average age was 79 8 years with 70% female. In a multivariate analysis, the following resident characteristics and processes of care were associated with a greater likelihood of developing a new PU: male, age > 85 years, overall severity of illness, history of tobacco use, history of resolved PU in last 90 days, dependency in 7 or more ADLs, diabetes, weight loss, dehydration, use of catheters, static pressure reduction protective devices, and missing documentation of diet and cognitive impairment. The following resident characteristics and processes of care were associated with less likelihood of developing a new PU: fluid orders, standard medical nutritionals, commercial shakes, snacks, enteral feeding (disease-specific and high calorie/high protein) all for > 21 days, disposable briefs for > 14 days, RN hours > 0 25 per patient day, and CNA hours > 2 per patient day. Based on these results PU prevention protocols are currently being developed and field tested by clinicians in LTC facilities.

217

TERMINAL CARE IN NURSING HOMES: CREATING A GOOD DEATH

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One in four Americans who reach the age of 65 will die in a nursing home, yet little research addresses the unique care needs of dying residents. We conducted focus groups with experienced nursing home staff and physicians to: 1) define a good death in a nursing home, and 2) describe factors that promote or prevent good care for the dying in this setting. We audiotaped 11 focus groups with 77 participants. Discussions were structured around 3 questions: "How does someone die in the nursing home?" "What makes the difference between a good death and a bad death?" and "What can aides, nurses, or physicians do to help ensure that when someone dies, it is a good death?" Participants described many barriers to high quality care of the dying in nursing homes, yet affirmed their ability to provide holistic palliative care in a home-like environment. Three major themes emerged to describe good care for the dying in nursing homes: highly individualized care based on continuity relationships with caregivers, effective teamwork by staff, physicians and family, and advance care planning that addresses the unique needs of dying nursing home residents. CM-13

NUTRITIONAL INTAKE MONITORING FOR NURSING HOME RESIDENTS: A COMPARISON OF STAFF DOCUMENTATION, DIRECT OBSERVATION, AND PHOTOGRAPHY METHODS

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Undernutrition is highly prevalent among nursing home (NH) residents. The current approach to assessing nutritional intake requires NH staff to document total percentage of food and fluid consumed at each meal. These percentages are used to identify residents who are eating poorly and, thus, require further assessment according to OBRA guidelines. There is evidence, however, NH staff tend to significantly overestimate total food intake. A validation study was conducted that compared the following three methods of assessing the nutritional intake of 56 NH residents for each of nine meals: (1) NH staff chart documentation; (2) Research staff documentation according to direct observations; and, (3) Research staff documentation according to photographs of residents' trays before and after each meal. Research staff documentation of residents' total intake and intake of all individual food items was similar for the direct observation and photography methods. In comparison to these two methods, NH staff documentation reflected a significant over-estimate (22%) of residents' total intake levels. In addition, NH staff failed to identify over half (53%) of those residents whose intake levels were below 75% for most meals, which indicated a need for further nutritional assessment according to OBRA guidelines. The photography method of nutritional assessment may offer a valid, time-efficient alternative to the current approach for assessing nutritional intake among NH residents.

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HEALTH CONDITIONS ASSOCIATED WITH INCREASED MORTALITY IN OLDER U.S. BLACKS.

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We evaluated the correlates of mortality in older blacks living in an impoverished area of St. Louis using the behavioral model for explaining health services utilization (HSU; Anderson 1968) as modified by Wolinsky et al. for examining mortality (1995). *Methods*: 583 blacks of average age 80.6 years at baseline (range 69-99) were followed until death (n=143) or alive-censure (average follow-up time=52 months). 9 predisposing (P) factors (e.g., sex, whether lives alone); 10 enabling (E) factors (e.g., presence of private insurance, perceived income security); 20 disease history (DH) factors (e.g., reported strokes, arthritis, falls; Geriatric Depression Score); 7 disability and functional limitation (D/FL) measures (e.g., Katz scale, upper and lower body limitations); 3 perceived health (PH) factors (fair or poor self-rated health, health related quality of life); and 3 HSU measures (doctor visits, hospitalization, NH stays) were screened using logistic and proportional hazards (phreg) regression methods for association ($p<0.10$) with mortality. 4 P, 2 E, 7 DH, 4 D/FL, 3 PH & 2 HSU factors passed screens and were included in sequential, hierarchical multivariate phreg modelling. *Results*: Controlling sequentially for P&E, D/FL, and PH factors, stroke (avg. OR 2.15), fractured hip (avg. OR 2.87), and falls (avg. OR 1.36) remained in each model ($p<0.05$). Only stroke remained in the final model controlling for HSU (OR 2.10, $p=0.03$). *Conclusion*: These results demonstrate the importance of falls and fractured hip in older blacks as in whites and confirms the importance of stroke in this population.

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LOW DOSE RECOMBINANT HUMAN GROWTH HORMONE IN THE TREATMENT OF MALNOURISHED ELDERLY PATIENTS.

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High dose human growth hormone (rhGH) has been shown to improve nutritional status of malnourished older adults. It was uncertain whether low dose rhGH was effective and whether its effect on nutritional status would lead to improvement in physical function. The purpose of the present study were to determine the efficacy of low dose rhGH in treating malnourished geriatric patients and its effect on the physical function of these patients. 12 stable malnourished geriatric patients are randomized into two groups - low dose rhGH and placebo groups. Patients with cancer, infections, untreated depression or other secondary causes for malnutrition were excluded. In the rhGH group, 0.09 IU/Kg 3 times weekly were given together with appropriate dietary intervention as prescribed by our dietitian. In the placebo group, equal volume of normal saline 3 times weekly were given together with dietary intervention. There was no statistically significant difference baseline demographic and nutritional variables between the two groups. The active group showed a more rapid gain in total lean body mass (i.e. 1.82 vs. 0.18 Kg., gain in total lean body mass after 3 weeks- by bio-impedance method, $p=0.046$, unpaired t-test) and a faster improvement in 5-meter walking time (shortening of 5-m walking time 43.4 vs. 2.73 sec. after 4 weeks, $p=0.015$, unpaired t-test) than the placebo group. There is no statistically significant difference for other nutritional variables. Conclusions: In our study, low dose rhGH was an effective adjuvant therapy for stable malnourished geriatric patient. It led to a faster gain in lean body mass, which was associated with greater improvement in walking speed when compared with dietary intervention alone.

INAPPROPRIATE USE OF THERAPEUTIC DIETS IN HOSPITALIZED GERIATRIC PATIENTS

H. K. Kamel, D.R. Thomas, A.S. Ali, A. Khan, J.E. Morley, GRECC, St. Louis VAMC, Division of Geriatric Medicine, St. Louis School of Medicine, 1402 S. Grand Blvd., St. Louis, MO 63104.

Therapeutic diets (TD) are unpalatable and have been linked to weight loss and protein-energy malnutrition in elderly patients (>65 years). Good scientific evidence discourages such practice.

Objective: To determine the frequency of TD use in hospitalized elderly patients.

Methods: A retrospective chart review of 484 consecutive geriatric admissions to a university teaching hospital.

Results: TD were prescribed to 63% of patients. The most frequently prescribed TD were low-fat, low-salt TD (30%), diabetic TD (14%), low-fat, low-salt, diabetic TD (11%), and low-salt TD (7%). Among patients on a TD, 44% had admission albumin <3.5 g/dl, 24% had cholesterol <140 mg/dl; 20% had body mass index < 22 kg/m^2; and 13% had a history of significant weight loss prior to admission. A dietary consult was obtained in 63% of patients prescribed a TD.

Conclusion: Prescription of a TD to geriatric patients, often in face of clear signs of malnutrition, continues to be common. Dietary consultation had little apparent effect on TD use. Increased nutritional teaching is needed in medical education.

DENTAL STUDENTS' ATTITUDES TOWARDS FRAIL, HOMEBOUND ELDERLY – BEFORE AND AFTER A HOME VISIT.

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The purpose of this study was to evaluate dental students attitudes towards the elderly. In 1982, the Boston University Goldman School of Dental Medicine initiated a program to provide dental consults and denture services to frail, homebound elders in the City of Boston. Geriatric dental faculty, accompanied by dental students, and geriatric dental fellows respond to consult requests from the interdisciplinary geriatric team. All fourth year dental students are required to participate in one home dental visit as part of the competency requirement in geriatric dentistry. At the conclusion of the visit, each dental student completes a survey about the experience. Students complete five questions rating the experience (quantitative), and open-ended questions for insights and comments (qualitative), and two questions asking the students to rate their feelings towards the elderly before and after the experience. Results from a random sample of surveys completed since 1990 (n=150) revealed that dental students' attitudes toward the elderly were significantly more positive **after** the home visit than **before** the visit ($p<.05$). We postulate that the positive role-modeling of experienced, trained geriatric dentists combined with a personal, one-to-one learning environment, may contribute to the positive attitudinal shift.

The Influence Of Frailty Attributes On Physical Performance Tests In Older Adults Residing In Congregate Living Facilities

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Speechley and Tinetti (1991) classify older adults by vigorous, transitional, and frail attributes. More older adults who are transitioning toward frailty reside in congregate living facilities. We investigated whether differences in physical performance are explained by differences in frailty characteristics among 149 of these older adults (mean age: 80.2 years SD ± 6.3 years). All participants completed a physician-administered health survey and a physical exam. Functional measures included: single limb stance time, 360° turning balance, picking up an object from the floor, chair rises, 10-meter walk and functional reach. Multiple regression analysis identified several frailty attributes as strong predictors of poor performance in the functional reach ($p = 0.014$) and 10-meter walk ($p = 0.0049$). An active lifestyle was associated with enhanced performance in functional reach ($p = 0.0076$), single limb support time ($p = 0.047$) and the 10 meter walk ($p = 0.0035$). Conversely, use of benzodiazepines was associated with poor performance in single limb support time ($p = 0.0059$), 3 chair stands ($p = 0.027$) and the 10-meter walk ($p = 0.059$). These data demonstrate the importance of physical inactivity and use of benzodiazepines as predictors of poor performance in physical tests among older individuals transitioning to frailty. Because poor physical performance in these tests has been associated with falls, encouraging a physically active lifestyle and minimizing use of psychotropic medications may reduce the risk of falls in this population.

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Falls Among Older Adults Transitioning to Frailty and Receiving a Tai Chi or Wellness Intervention: Preliminary Findings

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As part of a randomized, blinded clinical trial, data on prospective fall events have been gathered from 143/300 adults (age >70 years) transitioning toward frailty (Speechly & Tinetti, 1991). Interventions are randomized by paired facilities into a Tai Chi (60-90 min, twice weekly) or a Wellness Education program (60 min, once weekly) for 48 weeks. Data accumulated thus far from the first 10/20 sites are reported here. Falls' adjudication is performed weekly and falls are classified as: grabbing or leaning onto an object; falling back into a chair when attempting to arise; accidental landing on a person or object; and falling to the floor or ground. Among the first 6 facilities recruited, there was a significant difference between the number of persons in each group having a least 1 fall during the first 7 months of intervention (p=.01). Comparing groups, the age adjusted relative risk for falling onto an object or to the ground was 1.56 (p=.02) for the first 8 facilities (N=114) during the first 5 months of intervention. A similar finding was seen over the first 9 months in 4 facilities (RR=2.08, p=.04). The rate of falls to the floor or ground per month by group across all facilities over the first 12 months was significantly different (RR=1.51, p=.043). All these findings pertain to the same group, suggesting that one intervention may be reducing the number and rate of fall events in transitional elderly.

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RELATIONSHIP OF FUNCTIONAL TESTS TO FEAR OF FALLING AMONG OLDER ADULTS TRANSITIONING TO FRAILTY

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Poor functional performance and fear of falling are risk factors for falls in community-dwelling vigorous older adults and frail nursing home residents. This study examines the correlation between several common functional tests and fear of falling by using both the Falls of Efficacy Scale (FES) and the Activities-Specific Balance Confidence (ABC) Scale in older individuals transitioning to frailty (defined by Speechley & Tinetti, 1991). Ambulatory individuals (n=149), 70 years and older (mean age = 80.2, SD = 6.3) who had experienced one or more falls in the past year, and with MMSE>24, were recruited from congregative living facilities. Functional tests included Timed 360° Turn, Functional Reach Test (FRT), Timed Ten Meter Walk Test (TMW), Single Limb Stands (SLS), and Three Chair Stands (TCS). Subjects responded to both the FES and ABC Questionnaires. No relationship was found between fear of falling and age. Both the FES and ABC Scales were significantly correlated to: 360° Turn, TMW, and TCS (p<0.011). No significant correlation was found with the FRT and the SLS. The relationship between FES and ABC Scales was highly significant (p<0.0001). The relationships between FES and ABC Scales to specific frail attributes were not significant with the exception of depression (p<0.046, FES). Hence there is a strong correlation between functional tests and fear of falling. These results emphasize the further need for interventions designed to reduce fear of falling and the risks for falls among this expanding population.

FALL HISTORY AND IMPACT ON OUTCOMES IN HOSPITALIZED PATIENTS

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Purpose: To study the impact of the history of falls on hospitalization outcomes.

Methods: A retrospective chart review study of a 1000 consecutive admissions to a university teaching hospital.

Results: History of falls was present in 9% of patients on admission. Fall history associated significantly with age (5% <65 years vs. 14% ≥65 years, $p<0.001$), and race (10.5% White Americans vs. 6.3% African Americans, $p<0.001$), but not with sex. Patients with fall history were more likely to need assistance with their activities of daily living (32% vs. 18%, $p<0.01$), have higher incidence of hypoalbuminemia, serum albumin<3.5 g/dl, (47% vs. 32%, $p<0.05$), and have delirium (31% vs. 10%, $p<0.001$). Length of hospital stay was longer in patients reporting history of falls M±SE (9.9±3 vs. 6±2 days, $p<0.001$). This group of patients also had higher incidence of in-hospital mortality compared to those without history of falls (7.8% vs. 3.2%, $p<0.05$). Among patients who were not admitted from a nursing home, those with fall history were more likely to be discharged to a nursing home when compared to those without fall history (28% vs. 8%, $p<0.001$).

Conclusion: History of falls is associated with poor outcomes in hospitalized patients.

Falls in Community Dwelling Stroke Survivors: An Accumulated Deficits Model.

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*KC VA Medical Center

The purpose of this study was to investigate the affect of accumulated deficits on the risk of falling in community dwelling stroke survivors. Two hundred eighty subjects were followed for 1,3 and 6 months post stroke to determine fall status. Deficits were defined as: motor=Fugl-meyer lower extremity score<29, sensory=positive NIH sensory, visual=positive NIH visual, and reference group=no motor+sensory+visual deficits. Accumulated deficits were characterized as motor only (M) (n=101), motor+sensory (MS)(n=88), and motor+sensory+visual (MSV)(n=47). The reference group had no deficits(n=44). Deficits were assessed within 14 days of stroke. Fall status was assessed at 3-months and 6 months follow ups.

Falls occurred in 142 subjects between 3 and 6 months. Univariate analysis revealed the risk of falling for subjects in M group(OR=2.2, P=.04), MS group(OR= 3.1, P=.003), and MSV group(OR=2.4, P=.041) as compared to the no deficit group. In multiple logistic regression, the risk of falling increased with M(OR=2.2,P=.04) and MS(OR=3.1,P=.004). However, the MSV(OR=2.4,P=.041) group had a lower risk of falling. A significant difference in mobility as tested between M, MS, MSV and the reference group existed. The risk of falling increases with accumulation of motor and sensory impairments. MSV group had more involved strokes, more impaired balance, and less mobility which may explain their lower risk of falling.

FALLS AND FALL TYPES IN COMMUNITY-DWELLING ELDERS

K.M.C. Talley[1], J.F. Wyman[1], R.K. Elswick, Jr.[2], School of Nursing, U of MN, Minneapolis[1]. Dept of Biostatistics, Virginia Commonwealth University[2].

Identifying fall types may help guide prevention efforts. The aims of this study were to determine: 1) the incidence of falls, fall injuries, and fall types; and 2) the inter-rater reliability of the OASIS fall classification system (Lach et al, 1991). A secondary data analysis was performed on data collected during a prospective study of falls in 162 seniors (mean age 76, SD±5.29). Two raters (a nursing student and doctorally prepared-nurse) independently classified the146 falls using data obtained by a research nurse using a structured interview. The 1-year fall incidence rate was 47%; 56% of falls resulted in injury, with 10% being serious. Using the major OASIS categories, 61% of the falls were classified as extrinsic; 32% as intrinsic; 4% as non-bipedal; and 3% were non-classifiable. Intrinsic falls were associated with advancing age. Inter-rater reliability for the major categories was 81.5% with a Kappa of 0.665. The percent agreement rate of the second and third category of classification was 67.8% and 60.3% respectively. In conclusion, falls and fall injuries were prevalent, with extrinsic falls the most common fall type in this healthy elderly population. The OASIS system had good inter-rater reliability for the first level of classification but needs modification to improve reliability of the other levels.

218

RELIGIOUS AND SPIRITUAL MEANING IN LATE LIFE: PLACING THE RESEARCH AND WRITING OF L.EUGENE THOMAS IN A PHENOMENOLOGICAL AND QUALITATIVE CONTEXT

S.A.Eisenhandler, U-Conn. Storrs, CT.

Participants:

S.A.Eisenhandler, (U-Conn. Storrs, CT.), Moderator

F.Ahmadi Lewin (Uppsala U. Sweden) Aging, Spirituality, and Sufism: Sufi Conception of Self and of "Other-than-Self."

R.C. Atchley, (Naropa Institute, Boulder, CO) Mystical Roots of Authentic Religious Beliefs.

H.J. Berman, (U-IL, Springfield, IL) L.E.Thomas and the Human Science Approach to Adulthood and Aging.

This symposium asks panelists to engage themselves actively with L. Eugene Thomas' work as a way to elucidate the theoretical and philosophical foundations as well as the methodological approaches that shaped Gene's thinking, research, and writing about the quest for meaning in late life. Each panelist knew Gene in a special way as a social gerontologist, that is as a colleague, and perhaps also as a friend on the journey of life and aging. Thus, it is from both kinds of relationships as well as their own scholarly work that panelists offer a reading of how and where Gene's work may be most usefully placed in this growing domain of knowledge. In keeping with the overall emphasis on constructing a context for understanding religious and spiritual meaning in late life, and Gene's contributions to that knowledge, the panel is also asked to divine, each from his or her own intellectual ground, and to respond to questions about what lies ahead in our intellectual work. Where are we going in the study of religion, belief, and spirituality in late life? Is the recent interest in instrumental aspects of the relationship between religion and coping substantive as well as scaleable? Whither intergenerational transmission of concerns and behaviors directed toward other-worldly issues? These and other theoretical and methodological issues will center what is anticipated as a lively, thoughtful, and interactive discussion of sources of meaning in late adulthood.

219

PHYSICAL AND SOCIAL ENVIRONMENTAL ISSUES AS THEY PERTAIN TO DEMENTIA CARE

D. Holmes, Hebrew Home for the Aged at Riverdale, 5901 Palisade Ave., Bronx, NY 10471

Participants:

P. Sloane & S. Zimmerman (Univ. of North Carolina, Chapel Hill, NC 27599) Environmental considerations in residential/assisted living dementia care.

K. Day (U. California, Irvine, CA 92697-7071) Therapeutic Design for Persons with Dementia: A Research Review.

M. Calkins (IDEAS, Inc., Kirkland, OH 44094) & D. Green (Evergreen Retirement Community, Oshkosh, WI 54902) Nursing Home Environments: organization Structure, Management Philosophy, Use of Technology

S. Gilster (Alois Alzheimer Center, Cincinnati, OH 45218) Environmental Considerations for Demented Residents of Assisted Living Facilities

P. Lawton (Philadelphia Geriatric Center, Philadelphia, PA 19141) Problems to Solve in Assessing the Care Environment.

Discussants:

M. Ory (National Institute on Aging, Bethesda, MD 20892)

J. Teresi (Hebrew Home for the Aged, Bronx, NY 10471)

The relationships between social/physical environmental features and quality of care and care outcomes among demented persons have been the topic of research for some years. Spearheading much of this work have been the NIA collaborative studies of special dementia care units; however, other research also has focused on environmental issues. Participants in this symposium will provide an overview of the results of this research, and will discuss emergent relationships, findings, and recommendations for environmental design and modifications, in both nursing home and assisted living environments.

From a more theoretical vantage point, one focus of both presentation and discussion will be on problems which must be solved if accurate environmental assessment and planning is to occur. The discussants will relate this information to the growing need for enhanced, more cost-effective care of older persons with dementing illness.

Environmental Considerations in Residential Assisted Living Dementia Care

Philip D. Sloane, MD, MPH Department of Family Medicine and Cecil T. sheps Center for Health Services Research, University of North Carolina at Chapel Hill 27599-7590; Sheryl Itkin Zimmerman PhD, School os Social Work and Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill 27599-7590

Persons with Alzheimer's disease and related dementias are increasingly residing in long-term care settings other than nursing homes. These residential care assisted living settings are less regulated and demonstrate greater diversity when contrasted with skilled nursing facilities. Development of dementia Special Care Units in these settings is rapid, but the vast majority of persons with dementia are cared for in unspecialized settings. This presentation will be based on data from over 190 residential care assisted living facilities in four states who are participating in the Collaborative Studies of Long-Term Care (CS-LTC), an NIA-funded project. Data will be presented on: environmental aspects of care needs of residents with dementia in these settings, description of the environments in which residents with dementia reside, and the relationship between facility type and environmental characteristics.

Therapeutic Design for Persons with Dementia: A Research Review

Kristen Day, PhD, Department of Urban and Regional Planning, School of Social Ecology, University of California, Irvine, CA

This paper systematically collects, reviews and analyzes all empirical research on use of design of the physical environment to enhance well-being among people with dementia, published in 50+ research reports are included n the review. The objectives of the research review are: 1) to inform the environmental design community on the nature of empirical support for design guidance for people with dementia (what has/hasn't been examined, and important gaps between design guidance and research findings); 2) to illustrate discrepancies between the issues addressed by design guidance and the issues of concern to professional caregiving staff; and 3) to outline directions for future research on design and dementia, with recommendations concerning theoretical orientation, research design and data collection, and research reporting.

Nursing Home Environments: Organizational Structure, Management Philosphy, Use of Technology

Margaret P. Calkins, PhD, I.D.E.A.S., Inc., Kirtland, OH 44094; David A. Green, MS, Evergreen Retirement Community Oshkosh, Wisconsin

Evergreen Retirement Community has embarked on an ambitious project to re-engineer nursing home care. The organizational structure of the health Center has been completely revised, so the residents, and the resident assistants are at the top of the organizational chart, with nurses, social workers and therapists serving as "consultants" to the direct care providers. To fully achieve the potential of this resident-centered approach , a new, 36-resident building was designed to create a physical environment that is supportive of resident needs (physical, social and emotional). This building is comprised of four households, each serving nine residents. A 12-month longitudinal post-occupancy evaluation has been conducted on this new building, with residents who continued to reside in the traditional care setting serving as controls. Overall, results suggest residents in the new neighborhood-based building deteriorated less than their counterparts, and in some cases improved in functioning in their first year in the new building. For example, while the residents who moved were higher functioning on four MDS variables prior to the move, they scored significantly higher on 21 MDS variables one year later. Other data sources support these positive findings.

Environmental Considerations for Demented Residents of Assisted Living Facilities

Susan D. Gilster, RN, NHA, Alois Alzheimer Center, Cincinnati, Ohio

Assisted living has become a very popular option for individuals with dementia who can no longer be cared for in their homes. Currently, Assisted living is poorly defined, and care can range from a program consisting of little or no support and services, to a rich environment with programs to enhance an individual's ability to remain independent with a high quality of life. This session will discuss some of the more important considerations in developing Assisted Living for individuals with dementia. This discussion will include: 1) developing a philosophy of care; 2) defining the population; 3) engaging therapeutic programs; 4) physical and emotional environment; and 5) staff training and support. This session will also explore the benefits of individual participants, families and staff.

Problems to Solve in Assessing the Care Environment

M. Powell Lawton, PhD, Philadelphia Geriatric Center, Philadelphia, PA 19141

New issues in nursing home care force us to identify new assessment techniques. This presentation will outline a strategy for assessing nursing home environments that accounts for recent emphasis on quality of life (QOL) issues. QOL is on the same continuum as quality of care, but QOL acknowledges the growing minimal acceptable safety and hygiene. Sectors to be represented are the older resident, the family member, facility staff, and the regulatory agencies representing the public at large. Assessment strategies include self-report, proxy report, expert ratings of person and environment, archival data and direct observation. The Deficiency citation and "plus points"' perspectives are discussed not as opposing principles for regulation, but as processes in dynamic tradeoff interaction.

220

FUNDING SOURCES FOR RESEARCH ON OLDER WOMEN'S ISSUES. PART II: PRIVATE SECTOR

J. K. Rosenbach, JKR Associates, 4601 North Park Avenue, #1517, Chevy Chase, MD 20815.
Participants:
B. Biles (The Commonwealth Fund, New York, NY 10021)
M. Hennessy (Retirement Research Foundation, Chicago, IL 60631-4170)
F. Lewis-Hall Invited. (Lilly Center for Women's Health, Indianapolis, IN 46285)
R.B. Merkatz (Pfizer, Inc., New York, NY 10017-5755)
S. Ritchie (The Century Foundation, New York, NY 10021)

The need to increase the current supply of personnel engaged in aging research is well documented. The shortage cuts across all sections represented in the Society: the Biomedical Sciences, Clinical Medicine, Behavioral and Social Sciences, and Social Research, Policy, and Practice. These foundations and corporations have demonstrated their commitment to funding research directed toward older women. They have also been a source of funding for the dissemination of research findings to enhance the lives of older women. Since there is a recognized need to increase the research and the dissemination of research findings concerning older women's issues, participants will provide information, including the priorities, application procedures, and eligibility guidelines of their respective foundations and corporations.

BS, CM, BSS, SRPP - Other (Funding Opportunities for Research on Older Women's Issues: Private Sector)

221

WELL BEING AND AFFECT IN LATER ADULTHOOD

D. Mroczek, Fordham University, 441 East Fordham Rd., Bronx, NY 10458.
M.A. Lewis, Fordham University, Bx, NY 10458.
Participants:
A. Ferrari & D. Mroczek (Fordham University, Bronx, NY) Does Money Matter?
M.R. Neiss & D.M. Almeida (Univ. Of Arizona, Tuscan, AZ 85721-0033) Age Differences in the Heritability of Psychological Distress.
M. Brennan (Lighthouse International, 111 E. 59th St., New York, NY 10022-1202) Predictors of Religiousness and Spirituality in Middle-aged and Older Adults.
C.L.M. Keyes (Dept. Of Sociology and the Rollins School of Public Health, Emory Univ., Atlanta, GA 30322) Subjective Change and Emotional Well-Being Throughout Adulthood.
Discussants:
C. Ryff (Inst. On Aging, Univ. of Wisconsin, Madison, WI 53706).
M. Powell Lawton (Philadelphia Geriatric Center, Philadelphia, PA 19141-2996).

For many years, social scientists have attempted to provide an explanation for individual differences in well being. One way that well being has been measured in the literature is through indices of positive and negative affect. Elderly face the challenge of achieving well being amidst possible health and financial difficulties. There is debate as to whether innate factors such as personality traits or contextual factors such as religiosity contribute more to a quality of life. The present symposium explores the developmental aspects of well being and what factors are associated with it in later life. BSS -10

DOES MONEY MATTER? A. Ferrari & D. Mroczek (Fordham University, Bronx, NY 10458)

The effect of health, stress, religion, personality and sociodemographic variables including age, education and financial status, upon well being was examined in 398 Elderhostel participants ranging in age from 52 to 91. Well being was defined as positive mood, negative mood, life satisfaction and satisfactory completion of Erikson's Integrity versus Despair stage. Hierarchical multiple regression analyses revealed that positive mood was predicted by increased religiosity, decreased amounts of perceived stress, increased amounts of the personality variables sophistication and extroversion, and being of a higher socioeconomic status. Increased life satisfaction was predicted by decreased levels of perceived stress, increased religiosity, increased levels of the personality trait agreeableness, and being of a higher socioeconomic status. Successful completion of Erikson's stage was predicted by higher educational status, increased religiosity, and being of a higher socioeconomic status. The results suggest that socioeconomic status may have an impact, especially for wealthier elderly.

AGE DIFFERENCES IN THE HERITABILITY OF PSYCHOLOGICAL DISTRESS.

M.R. Neiss & D.M. Almeida, Family Studies and Human Development, University of Arizona, Tucson, Arizona, 85721-0033.

Research suggests that emotional regulation improves with age. This change may reflect general developmental adaptive processes or more stable, innate individual differences. If emotional regulation is a general adaptive process, affect in old age should not be as strongly influenced by innate factors such as personality. Thus, we would expect estimates of heritability to be lower in older people. However, if emotional regulation reflects innate characteristics, estimates of genetic influences should show either stability or increases over time. This study compared heritability estimates of psychological distress in younger and older twin pairs. From a national U.S. sample of individuals aged 25 to 74, a subsample of 210 monozygotic and dizygotic twin pairs provided information on daily experiences of psychological distress. Respondents completed a short telephone interview every day over a series of 8 days. In each interview, respondents indicated during how much of the day they experienced a variety of negative emotions. Estimates of environmental and genetic influences on psychological distress were obtained. Heritability estimates were lower for the older twin group. These results suggest that genetic influences did not play as much of a role in negative affect among older twins.

PREDICTORS OF RELIGIOUSNESS AND SPIRITUALITY IN MIDDLE-AGED AND OLDER ADULTS.

M. Brennan. Lighthouse International, 111 E. 59th St., New York, NY 10022-1202.

There is a rapidly growing literature concerning the positive effects of religiousness and spirituality in response to life stressors. Findings generally show that greater levels of religiousness and spirituality lead to better physical and mental health outcomes. Past research on predictors of religiousness and spirituality have tended to examine either socio-demographic or personality factors separately, and most have relied on bivariate or limited multivariate tests. Given their contribution to improved psychological well-being, the present analyses were conducted to better understand the constituents of religiousness and spirituality. Data were obtained from a larger study on religiousness and spirituality in adaptation to vision loss among middle-aged and older adults (n = 195). Religiousness was assessed with a modified version of Allport's (1967) Religiousness Orientation Scale, yielding subscale scores for extrinsic and intrinsic religiosity. Spirituality was measured with Howden's (1992) Spirituality Assessment Scale. Predictors for the hierarchical regression analyses included socio-demographic, health, and stress measures, and Erikson's 8 stages of psycho-social development (Inventory of Psychosocial Balance (IPB), Domino & Affonso, 1990). Lower education and IPB-Identity scores significantly predicted Extrinsic religiosity ($R^2 = .33$), while intrinsic religiosity was significantly predicted by female gender, Black race, lower education and lower IPB-Identity ($R^2 = .34$). Black race also emerged as a significant predictor of spirituality, but personality dimensions of greater IPB-BasicTrust, -Generativity, and -Integrity were also significant predictors, as was lower IPB-Identity ($R^2 = .57$). Findings that Black race and Identity diffusion are related to both spiritual and religiosity outcomes are congruent with previous empirical work. Implications for future research will be discussed.

BSS-24

SUBJECTIVE CHANGE AND EMOTIONAL WELL-BEING THROUGHOUT ADULTHOOD

C. L. M. Keyes, Department of Sociology and the Rollins School of Public Health, Department of Behavioral Sciences and Health Education, Emory University, Atlanta, GA 30322.

Subjective change in this study is perception that one's functioning in the domains of parent, spouse, and worker is different today than in the past. Self-theory argues that any perceived change can be unsettling to individuals because improvement as well as decline violates the need for self-consistency. Using data from a nationally representative sample of 3,032 adults, this study investigates whether (1) subjective change is unsettling and (2) whether aging buffers individuals from the unsettling nature or change. Using Zautra et al's (1996) theory of context-dependent affective systems, this study predicts and finds that the correlation of positive and negative affect is modest ($r = - .50$) at levels of little or no change and approaches unity at the highest levels of perceived decline ($r = -82$) and perceived improvement ($r = -97$). Regardless of age, however, adults who perceived more decline reported more negative and less positive affect, while adults who perceived more improvement reported higher levels of negative affect but similar levels of positive affect, compared with adults who perceived little or no change. Subjective change appears to be unsettling and is not buffered by aging.

222

Learning from and about Older People as a Result of Post -- Event Natural Disaster Research.

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Canada

Participants:

B.G. Knight, M. Gatz, T.Rose, V. Bengtson (Andrus Gerontology Center, Los Angeles CA 90089-0191) and K. Heller (Indiana University)

Age and Emotional Response to the Northridge Earthquake: A Longitudinal Analysis.

D.R. Hoyt (Iowa State University, Ames IA 50011) and K.A. Tyler (University of Central Florida, Orlando, FL 32816-1360) The Impact of a Natural Disaster on Received Support, Support Burden and Perceptions of Support.

B. Havens and M. Hall (University of Manitoba, Winnipeg MB R3E 0W3 Canada) What Did We Learn with Pre and Post Flood Data with Those Age 75 and Older?.

Discussant:

H. Friedsam (University of North Texas, Denton TX 76203)

Studies of the impacts of natural disasters on older adults have been fraught with contradictions and have given rise to very little cumulative knowledge. In part, this results from the very nature of natural disasters as unplanned negative events over which we have little or no control. However, the timing of ongoing longitudinal interviews, enabled two of the participant studies to capture pre and post event data with older adults. All of the participants included some of the same variables (e.g., measures of social support) relating to the disasters in question. The symposium will focus on what older people told the interviewers about the disaster and its impact but also about life in more general terms. The policy issues of preparing for and responding to disasters and the ethical issues of undertaking post-disaster research will be addressed. Finally, we will suggest how disaster research may contribute to the learning experience of students, to the informal learning of seniors and their families and continuing education of those who work with or develop policies related to older persons.

AGE AND EMOTIONAL RESPONSE TO THE NORTHRIDGE EARTHQUAKE: A LONGITUDINAL ANALYSIS

B.G. Knight, M. Gatz, T. Rose, V. Bengtson, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191 & K. Heller, Indiana University

Cross-sectional studies have found older adults to have lower levels of emotional distress after natural disasters. To explain these results, the maturation hypothesis suggests that older adults are less reactive to stress events, while the inoculation hypothesis argues that prior experience with disaster is protective. 166 adults aged 30 to 102 who were participants in the Longitudinal Study of Generations were interviewed regarding the 1994 Northridge earthquake in Southern California. Longitudinal data were available on depressed mood before and after the earthquake. Objective ratings of damage by neighborhoods were obtained. The telephone interview gathered information on personal experience of damage caused by the earthquake and on rumination about the earthquake. The young-old were least depressed, however, this age difference was present prior to the earthquake. Rumination about the earthquake reflected extent of damage to neighborhood and home. Old-old showed low levels of rumination about the earthquake regardless of damage exposure, and older age groups required greater neighborhood damage to show elevated levels of rumination, providing some support for the maturation hypothesis.

THE IMPACT OF A NATURAL DISASTER ON RECEIVED SUPPORT, SUPPORT BURDEN, AND PERCEPTIONS OF SUPPORT

D. R. Hoyt, Department of Sociology & Institute for Social and Behavioral Research, Iowa State University, Ames, IA 50011. K. A. Tyler, Department of Sociology and Anthropology, University of Central Florida, Orlando, FL 32816-1360.

In brief, our work demonstrates the impact of a community-wide stressor, on the receipt of social support and the increase in support burden. In this case, the community-wide stressor was the Midwestern floods of 1993. We are also able to demonstrate how the impact on receipt of social support and the increase in support burden, each contributed to changes in perceptions of social support among older subjects.

WHAT DID WE LEARN WITH PRE AND POST FLOOD DATA WITH THOSE AGE 75 AND OLDER?*

Betty Havens and Madelyn Hall, University of Manitoba, Winnipeg, MB Canada R3E 0W3

The Aging in Manitoba (AIM) study re-interviewed 102 older Manitobans (age 75 and over) who lived in areas affected by severe flooding in the spring of 1997. All participants had been interviewed approximately 10 months prior to the flood, and were re-visited 10 months following the flood. The pre and post disaster data included changes in physical, functional, and cognitive health and emotional well-being for three levels of severity in flood experience and three levels of social interaction. Changes in health services use before and after the flood were examined by analyzing data from the flood study group and two matched control groups, one urban, the other rural. The results show that functional change could be predicted 1) by gender (women) for ADLs and 2) by Life Space score (high contacts) for IADLs, while the level of severity in flood experience was a strong predictor of change 3) in cognitive status and 4) in self-rated health. The results fit conceptualizations of successful aging in that they suggest that meeting a challenge at older ages may provide at least short-term protection against cognitive decline and serve to enhance perceptions of general health status. However, functional decline must be considered for vulnerable older women and those who may be interacting with large numbers of helpers. Changes in health services utilization were not found to be significantly different between the flood and control groups.

*(Funding provided by Manitoba Health)

223

MOTHER-DAUGHTER DYNAMICS IN SOCIO-CULTURAL CONTEXTS

H. Akiyama, The University of Michigan,
Ann Arbor, MI 48106-1248

Participants:

H. Akiyama and T. C. Antonucci (The University of Michigan) Mother-Daughter Dynamics over the Life Course

T. C. Antonucci and Cleopatra H. Caldwell (The University of Michigan) Multi-generational Mother-Daughter Relationships: Support and Well-being

I. Shimatani (The University of Tokyo, Hongo, Bunkyo-ku, Tokyo, 117-0033, Japan) Changing Adult Daughter-Mother Relationships in Japan

A. H. Climo, A.D. Bartlett and R. Campbell (The University of Michigan) Beyond the Dyad: "Influential Others" in the Lives of Co-residing Elderly Mothers and their Daughters

Discussant:

E. Douvan (The University of Michigan)

The mother-daughter relationship is considered one of the most solid human bonds across societies. Today, for many, it lasts over 50 years. Four or five generations of mother-daughter dyads may co-exist in the family. A large number of elderly mothers live alone. This symposium focuses on the dynamic nature of mother-daughter relationships evolving in historical and socio-cultural contexts.

The first paper documents and explains age-related patterns of solidarity and conflicts in mother-daughter relations over the life course in the US and Japan using cross-national survey data (age 13-96). The second paper analyzes a unique dataset of teenage mothers, grandmothers and greatgrandmothers. It focuses on life changes and social support of three generations of women who are experincing a family life transition due to the birth of a baby. The third paper addresses evolving mother-daughter relationships under changing norms and family systems in Japan. The implications of these changes are explored for the caregiving experiences of daughters. The final paper examines the role of 'influential others' and the way they influence the relationships and well-being of co-residing elderly mother-daughter caregiving dyads.

Discussion will focus on the adaptive and evolving nature of mother-daughter relationships as well as their sustained characteristics throughout an individual's life transitions in various historical and socio-cultural contexts.

MOTHER-DAUGHTER DYNAMICS OVER THE LIFE COURSE

Hiroko Akiyama and Toni C. Antonucci, The University of Michigan, Ann Arbor, MI 48106-1248

The bond linking mother and daughter is strong across societies. For many, the connection persists for over 50 years. Their dynamic relationships, which are often characterized by both solidarity and conflicts, evolve over the life course in specific socio-cultural contexts. The objectives of this study are (1) to identify age-related patterns of solidarity and conflicts in mother-daughter relationships in the US and Japan, and (2) to examine factors which influence the nature of their relationships at successive life stages in different cultural contexts.

Data are drawn from a cross-national interview survey of regional probability samples at comparative sites in America and Japan. The analysis was based on a sub-sample of 718 Americans (age 13-76) and 980 Japanese (age 13-75) who had a living mother at the time of interview.

Results indicate strikingly similar age-related patterns of mother-daughter relationships in the two countries. Affective solidarity was stable while conflicts decreased over the life course. Daughters' sense of autonomy was positively associated with affective solidarity between American mothers and daughters, particularly at later life stages. In contrast, it was negatively associated with mother-daughter solidarity in Japan through the life course. The results are discussed in light of the different family systems and social norms in the two societies.

MULTI-GENERATIONAL MOTHER-DAUGHTER RELATIONSHIPS SUPPORT AND WELL-BEING

Toni C. Antonucci, Cleopatra H. Caldwell, The University of Michigan, 426 Thompson Ave, Ann Arbor, MI 48106-1248.

This paper capitalizes on a unique three generation dataset which includes teenage mothers (M=17yrs), grandmothers (M=43yrs) and greatgrandmothers (M=64yrs). It focuses on the life changes and social support of three generations of women who are experiencing a family life transition due to the birth of a baby to the teenage mother. Mothers and daughters feel extremely close to each other, with 73% of the teen moms reporting feeling very close to their mothers and 89% of the grandmothers reporting similar feelings about their daughters. This finding is consistent with the oldest generation as indicated by the fact that 67% of the greatgrandmothers reported feeling very close to their daughters. Comparisons of the 86 teen mom-grandmother dyads indicate mutually supportive relationships, with the teen moms expressing stronger feelings of support from their mothers than the reverse. Feelings of closeness versus feeling supported appear to differ by generational status. Preliminary analyses from 36 greatgrandmother-grandmother dyads indicate similarities across generations in the mother-daughter relationship but differences also suggest the important impact of age and family life experiences. Further analyses will explore the impact of these multigenerational mother-daughter relationships on their well-being.

CHANGING ADULT MOTHER-DAUGHTER RELATIONSHIPS IN JAPAN

Izumi Shimatani, Department of Social Psychology, The University of Tokyo, Hongo, Bunkyo-ku, Tokyo, Japan 113-0033.

Adult mother-daughter relationships in Japan have changed drastically during the last five decades. Under the traditional norm of '*ie* (household)', a married daughter was regarded as a member of her husband's family and expected to keep a distance from her family of origin. Her duty was to take care of parents-in-law, not her own parents. In recent years, however, it is quite common to see married daughters and their mothers enjoying more frequent interactions. Mothers often continue to provide goods and help to daughters. The objectives of this study are: (1) to examine underlying factors associated with such transition; and (2) to explore its implication for caregiving by daughters when their mothers come to need care in the future.

A mail survey was administered to a probability sample of 800 women (30-69 years old) in Japan. The data indicate that the '*ie*' norm and economic independence of the daughter are key concepts to the understanding of contemporary mother-daughter relationships in Japan. Further, close relationships were positively associated with expected capability of caring for the mother in the future.

It is recognized that future studies need to look at mother-daughter relations in a broader context including people such as the daughter-in-law and husband.

BEYOND THE DYAD "INFLUENTIAL OTHERS" IN THE LIVES OF CO-RESIDING ELDERLY MOTHERS AND THEIR ADULT DAUGHTERS

Alison H. Climo , A.D. Bartlett , R. Campbell, The University of Michigan, 1111 CCGCB, Ann Arbor, MI 48106-0926

Caregiving research has typically focused on the experience of the caregiver, and occasionally on both the caregiver and care-receiver together. However, there are often other family members and individuals who play a significant role in the life of the caregiving dyad. These "influential others" affect and are affected by the caregiving dyad in a variety of ways. This study uses qualitative and quantitative methods to examine some of the roles that individuals "beyond the dyad" play and the ways they influence the relationship and well-being of co-residing elderly mothers and their adult daughters. We demonstrate that extraneous family members and other important individuals can put a significant strain on the mother/daughter relationship and the individual well-being of each. In addition, caregiving dyads that have a particularly positive outside influence appear to be better off in well-being and have a more positive experience of living together. Practice implications are discussed.

224

Intergenerational Exchanges in the Social Networks of Injecting Drug Users. J. A. Levy, S. Wasserman, B. Crouch. University of Illinois, School of Public Health, 2121 West Taylor, Chicago, IL 60612.

Having access to social support through the family has been found to positively influence an individual's recovery from serious drug-use. Yet, a large but scientifically untested literature suggest that socially disruptive aspects of procuring and using illicit drugs mitigate against the maintenance of supportive family and intergenerational relationships. This paper challenges this common assumption by examining whether or not chronic injecting drug users (IDU's) exchange social support among members of their egocentric networks including family and friends.

Using snowball sampling of local drug networks, trained outreach workers recruited two hundred street addicts not-in-treatment from two Chicago neighborhoods. Data for the analysis are drawn from in-depth interviews focusing on the person's life circumstances including history of drug-use, personal relationships, and exchanges of social support among family and friends.

Using correspondence analysis, findings indicate that all but one user reported having at leas one person to whom they could go for help with a mean of 3 supportive others. Mothers and daughters were reported to be the primary providers for either sex although contributing primarily to some categories of assistance and not others. IDU fathers were more likely to assist their sons than daughters. Overall, while IDU's report providing social support to members of their immediate networks, those they assist are not the same people as those from whom they receive assistance.

The findings suggest IDU's have more available personal resources through the family and intergenerational support than the treatment literature indicates. They also contribute to meeting the needs of others in their personal networks, particularly children, despite the pressure inherent in procuring and injecting drugs.

BSS-21

Breast Cancer and Social Support Among Elderly Women. The South Florida Program on Aging and Health

Demirovic J, Weiss S, Prineas RJ, Rudolph M., University of Miami School of Medicine, Miami, FL, 33101

Studies have shown that the social support from family, friends and health care providers is an important predictor of breast cancer (BC) survival. The objectives of this study are: (1) to determine the prevalence of BC in a population sample of 1,753 elderly ($\geq$ 65 years) African American (AA), Hispanic-Cuban (HC) and white non-Hispanic (WNH) women of Miami Dade County, FL, and (2) to examine associations of BC with emotional and tangible support in three ethnic groups. Home interviews were conducted to collect socio-demographic and medical data. The Social Network and Social Support Questionnaire used in the Yale Health and Aging Project was administered in the present study. The prevalence of BC was significantly (p=0.001) greater among WNH (9.2%) than among HC (4.1%) and AA (2.2%) women. About 50% of women with BC and 30% of women without BC lived alone (p=0.004). In 18% of women with BC and in 6.8% of women without BC (p=0.001) the tangible support (grocery shopping, house cleaning, cooking) was provided by a professional. More women with BC (6.6%) than women without BC (2.1%) had no one to help (p=0.03). The major source of emotional support for women with BC was a professional while for women without BC this was a daughter or a son (p=0.001). We found no statistically significant ethnic differences in the level of social support. Our results indicate that many elderly women with BC live alone and that they rely upon professional social support more than women without BC.

EVALUATING LONELINESS, ISOLATION AND COPING MECHANISMS IN CAREGIVERS OF CHRONICALLY ILL PATIENTS.

Lic. Luisa Acrich. Dra. Eva Muchinik. Dra. Susana Seidmann. School of Psychology. Research Department. University of Buenos Aires. Salguero 667 – 7º "A" 1177 Buenos Aires. Argentina.

This research evaluates isolation and loneliness in caregivers, relatives of the chronically ill, IFC, identified family caregiver, because these affect their vulnerability and are related with the coping mechanisms implemented.

We are studying in depth, the influence of the coping style and the usefulness of the perceived social support.

With this purpose, we have built a protocol composed by evaluation scales already validated and an ad-hoc scale we have built:

1) M.I.S.S. 2) E.S.L.I. 3) Coping mechanisms. 4) Qualitative Questionnaire for the caregiver.

This is an exploratory research, cuali-quantitative, in women divided into two groups: Mothers that are caregivers of children 0-15 years old, and adult daughters that are caregivers of elderly parents, in two age groups. The sample is intentional and consists of 140 women.

We will present the protocol we have built and the results of the pilot test.

EFFECTS OF FORMAL AND INFORMAL SOCIAL SUPPORT ON ADHERENCE TO TRADITIONAL THERAPEUTIC REGIMENS AND METABOLIC CONTROL IN TYPE 2 DIABETICS: A RACE/ETHNICITY-SPECIFIC ANALYSIS

R. P. Penza & K.R. Smith, Department of Family and Consumer Studies, University of Utah, Salt Lake City, UT 84112.

This study examined race/ethnicity-specific effects of formal and informal social support on adherence and metabolic control among type 2 diabetics, using task specific theory and Andersen's behavioral model of health service utilization. The sample was selected from the Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994. It included non-Hispanic Whites (n=508), non-Hispanic Blacks (n=277) and Mexican Americans (n=346). Respondents were 45 years and older and have been diagnosed with diabetes mellitus. Being Non-Hispanic Black compared to non-Hispanic White had detrimental effects on adherence and metabolic control. Being Mexican American compared to non-Hispanic White had beneficial effects on adherence. Formal social support was positively associated with adherence in non-Hispanic Whites but not in the other two groups. Informal social support was positively associated with adherence components in all three groups, and had detrimental effects on metabolic control in Mexican Americans. The interaction of formal and informal social support was positively associated with adherence to physical exercise and had beneficial effects on metabolic control in Mexican Americans. This research provides insight into public policy targeted at preventing diabetes complications in middle-aged and older adults with type 2 diabetes.

Social Networks of HIV Risk for Older Injecting Drug-Users. S. Fox; J. A. Levy; J. Schensul University of Illinois, School of Public Health, 2121 West Taylor, Chicago, IL 60612.

HIV is transmitted between dyads and groups that interact within the context of social networks of exposure. Although epidemiological research on injecting drug users (IDUs) suggest that the number of older users is increasing, as well as their HIV risk, little is known of how the virus moves within and across the social networks of older users. Based on a two-city study in Chicago and Hartford of older injectors, this study uses network analysis, HIV testing, quantitative interviewing, and ethnographic observations to map and identify characteristics of social networks of older users who are at risk for HIV or who have contracted the virus. Social network analysis indicates that older users belong to network structures that range from relative isolation to multiple needle and sexual interactions across age groups. Network size, density, and degree of homophily are found to influence level of risk along with transmission of the virus. These network characteristics offer important insight for developing HIV interventions for curbing the epidemic among older adults who inject illicit drugs.

BSS-23-HIV

225

Organizer: Michael Micklin

"Review of Social and Behavioral Research Applications at the NIH: Changing Parameters and Future Directions."

This presentation will cover the new configuration of social and behavioral science IRDs and study sections, criteria used in the selection of reviewers, and principal features of the review process.

226

CULTURE AND CAREGIVING IN AFRICAN AMERICAN FAMILIES.

E. E. MaloneBeach, 217 Wightman Hall, Central Michigan University, Mount Pleasant, MI 48858 & C. J. Whitlatch, Benjamin Rose Institute, 850 Euclid Ave, Suite 1100, Cleveland, OH 44114-3301.

Participants:

P. Dilworth-Anderson (The University of North Carolina at Greensboro, Greensboro, NC 27412-5076) Conceptual and Theoretical Development of the Cultural Justifications for Caregiving Scale.

C. J. Whitlatch (Benjamin Rose Institute, Cleveland, OH 44114-3301) The Impact of Culture on Healthcare Decision-Making for Caregiving Families.

E. E. MaloneBeach (Central MI University, Mount Pleasant, MI 48858) & T. K. Cook (University of Georgia, Athens, Georgia 30602) African American Women: Histories Of Care.

Discussant:

L. M. Burton (Population Center, The Pennsylvania State University, University Park, PA 16802).

The Cultural Justifications Caregiving Scale taps ten of the most common reasons for elder care, emphasizing cultural and familial solidarity, reciprocity and obligation. The purpose of this symposium is to detail the theoretical framework underlying the development of the scale, to present an array of investigations that have used the scale, and to evaluate its usefulness with different African American samples in the United States. The papers will focus on data collected from African American caregivers to aging family members in North Carolina, northeast Ohio, and central Michigan with emphases on current trends in caregiving research at it relates to culture, obligations and motivations for care. Discussion will emphasize the implications for future research and theoretical development related to culture and family caregiving.

CONCEPTUAL AND THEORETICAL DEVELOPMENT OF THE CULTURAL JUSTIFICATIONS FOR CAREGIVING SCALE.

P. Dilworth-Anderson, 228 Stone Building, The University of North Carolina at Greensboro, Greensboro, NC 27412-5076.

With increasing interest in the study of minority older people and their families, there is a need to evaluate and develop instruments used to assess caregiving issues. The Cultural Justifications for Caregiving (a ten-item scale), was developed to measure caregivers' cultural reasons and expectations in providing care to elderly relatives. This scale was developed using theoretical and empirical information on family socialization, solidarity, and intergenerational relations. It attempts to measure the socio-historical legacy of family relations in African American families. Statements such as, "It is my duty to provide care to elderly dependent family member" and "I feel I am being useful and making a contribution to the family," are read to caregivers. The responses are on a 4-point Likert scale ranging from 4 (strongly agree) to 1 (strongly disagree). Higher scores on this scale indicate having stronger cultural reasons for giving care as evidenced by identifying with norms, beliefs and expectations. Cronbach alpha for this scale was .84 for primary caregivers.

THE IMPACT OF CULTURE ON HEALTH CARE DECISION-MAKING FOR CAREGIVING FAMILIES

C.J. Whitlatch The Benjamin Rose Institute, 850 Euclid Ave., Suite 1100, Cleveland OH, 44114-3301.

More and more families are affected by the economic and emotional costs of providing long-term care. This is especially true for African American families who often underutilize formal services despite having higher rates and earlier onset of chronic diseases. This paper reports findings from a study which explores the autonomy and decision-making of community-dwelling, African American adults with physical and/or mental impairments and their family caregivers.

Forty caregiver-impaired adult dyads were interviewed for the study. Although a variety of constructs were measured, this paper presents the findings related to the impact of culture on a variety of caregiver and impaired adult outcomes. Results indicate that when caregiving is driven by perceived cultural demands, it is associated with lower depressed symptomatology and higher quality of life, but not with levels of congruence in decision-making. These findings emphasize the importance of culture in understanding caregiver and impaired adult outcomes and their relationship to health care decision-making.

AFRICAN AMERICAN WOMEN: HISTORIES OF CARE

E. E. MaloneBeach, 217 Wightman Hall, Central MI University, Mount Pleasant, MI 48858 & T. K. Cook, University of Georgia, Athens, GA.

The African American extended family has been characterized as an interdependent system of kin which is sustained by a sense of obligation to the welfare of the extended family network. This view of African American families suggests that caregiving may be a life course phenomenon rather than a late life event. For some African American caregivers, elder care repeats and extends a lifetime pattern of caregiving.

Twenty-three African American caregiving women were interviewed and asked to discuss the extent to which caregiving a) reflects a life course pattern of providing care and b) examines the caregivers' justifications for care. Qualitative narratives depict the caregivers' histories of care to siblings, grandchildren and other older adults. The narratives are examined for Cultural Justifications specific to elder care and in relation to earlier caregiving experiences.

These findings highlight the importance of earlier experiences on current justification for care and will guide theoretical development.

227

AGING AND IDENTITY: USES OF THE (AUTO)BIOGRAPHICAL IN THE STUDY OF AGE

R. Ray, Department of English, 51 W. Warren, Wayne State University, Detroit, MI 48202.
R. Butler, International Longevity Center, Academy of Medicine, 1216 Fifth Ave., New York, NY

Participants:

K. Woodward (Center for Twentieth Century Studies, University of Wisconsin-Milwaukee) The

Future of Old Age: Cultural Politics, Life Stages, and the Emotions

A.D.Basting (Center for Twentieth Century Studies, University of Wisconsin-Milwaukee) Alzheimer's and Identity: Selfhood as a Creative Act

Anne Wyatt-Brown (University of Florida, Gainesville) Holocaust Survival Stories: Change over Time.

R.Ray (Wayne State University, Detroit, MI 48202) Age, Life Stage, and Women's Autobiography

Discussants:

Larry Polivka, Editor, Journal of Aging and Identity, University of South Florida, Tampa FL.

H.R. Moody, Brookdale Center on Aging, New York, NY.

Autobiography and biography are narrative efforts to create meaning of one's life. A study of (auto)biographies shows us how people assign meaning to the aging process. It also encourages researchers to reflect upon their own age identity. This symposium explores both of these components: what the narrative structures of (auto)biographies tell us about the meanings of others' aging, as well as the meaning of aging in our own lives. Panelists discuss emotion and "identity politics" in biographies and cultural histories of the new elderly; the tenuous balance between personal and social identities, as illustrated in the autobiographies of elders with Alzheimer's; changes that can occur in Holocaust survivors through the process of writing autobiographically; and narrative and developmental differences between midlife and the late-life autobiographies.

Aging and Identity: Uses of the (Auto)biographical in the Study of Age

Kathleen Woodward
Center for Twentieth Century Studies
University of Wisconsin-Milwaukee
P.O. Box 413, Milwaukee, WI 10029-7044

Title:"The Future of Old Age: Cultural Politics, Life Stages, and the Emotions"

Books and essays key to the cultural history of aging in the U.S. in the twentieth century have argued that the "new" elderly--an emergent group made possible in great part by increases in life expectancy--have a unique and even evolutionary role to play as a vanguard in our society, a role that is often associated with that elusive quality named wisdom. Political energy and engagement are often understood, however, in terms of fervor and emotion (anger, for instance) and thus as antithetical to wisdom. This paper examines two different models--one from the beginning of the century, one from the end--that have been used to think through, by analogy, the distinct and often contradictory capacities claimed for the new elderly. In "Senescence" (1922) genetic psychologist G. Stanley Hall draws on the analogy of adolescence (the subject of his first book) to old age, and in "The Foundation of Age" (1993), feminist and activist Betty Friedan conceptualizes what she calls the third age in large measure in terms of the women's movement for liberation (the subject of her previous book "The politicized emotions--belligerence, anger, and rage--n their analysis, and the extent to which we call today "identity politics" is seen as productive or possible for the new elderly.

Anne Davis Basting
Center for Twentieth Century Studies
University of Wisconsin-Milwaukee
P.O. Box 413, Milwaukee, WI 53201

Title: Alzheimer's and Identity: Selfhood as a Creative Act

Alzheimer's disease entails a slow dissolve of one's identity: a "self" that takes a lifetime to build. Can it be repaired through autobiography? What form of autobiography would be most efficacious for their new lives with the disease? Creative group storytelling has proved to be one successful approach. After eighteen weeks of storytelling sessions with groups of people with Alzheimer's at four adult day centers (two in Milwaukee and two in New York), self expression through creative storytelling improved the social identity of people with Alzheimer's in the eyes of student volunteers and personal and professional caregivers. The fragmented, non-linear stories encouraged the researcher to question the tenuous balance between personal and social identity throughout the life course.

Anne M. Wyatt-Brown
Program in Linguistics, PO Box 115454
University of Florida, Gainesville FL 32611-5454

Title: Holocaust Survival Stories: Change over Time

Those Holocaust survivers who have found it impossible to discuss their experiences often face a bleak old age (Krystal, 1995). Some of those who have reached an audience, however, have been changed by the experience of writing. This paper analyzes the differences between those writers whose stories remain static, life Jerry Kosinski, and others life Elie Wiesel, Gerda Weissmann Klein, Louis Begley, and Aharon Applefeld, whose accounts have become more complex as they aged.

Ruth E. Ray
Department of English
51 W. Warren
Wayne State University, Detroit, MI 48202

Title: Age, Life Stage, and Women's Autiobiography

Autobiography is both a personal and social construct which is deeply influenced by available narratives for writing a life. Women's autobiographies, especially, are a rich source of information about the cultural "blueprints" for age and gender that women adopt when narrating and interpreting their lives. A woman sits down to write about herself for different reasons and different purposes at various times in her life: the middle-aged woman's autobiography, for example, is often a problem-posing text full of unresolved, conflicting emotions, while the older woman's autobiography is more likely a reflective text in which the narrator distances herself from earlier conflicts in a gesture toward resolution. In what ways they developmental? What can we learn about women's growth toward wisdom form reading the autobiographies of women at different stages in their lives? This paper approaches these questions through analysis of women's autobiographies and autobiographical reflection on the presenter's part.

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228

OLDER ADULTS' ATTITUDES ON "RIGHT-TO-DIE" IN MIDDLETOWN, USA. David C. Morris, Ph.D. & Ione Y. DeOllos, Ph.D., Department of Sociology, Research Associates: Centers for Gerontology and Middletown Studies, Ball State University, Muncie, IN 47306.

Public opinion polls indicate that nearly 90% of adult Americans feel that they would not wish to be maintained on life-support without any prospect of recovery. Yet, most Americans lack a clear consensus as to a definition of dying well or a good death (Moody, 1998). The issue of self-determination in the matter of one's death is further complicated by the actions of Dr. Jack Kevorkian who at this writing is being tried again for murder because of his direct, active participation in the death of Thomas Youk, a 52-year-old man suffering from *Lou Gehrig's* disease. Koenig (1994) stated that there are five major groups that oppose actions such as physician-assisted suicide (PAS): physicians, ethicists, advocates of the mentally ill, religious organizations, and the elderly.

This telephone interview-based study examines attitudes of 422 randomly selected older adults (age 60-97) regarding self-determination of right to die (by one's own hand if necessary). The research was conducted within that classic community setting of the Lynds' "Middletown" (Muncie, IN).

Most older Middletowners see themselves as being in good health, physically active, satisfied with their financial resources and with life. An initial multiple regression analysis of 14 variables on RIGHT TO CHOOSE (right to take one's life if suffering becomes to great) yields an $R=.5898$; $R^2=.3479$. Six variables (SUPPORT FOR NOT PROSECUTING KEVORKIAN, LITERAL or NON-LITERAL VIEWS OF THE BIBLE, CHURCH ATTENDANCE, CURRENT HEALTH STATUS, POLITICAL LIBERALISM/ CONSERVATISM, and EDUCATION) account for most of the variation, $R=.5776$; $R^2=.3337$.

A path model will examine and explore the interrelationships between the dependent variable and the independent variables.

Locator Device for at-Home Dementia Patients Who Wander: Acceptability and Wearability S. Schinfeld, L.N.Gitlin, Thomas Jefferson University, Phila., PA; and S. Parl, Signatron Technology, Concord, MA

At-home dementia patients who wander pose significant danger to themselves and great concern to families. Wandering episodes often trigger placement of patients in nursing homes. Use of a system to monitor and/or locate wanderers is important in the clinical management of this behavior. However, few systems have been developed and tested for home use. This study examined if a new locator system, which involves wearing a small tracking device, is acceptable to caregivers and patients. Eight families caring for patients who wander outside the home were interviewed and then given a mock-up of the tracking device for wear by patients as a necklace, pocket watch or wristwatch. For one week, families recorded times device was worn and patient reaction. Findings indicate that caregiver fear of patient upset did not always occur. Most patients touched the device but tended not to remove it. Patients who removed the device, expressed fear of losing or misplacing it. Caregivers were concerned with device reliability and cost and offered specific design recommendations. The study illustrates the importance of involving families and patients at the development phase of a new system to help inform design and marketing strategies. (Funded by National Institute on Aging).

Rate of Nursing Home Admission From a Community Based Primary Care Geriatric Practice
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PURPOSE: To investigate the Nursing Home (NH) admission rate of elderly patients who reside in a suburban area.

METHODS: The entire patient population of a primary care geriatric practice in West Long Branch, New Jersey, was evaluated prospectively. The majority of patients (99%) reside in surrounding residential communities. The practice accepts only Medicare assignment. All patient disposition data was evaluated monthly.

RESULTS: A total of 1575 patients were followed in the practice from March, 1995 through March, 1998. Sixty-four percent of the population were female. Thirty-nine percent of the population were married, 45% were widowed, 5% were single, 8% divorced and 2% separated. Age breakdown as follows:

AGE BREAKDOWN	POPULATION PERCENT
↓65	5.14%
65-74	23%
75-84	24%
85-94	1.8%
95-99	1.4%

One patient was above 100. The average age was 78.4. After a three year follow-up, the nursing home admission rate was only 2.17%.

CONCLUSION: The low nursing home admission rate of patients residing in suburban (non-retirement community) areas may reflect close proximity of immediate family members who can provide assistance in the home and can function as caregivers.

S. Orsulic, K. Judge, & C.J. Camp (Myers Research Institute of the Menorah Park Center for the Aging, 27100 Cedar Rd., Beachwood, OH 44122) EFFECTS OF MONTESSORI-BASED ACTIVITIES ON RESIDENTS OF DEMENTIA CARE UNITS.

The effects of Montessori-based activities programming on resident's from two long-term care dementia units were examined. Residents from a special care dementia unit and step-down advanced care unit participated in various individual and group Montessori-based activities, and effects on residents' engagement levels, change in affect, and incidence of problem behaviors were observed. Results indicate that residents on both dementia care units exhibited more constructive engagement and a more positive affect when taking part in Montessori-based activities than in regular unit programming. Additionally, residents in Montessori-based programming showed relatively little passive engagement and non-engagement in comparison to their participation during regular unit activities, and no problem behaviors. Future research directions, including training family members to conduct Montessori activities, will also be discussed.

IDENTIFYING CONTENT AREAS FOR A NURSING HOME VISION-SPECIFIC HEALTH-RELATED QUALITY OF LIFE INSTRUMENT.

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Studies indicate 18% to 40% of nursing home residents have severe visual impairment, yet little is know about how this impairment affects their quality of life. To date, no vision-specific health-related quality of life (HRQOL) instrument exists for nursing home residents. We have identified relevant content areas for a nursing home vision-specific HRQOL instrument. One-on-one, structured interviews were conducted with 40 nursing home residents (20-30 min). The interviews were audiotaped and transcribed. Additional data were collected on medical, cognitive, and functional status. Binocular "walking around" distance and near visual acuity were assessed using ETDRS charts. A content analysis identified 1,070 vision-related comments. Comments were grouped into 15 categories and coded as positive, neutral, or negative (i.e., problem). The majority of the problem comments were related to ocular symptoms (18%), reading (14%) general vision (13%), psychological distress (11%), ADLs (8%), social activities/ hobbies (8%), distance vision (8%), and vision correction (7%). Several of the problems mentioned have not been adequately addressed in currently available vision-specific HRQOL measures, including vision issues related to multiple chronic conditions and the institutional environment. Next, we examined the proportion of problems mentioned by category for residents with varying levels of distance and near acuity. Almost all the comments were mentioned at equal proportions regardless of visual acuity level. These findings support using one vision-specific HRQOL measure for residents with different visual acuity levels. This information will be used to design a vision-specific HRQOL measure, which will be evaluated for validity and reliability.

QUALITY OF CARE OFFERED TO THE ELDERLY AND INFRASTRUCTURAL FACILITIES IN CARE HOMES IN KERALA, INDIA: SELF PERCEIVED ASSESSMENT OF CARE HOME ADMINISTRATORS

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Quality of care offered to the elderly [age 60+] in care homes and the infrastructural facilities available in these care homes are as perceived by the care home administrators are discussed. Questionnaire method was used to gather information. Administrators of 55 care homes from among the 14 districts of Kerala State were enlisted as respondents. Quality of care and overall physical environment of care homes are analysed, besides examining the following factors: admission criteria, amenities, facilities around, entertainment, income generating activities, food and nutrition, accident prevention, preparedness for meeting medical emergencies, medical check-up, pharmacy, religious activities, counselling, hospice, de-institutionalization, staffing, division of labour, staff training, administration and funding.

The study has been taken up as a prelude to the conduct of a larger program on Quality of Life Assessment of Institutionalized Elderly and Physical Environment of Care Homes for the Elderly in Kerala [India], and the United States. The long-term objective of the program is evolving a socio-economic, health policy, and planning strategy for the elderly, particularly the institutionalized elderly. Kerala is going to experience rapid aging during the next two decades.

Due to advances made in health development despite a paradoxical economic backwardness, the basic indicators of Kerala are almost at par with those of the developed countries and a comparison of the Kerala scenario with that of a developing country will help in formulating an effective policy document for both developing and developed countries.

REPORT OF THE APA WORKING GROUP ON ASSISTED SUICIDE AND END OF LIFE DECISIONS

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In this century we have seen major changes in the way people die. In recognition of the increasing importance of psychological perspectives in end of life transitions, the 1998 Board of Directors of the American Psychological Association (APA) formed a Working Group on Assisted Suicide and End-of-Life Decisions. The working group was asked to respond to three directives: 1) To examine the role of psychology in end of life care and decisions; 2) To address the invisibility of psychology around end of life decisions; and 3) To consider whether it might be appropriate for APA to take a position on assisted suicide. In this paper, members of the Working Group present highlights from the APA report, including specific recommendations that were developed for the role of mental health professionals in end of life care. They consider cross-disciplinary possibilities and discuss complex issues of gender, social class, physical disabilities, and culture in end of life transitions.

FACTORS ASSOCIATED WITH DEPRESSION AMONG NURSING ASSISTANTS IN SKILLED NURSING FACILITIES.

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Research studies of caregiving's effects on family members report higher rates of depression, especially among women primary caregivers. Nursing assistants function in a similar role when elderly care receivers are institutionalized and, although job satisfaction and burnout have been investigated among these workers, depression has not been given much empirical attention.

This study used the stress and support conceptual model widely applied in studies of family caregiving to examine the effects of socio-demographic characteristics, personal and work-related sources of stress, and social support on the CES-Depression scores of 289 nursing assistants employed at 14 skilled nursing facilities in northeastern Ohio. Findings showed that 31 percent had scores of 16 or higher indicating possible clinical levels of depression. The results of

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OLA regression analysis indicated the R-squared was .22 and significant factors associated with higher depression scores were having one or more job-related injuries requiring time off and greater job dissatisfaction. Findings suggest that the mental health of nursing assistants requires greater empirical and clinical attention. Longitudinal research is needed to determine the extent to which the job itself contributes to depression or exacerbates a pre-existing condition.
(BSS-11)

RELIGIOUSNESS, PERCEPTIONS OF FUNERALS, AND BEREAVEMENT ADJUSTMENT IN ADULTHOOD. B. Hayslip, Dept. of Psychology, Univ. of North Texas, Denton, TX, R. Edmondson, Dept. of Family Science, Texas Woman's University, Denton, TX, & C. Guarnaccia, Dept. of Psych, Univ. of North Texas.

Funerals as rituals to celebrate the life of a deceased loved one may be spiritual experiences for some grieving persons, enhancing their value in affecting bereavement adjustment. In this light, one's beliefs about the afterlife as well as about the random vs. purposeful nature of life and death may be influential in affecting perceptions of the funeral. To explore these questions, 376 individuals (M age=35) bereaved within the last year who varied in self reported religiousness and belief in the afterlife completed measures regarding perceptions of the funeral, funeral participation, and bereavement adjustment. MANOVAs indicated ($p < .05$) that while afterlife beliefs did not differentiate persons regarding funeral perceptions and bereavement adjustment, those who were personally religious derived more psychological benefits from the funeral, participated more actively in its rituals, and adjusted more positively to loss. These findings suggest that for individuals to whom the funeral has spiritual significance, such rituals can enhance their ability to adjust to the loss of a loved one.

Measuring End-of-Life care: The Need for a Quality of Dying Instrument Karen Steinhauser, PhD, Jody Clipp, PhD Maya McNeilly, PhD, Lauren MacIntyre, PhD, Nicholas Christakis, MD, PhD, MPH and James Tulsky, MD, Durham VA Medical Center and Duke University VAMC, 508 Fulton St. (152) Durham, NC 27705.

Despite increased demand for palliative care services, no well-established standardized instrument exists to assess the quality of end-of-life care. Traditional quality of life instruments, though used extensively, hold limited utility for assessment of patients at the end of life. In this paper, we review the limitations of quality of life measures when applied to the context of dying and offer a design strategy for a more appropriate quality of dying instrument. This strategy is based on the results of qualitative data from focus group discussions with providers, patients and recently bereaved family members. The paper is also informed by the quantitative results of a national survey of end-of-life care participants in which respondents were asked to rate the importance of various considerations at the end of life. Our findings suggest participants define a broader array of preferences than found in the current literature. We present an integrated bio-psycho-social model of assessment, based on their preferences. Our presentation objective is to provide participants with the theoretical and methodological underpinnings of end-of-life care assessment.

The Reasons Elders with Light-Care Needs Enter and Remain in Nursing Homes. V. T. Grando, D. R. Mehr, M. Rantz, L. Popejoy, University of Missouri-Columbia, Columbia, MO 65203. M. Maas, University of Iowa, Iowa City, IA 52242.

Many in nursing homes (NH) receive limited services. In 1996, approximately 17% of the 1.6 million NH residents received assistance with two or less activities of daily living. Understanding why elders requiring limited services enter and remain in NH is crucial if we are to initiate ways to keep them in less restrictive and less costly environments. This descriptive study addressed this issue by examining why elders with light-care needs enter and remain in nursing homes. RN staff at 11 rural and urban NHs identified light-care residents. These subjects and the RNs caring for them were interviewed using open-ended questionnaires. Each resident's level of care was estimated using Resource Utilization Groups, Version III and The Minimum Data Set Version 2.0. We found that residents entered and remain in NHs because of a recent health event (fall, stroke, heart attack), perceived inability to care for self, mobility problems, health problems (arthritis, diabetes) or lack of daily assistance at home. Most did not know of other options or believed they had none. The RNs identified chronic health conditions, the potential for falls, the need for monitoring, assistance with medications, ambulation, ADLs or IADLs as the reasons.

VISITING WITH FAMILY IN ASSISTED LIVING. M. Teaford, S. Zavotka, School of Allied Medical Professions and College of Human Ecology, The Ohio State University, Columbus, Oh 43210.

Frail older adults are often encouraged by their children to move to assisted living facilities located near the home of the adult child. Regular visits are considered important to maintaining quality of life for older adults and to monitoring care (Sussman, 1985). Yet family may be unable or unwilling to visit as frequently as older adults would like and this may make them less satisfied with family visits. Central Ohio older adults (n = 101, mean age = 81.5 years) living in assisted living facilities were asked about family visits and satisfaction with their frequency as well as health and mobility status. From the literature (Atkinson, Kivett, & Campbell, 1986), it was hypothesized that older adults who were older, in poorer health, and who had recently moved would be more likely to have family visits and higher frequency would increase satisfaction. All residents reported some contact with extended family, but the 77% of the older adults who had children were significantly more likely to have family visits ($r=.207$, $p>.05$). There was no significant relationship between age, gender, health status, length of time in the facility, and frequency of family visits or satisfaction with those visits. Further research is needed in which adult children are interviewed about family visiting and definition of contact is expanded to include telephone calls, letters, and e-mail.

EMOTIONAL DISCLOSURE INTERVENTION FOR BEREAVED OLDER ADULTS: ONE YEAR FOLLOW-UP AND PREDICTORS OF CHANGE

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Purposes of study were to investigate effects of an emotional disclosure intervention at one year follow-up and to examine predictors of change at one year. Initially, 30 bereaved older adults (mean age = 67) participated in an emotional expression intervention according to the Pennebaker (1985) paradigm. Participants verbally disclosed their thoughts and feelings about loss of their spouse in four 20-minute sessions. Assessments were conducted at pretreatment, posttreatment, one month, and one year follow-up. For those who completed one year follow-up (66% of original sample), results indicated that intrusion decreased from both pretreatment and posttreatment to one month. This decrease was maintained at one year. IES overall distress decreased from pretreatment to one year and from posttreatment to one year. Negative thoughts showed no changes across the initial three periods but significantly declined at one year follow-up. There were no treatment effects regarding depression, hopelessness, or avoidance. Correlational analyses indicated that higher levels of negative affect (summed PANAS scores) were associated with greater cognitive changes at one year. Moreover, decreases in negative cognitions were associated with decreases in depression, hopelessness, intrusive thoughts, and avoidance from pretest to one year. This study suggests that therapeutic effects of this intervention remain strong at one year and that reduction in negative cognitions is a particularly strong therapeutic factor for changes in bereaved older persons. Clinical implications are discussed.

Table 1

Means and (SD) of Outcome Measures at Pretest, Post-experimental, 1 Month Follow-up and 1 Year Follow-up Collapsed Across Treatment and Delayed Treatment Groups

Scale	Pretest	Post-experimental	1 Month Follow Up	1 Year Follow Up	F	P<
Geriatric Depression Scale (N=20)	8.60 (8.18)	7.70 (7.52)	7.95 (7.10)	6.95 (6.36)	1.48	24
Geriatric Hopelessness Scale (N=20)	3.60 (3.66)	3.05 (2.58)	2.85 (2.72)	2.80 (2.86)	78	46
Impact of Event Scale – Intrusion (N=20)	15.00^{a} (11.29)	15.15^{a} (7.90)	10.60^{b} (6.63)	9.0^{b} (8.77)	6.09	.001
Impact of Event Scale – Avoidance (N=20)	9.50 (8.24)	9.10 (6.20)	8.70 (6.59)	9.0 (8.77)	.06	98
Impact of Event Scale – Total (N=20)	24.50^{a} (18.68)	24.25^{a} (12.26)	19.30^{ab} (10.15)	16.65^{b} (15.68)	3.07	.04
Negative Thoughts Index (N=19)	17.68^{a} (7.25)	17.26^{ab} (7.85)	16.53^{ab} (6.36)	13.95^{b} (5.85)	3.33	.05
Brief Symptom Inventory – Global Severity Index (N=20)	56.70 (10.61)	52.95 (10.84)	54.40 (10.24)	56.45 (9.91)	2.39	.10

Note: Means with different superscripts are significantly different according to Tukey's Post Hoc at $p < .05$

Table 2

Correlations and (p Values) of PANAS Total Negative Affect, Quality of Relationship, and Negative Thoughts Index Change Score with Outcome Measure Change Scores (1 Year Follow-up minus Pre-test)

Measure	Summed Total Negative Affect	Overall Quality of Relationship	NTI Change Score
Geriatric Depression Scale	-.35 (.07)	-.09 (.36)	.62* (.002)
Geriatric Hopelessness Scale	-.28 (.12)	.05 (.42)	.91* (.000)
Impact of Event Scale - Intrusion	.29 (.11)	.27 (.13)	.67* (.001)
Impact of Event Scale - Avoidance	.24 (.16)	.15 (.26)	.57* (.005)
Impact of Event Scale - Total	.31 (.09)	.25 (.14)	.66* (.001)
Negative Thoughts Index Change Score	.47* (.02)	.05 (.42)	—
Brief Symptom Inventory - Global Severity Index	.14 (.27)	.37 (.05)	.23 (.17)

* = Significance

FAMILY INVOLVEMENT IN CARE AND PERCEIVED RESIDENT CHANGES OVER TIME: SCU'S AND NON-SCU'S

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Special Care Units (SCU's) are designed to meet the needs of patients with Alzheimer's Disease (AD) and related disorders. The National Institute on Aging (NIA) SCU Initiative was undertaken to study the outcomes of SCU's for persons with AD or related dementias and their families. Individuals with dementia and their families constitute an integral unit. One goal of SCU's is to support families' ongoing involvement in their relatives' care, but previous research has shown that family involvement may be related to positive or negative ratings of resident functioning and affect. This study examined the relationship between family involvement in care and perception of change in the AD relative living in an Intermediate Care Facility (ICF). Family member caregivers from two SCUs and comparable non-SCU's housed in one ICF were interviewed. Family member caregivers assessment of residents' physical, cognitive, emotional and social changes was gathered from interviews, along with level of involvement from the family member caregivers. It was hypothesized the higher a family member's level of involvement, the less likely it was that the family member would perceive that the resident had changed positively since coming to live in the ICF. Analyzing family members' perceptions of resident outcomes in SCU's and non-SCU's can provide increased understanding of the complex relationship between family member involvement in care and SCU effectiveness for AD residents.

A QUALITATIVE ASSESSMENT OF LIFE SATISFACTION IN OLDER ADULTS RESIDING IN LONG-TERM CARE FACILITIES.

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Very little research on life satisfaction of older adults has been conducted using qualitative methodology. Due to the highly subjective and personal nature of life satisfaction, and in order to gain knowledge of the salient factors associated with it, a qualitative approach was taken. Data was gathered through an in-depth, structured interview carried out with 131 cognitively alert, older adults ranging in age from 63 to 100 who resided in long-term care facilities.

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Qualitative responses were content analyzed. Those who received visits from friends r reported higher levels of life satisfaction, $U(22/100)=816$, $p < .05$. Those who experienced difficulty adjusting to the facility reported lower levels of life satisfaction, $X^2(4, N=122)=16.2$, $p < .005$. Adjustment difficulties centered primarily on coping with less independence and living with other residents. Residents with high levels of life satisfaction attributed living at the facility to the benefits it provided, $U(11/112)=367$, $p < .05$. No significant differences in life satisfaction were found for the effects of frequency of visitors, family visits, specific positive adjustment perceptions, perceived choice in moving to the facility, gender, or length of stay. The findings suggest that social workers assist residents in eliminating their negative perceptions during initial adjustment, help them find beneficial reasons for living in the facility, improve the overall perception of the facility, and improve social life between residents.

Associations of Cognitive Decline with Functional Status in an Institutionalized Population

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In anticipation of an expected increase in the service needs of the elderly, it is important to examine the characteristics and needs of older adults with cognitive impairment to evaluate the potential for placement in less intensive, less institutionalized, and less costly settings. Nursing home residents with cognitive impairment were followed for two years to assess the incidence rate of cognitive decline across three levels of severity and to evaluate the associations of cognitive decline with functional status and other related outcomes. Data are drawn from a 15% random sample of long standing nursing home residents located in four states (Maine, Kansas, Mississippi, South Dakota) involved in the Multi-State Quality Assurance Demonstration Project funded by the Health Care Financing Administration (HCFA). MDS data were used to develop measures of cognitive and functional ability and evaluate resident status at the start and end of a two year period of nursing home care.

Both cognitive and functional status declined for the majority of elderly residents studied. Declines in cognitive ability were positively associated with significantly larger decline in activities of daily living scores and increases in the frequency of falls, fractures, and the use of physical restraints. Study findings underscore the importance of considering the complex needs of cognitively impaired residents in planning more community-based alternatives to nursing home placement for older adults.

A COMPARISON OF MEDICAL/FUNCTIONAL PROFILES OF PARTICIPANTS IN TWO LONG-TERM CARE SETTINGS.

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In an effort to contain costs while providing necessary care HCFA has supported a number of demonstrations. The Nursing Home (NH) demonstration is a multi-site study of case-mix demand and quality of care in certified nursing homes. The Program for All-inclusive Care of the Elderly (PACE) demonstration is community-based geriatric care with the goal of keeping very frail persons out of hospitals and LTC institutions. Although deemed a success, PACE has been criticized for "skimming" by serving only those merely eligible for nursing home care. The purpose of this paper is to consider this criticism, and to model the types of persons served by both types of LTC arrangements. Information on medical conditions/diagnoses, ADL and IADL limitations, cognitive assessments, behavioral problems, and demands for care are extracted from the NH and PACE participants' clinical records. The Grade of Membership multivariate statistical technique is used to estimate the medical/functional profiles for the combined NH and PACE patient records. The results indicate: 1) PACE and NH each serve a wide range of both demented and non-demented, chronically ill profiles; 2) for the demented profiles, PACE is more likely to serve early to mid stage dementia, both PACE and NH serve mid to late stage dementias, and NH serve a slightly larger share of late stage Alzheimer's disease; 3) for the non-demented, chronically ill profiles, there are certain profiles that both PACE and NH serve (e.g., osteoporosis, fractures, and arthritis; CVD-related diagnoses), whereas the NH is more likely to serve persons having a major stroke; and 4) both PACE and NH serve a profile of non-demented persons with no ADL limitations, and few IADL limitations.

INSTITUTIONALIZATION OF DEMENTED ELDERLY: THE ROLE OF CAREGIVER CHARACTERISTICS

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Theoretically, there are at least three sets of caregiver characteristics that may explain institutionalization of demented elderly people: commitment to the caregiving relationship, perceived stress and psychological distress, and personality traits. In the present study, logistic regression was used to test whether these caregiver characteristics were risk factors of institutionalization of demented elderly people in the first year after baseline measurement (N = 138). Control variables were caregivers' sex, age and education. The results showed the importance of the type of relationship between caregiver and care recipient, used as a global measure of caregiver commitment. Demented people cared for by non-spouses were more likely to be institutionalized as compared to those cared for by spouses. For non-spouse caregivers, being more extravert had more effect on institutional placement, whereas for spouse caregivers perceiving more pressure from informal care had more effect. These findings are in agreement with the assumption that non-spouses are less strongly committed to the caregiving relationship as compared to spouses. Results were independent from elders' impairment in cognitive functioning and (Instrumental) Activities of Daily Living. Psychological distress was not a risk factor at all, which is a matter of concern, regarding the consequences for caregivers' own health and health-care utilization, but also for their treatment of the demented elder.

AUDIOTAPE INTERVENTION FOR AGITATION IN NURSING HOME RESIDENTS: CASE STUDIES

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The purpose of the current study is to examine the efficacy of two promising and practical interventions to decrease verbal disruption (DV). The intervention consists of residents listening to either environmental (country steam and gentle ocean) or soothing voice (relaxation) audio tapes according to an individualized behavior management program administered by the nursing assistants (NA) during or prior to high probability agitation periods (N=31). Five case studies were chosen for discussion: 3 responders (R) and 2 nonresponders. Demographics of the 5 female residents showed a mean age of 83.6 (R=80.7, NR=88.0), mean MMSE of 16.4 (R=21.7, NR=8.5), and mean total ADL (Lawton & Brody, 1966) functioning of 15.4 (R=14.7, NR=16.5). The 3 responders decrease their DV by 76.8 percent, whereas the 2 negative responders increased DV by 75.1 percent. Non-responders were described in field notes as being predominantly self-talkers and tended to exhibit higher levels of psychomotor restlessness than responders. Individual differences will be examined and possible implications for selection of residents for this intervention will be discussed.

Behavioral Interventions for Staff: Efficacy and Effectiveness

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Behavioral approaches provide an alternative to drug therapy when treating agitated and disruptive behaviors in nursing home residents. A brief inservice was conducted with staff at a skilled nursing facility in San Francisco with 120 patients. Training included: 1) Operationalizing target behavior 2) Determining the antecedents of target behavior, and 3) Responding appropriately to the patient before, during and after the behavior has occurred. The presentation utilized examples from patients currently seen by staff as "difficult." Frequency of problematic behaviors was recorded for five patients twice, both prior to, and one week after the inservice. At times one and two, measures of self-efficacy and degree of negative reaction of staff members (N=10) to difficult patients were also recorded for the behaviors targeted in the Revised Memory and Behavior Problem Checklist. Comparing results from time one and two suggest that staff experienced a positive increase in their sense of self-efficacy in responding to a range of problem behaviors. This change occurred despite a lack of significant change in the frequency of problematic behaviors. Our results suggest that training in behavioral interventions for disruptive behavior in nursing home settings may positively impact staff attitudes and sense of competence.

HASTENING DEATH: ATTITUDES TOWARD TWO OF END-OF-LIFE DECISION OPTIONS.

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The universal urge to survive may be weakened in old age, as many terminally ill older adults seek to hasten death, either by the socially acceptable means of refusing life-extending treatments or by the controversial means of assisted suicide. This study examined factors related to these decisions. A random sample of 63 men and 137 women aged 60-90 responded to 5 end-of-life decision scenarios depicting individuals with a terminal condition and a low quality of life. In addition to completing a set of personality, health, and background measures, participants were asked whether or not they favored decision options of (a) refusing treatment, and (b) assisted suicide. The sample was divided into three groups: Gr. I favored neither option, Gr. II favored both options, and Group III favored only refusing treatment. Using ANOVA, the 3 groups differed significantly ($p < .05$) on quality of life and preservation of life values , religiosity, and death fears, but not on other variables. Results indicate the importance of values in understanding differences in elders' decisions to hasten death.

HOSPITAL INVOLVEMENT IN SUBACUTE AND LONG-TERM INSTITUTIONAL CARE: PATTERNS AND CORRELATES. Naoko Muramatsu, University of Illinois at Chicago (UIC) School of Public Health, m/c 923 Chicago, IL, 60612-7259, SD Lee, UIC Department of Sociology, JA Alexander, University of Michigan School of Public Health.

With increasing hospital involvement in non-acute services, more organizational analysis is needed to aid ongoing efforts in improving financing and integration of services for older Americans. This study examined (1) the current patterns of provision and ownership of subacute and long-term institutional services among the population of community general hospitals in the United States and (2) their associations with types of hospitals (missions and organizational resources) and communities. Data came from the 1995 American Hospital Association Hospital Survey and the Area Resource File. A series of logistic regression analyses indicated that hospital involvement in those services differed significantly across types of hospitals and communities. Non-profit, non-teaching, resourceful hospitals with a balanced patient mix (i.e., less dependent on Medicare and Medicaid patients) were more likely to provide both subacute and long-term care. Community characteristics associated with higher involvement included rural location, social and economic resources and hospital competition. For-profit hospitals were less likely to provide long-term care, but more likely to offer subacute care, which is more lucrative under the current reimbursement system. Non-profit hospitals displayed a more even-handed pattern of involvement, suggesting they might play a facilitative role in bridging acute, subacute and long-term care. Findings provide important insights for understanding the role of hospitals in subacute and long-term care and for informing reimbursement policies of acute and long-term care service for older Americans with complex health care needs.

PSYCHOSOCIAL IMPLICATIONS OF POSITIVE AND NEGATIVE ATTITUDES TOWARD DEATH IN OLD AGE. B. Schiff, P. Wink, Department of Psychology, Wellesley College, Wellesley, MA 02481.

Data from the Berkeley Guidance and Oakland Growth Longitudinal Studies of men and women

were used to study concurrent and longterm psychological implications of two positive and two negative attitudes toward death in old age. As expected, a religious based approach to death was associated with concurrent measures of generativity, positive relations with others and the size of social support network, but unexpectedly it was unrelated to life satisfaction and mental health. Life satisfaction and mental health, however, were positively related to a neutral, matter of fact, approach to death. This type of death acceptance in old age could be predicted longitudinally from personality data in early adulthood indicative of a firm sense of self and interpersonal poise. Among the two negative attitudes toward death, fear of death appeared to be a stable personality disposition that could be predicted from data collected in early midlife. Escape orientation to death was found to be a state measure associated with an immediate response to experiences of loss and bereavement.

COMMUNITY INFLUENCES ON LIVING ARRANGEMENTS AMONG THE ELDERLY

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A multitude of studies have examined the determinants of elders' living arrangements, but few analyses have assessed the role of community characteristics. Features of the local community, such as presence of health services, accessible transportation, and nearby kin, are likely to be an important part of the process because they define both the demands of independent living and the options to independent living. We assess the role of community characteristics using a unique multi-level data set. We appended data characterizing county of residence to the records of individual respondents to the AHEAD Survey. We are thus able to model living arrangement transitions over a two-year period as a function of both community and individual characteristics. We consider both residential moves and moves to institutions and explicitly allow for the risk of death. Of particular interest is the degree to which well-documented rural-urban differences in institutionalization result from differences in the characteristics of rural and urban communities. **BSS-6**

BURDEN, WELL-BEING, AND THE ROAD TO NURSING HOME PLACEMENT

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Nursing home placement of a family member with dementia is perhaps one of the most difficult decisions in life. We were interested in whether changes in burden and well-being triggered taking steps toward placement. Caregivers (N=143) enrolled in the Caregiving Core of the University Alzheimer Center (NIA-AG08012) were given questionnaires about their personal caregiving experiences upon entering the Core and one year later. Building on our previous work, we measured three constructs (caregiver burden, objective well-being, and subjective well-being) across four domains (physical health, mental health, finances, and social participation). Over a year's time, only physical health burden significantly worsened ($t=-4.35$, $p<.001$), however, this change was not associated with taking more steps toward placement. We next looked at the correlates of taking more steps and found social burden at T_1 ($r=.19$, $p<.05$) and physical health burden at T_1 ($r=.18$, $p<.05$) were correlated with an increase in steps taken over one year. While neither predicted an increase in the steps in regression analysis, social burden at T_1 was a significant predictor of the actual number of steps taken at T_2 ($\beta=.24$, $p<.01$). Results suggest there is little change on average in burden and well-being over one year. Moreover, absolute values of burden are more important than change in burden or well-being when accounting for steps toward institutionalization.

IMPROVING CARE AT THE END OF LIFE: RESULTS FROM TWO RAPID CYCLE QUALITY IMPROVEMENT COLLABORATIVES

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Current Medicare financing discourages innovative approaches to end-of-life care. The Center to Improve Care of the Dying, in conjunction with the Institute for Healthcare Improvement, have sponsored two rapid cycle quality improvement "Breakthrough Series Collaboratives" to improve care at the end of life. Collaborative participants learn best practices and a process model to implement, test and measure outcomes of improvements. The first Collaborative (July 1997-July, 1998) brought together 47 hospitals, hospices, home health organizations, a PACE site, and integrated health care systems joined together to work collaboratively to reach significant improvements in four areas of daily practice: pain and symptom management; advanced care planning; improving continuity and transfers, and providing patient and family support. The second Collaborative (January, 1999-September, 1999), with 36 health care provider participants (18 Department of Veterans Affairs hospitals and 18 other providers), focused on implementing best practices for care management for advanced congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) patients. Significant and positive results were obtained in pain management, advance care planning, dyspnea management, family and bereavement support. Continuity and comprehensiveness had less positive results. Implications for policy and service delivery will be discussed.

Development and Testing of a Satisfaction with Care Index for Assisted Living Residents.

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Despite increasing interest in developing "quality indicators" for health, mental health, and long term care facilities, there has been little focus on quality of care in assisted living facilities (ALFs), the fastest growing component of the long-term care system. In response to this need, the investigators developed and pilot tested a Quality of Life/Quality of Care Assessment System for ALFs. A sample of 138 ALF residents from 13 ALFs in Florida, as well as 44 family members completed survey instruments. Factor analysis of those items focusing on residents' satisfaction with care, the staff, and the facility characteristics, yielded a 26 item, "Satisfaction with Care Index" with the following six factors: External socialization; Environment; Care/Responsiveness of staff; Internal socialization; Activities and Choices; and General satisfaction. The Index exhibited strong internal reliability or consistency (alphas ranging from .83 to .91 for the six factors, and .94 for overall reliability). Concordance of ratings between residents and family was high, indicating that family may serve as proxies for residents with cognitive impairment. Implications for regulatory and policy development are offered.

THE SOCIO-EMOTIONAL CLIMATE OF A SMALL COMMUNITY OF PERSONS WITH DEMENTIA: OBSERVATIONS OF INTERPERSONAL INTERACTIONS

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Interpersonal interactions among persons with dementia have not been widely studied until recently. Small dementia care facilities designed according to Tom Kitwood's model of person-centered care provide an environment for studying these interactions because they are more likely to occur when residents' emotional and interpersonal capabilities are affirmed. This study consisted of biweekly observations of two such living spaces (10 residents living in each) for 15 weeks. During 30-minute sessions, two observers recorded verbal and nonverbal interpersonal interactions among residents as well as emotion displays. Additional observations were conducted within 24 hours of a resident's death or relocation or a new admission to the unit. Qualitative methods were employed to extract themes from the descriptions of interactions. Categories include: methods of regulating the socio-emotional environment; automatized forms of social interaction (e.g., greeting rituals); helping behaviors; dyadic calming strategies; responses to emotion contagion; interpersonal curiosity about motivated behavior (e.g., the resident as psychologist); conversational topics common to demented and non-demented adults; and joking and humor.

ELDERLY RESPONDENTS' PERCEPTIONS OF PATRONIZING SPEECH BY SERVICE PROVIDERS TOWARD ELDERLY ADULTS

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Past research has shown that elders are often the recipients of patronizing speech by younger adults, particularly in health care settings and situations in which cues of aging are salient. There remain several unanswered questions as to how living environment (community versus institution) and cognitive ability influence older adults' evaluations of patronizing speech. The purpose of this study was to explore these factors, both between and within community and nursing home samples of elderly adults. Thirty-eight nursing home and 62 community Caucasian elderly women viewed two videotaped vignettes, one in which a nurse spoke to an elder target in a patronizing tone, and one in a neutral tone. No significant differences were noted between the two samples' evaluations. Rather, both samples rated the nurse more favorably, rated the elder target as more satisfied with the conversation, and assumed that the nurse-elder dyad knew each other better when the nurse's speech was neutral rather than patronizing. Higher cognitive ability was associated with more favorable ratings of neutral speech, but not negative ratings of patronizing speech. Community respondents rated the elder targets of patronizing speech as less competent and active/potent than targets of neutral speech, suggesting a "blaming the victim" effect. Furthermore, this effect was not tempered when the elder target was said to live in the community rather than a nursing home. These results demonstrate not only the inappropriateness of patronizing elderly adults, but also the negative consequences of this style of speech in terms of how the elderly recipients are evaluated by fellow elders.

Understanding the Variable Responses of Florida's Elder Housing Sponsors/Managers in Providing Supportive Services.

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The purpose of this qualitative study is to better understand how size, sponsorship, and program type favor elder supportive service implementation and network formation at selected Florida HUD subsidized housing facilities. This study, conducted at 24 privately owned, multi-family facilities, utilized two sixty-minute manager/sponsor interviews to assess the availability of supportive services and the reasons for different types of services utilized on the property. The interview data was processed with the computer program NUD•IST. A central finding of this research is that facilities that are able to achieve economies of scale with respect to the size of elder tenant populations and housing, sponsors/managers will be more able and likely to provide supportive services that address the needs of their frail elder tenants.

WHO LEFT THE FLOWERS?: VISITING IN VIRTUAL CEMETERIES.

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The importance of postdeath ritual to the grieving process has been described frequently. but few have studied ritual beyond the funeral. Such research is hampered by the personal and private nature of most other postdeath rituals. However, virtual cemeteries (websites where memorials to the dead can be created and visited) provide opportunities to observe both postdeath rituals and the reaction to them by visitors who are not in bereavement. The present study examines visits to two web cemeteries through an analysis of their guestbooks. One (VMG) has a general guestbook for the cemetery, while the other (WWC) has a separate guestbook for each memorial. Guestbook entries were coded for visitor demographics, repeat visits and entry content. Analysis of 437 entries suggests that the bereaved and nonbereaved visit both sites but record their visits with different frequency (only 15% of VMG but 51% of WWC entries described visiting the memorial of a person they knew). VMG entries, generally written by 'strangers' to the website manager, were positive, with 52% relaying their gratitude that the cemetery exists. WWC entries provided a more intimate portrait of visiting by the bereaved and others. Most WWC 'stranger' entries were written to the memorial author like a condolescence card, while 86% of 'bereaved' entries were addressed to the dead--describing love, missing and updates on recent events. In both cemeteries, strong gender differences emerged, with more women visiting and engaging in repeat visits than men. Virtual visiting will be discussed in relationship to several themes in the final paper, including changing death systems, support for the bereaved, personal postdeath ritual and the role of gender in continuing relationships with the dead.

MY VIEW OF BATHING AND GIVING A BATH: NEW OUTCOME MEASURES FOR CNAS

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Selecting or developing outcome measures is an important component of nursing intervention studies. Outcome measures were needed for an intervention trial evaluating the effectiveness of two bathing approaches designed to reduce disruptive behaviors and increase comfort during bathing of older nursing home residents with dementia. In designing the intervention trial we found no instruments for CNAs that assessed either their attitudes toward bathing nursing home residents or their self-reported behaviors related to making the bath go well. Because Nunnally (1978) recommended that researchers focus on content validity when developing outcomes measures, we developed 62 items specific to the experience of bathing nursing home residents. In order to evaluate clarity and content validity (Imle & Atwood, 1997), the 62 items were given to eight expert judges. Based on their evaluation, the number of items was reduced to 29 and some items were reworded. After conducting a small tryout of the instrument with 7 CNAs, we refined items and grouped them into two scales, one measuring attitudes, named My View of Bathing (15 items), and the other measuring self-reported behaviors, named Giving a Bath (13 items). To obtain preliminary evidence about reliability and validity, the two scales were pretested with 39 CNAs working in nursing homes. We then inspected frequency distributions of CNA responses to each item and also considered the Cronbach's alpha and item-total correlations in the retention of items. For the final scale versions, Cronbach's alpha was .64 for My View of Bathing (12) items and .74 for giving a Bath (11 items). Evidence for construct validity was supported by a known groups comparison.

DECONSTRUCTING THE CAREGIVING CONTEXT AT THE TIME OF INSTITUTIONALIZATION

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Ample research exists that has established the predictors of institutionalization, but less research has examined why some families have a higher tolerance of providing care than others. The purpose of this paper is to assess how changes in the characteristics of caregiving contexts influence the risk for institutionalization. Characteristics of caregiving contexts include both structural attributes such as the size of the kin network, living arrangements, caregiver relation to elder, etc. and functional attributes such as role captivity, feeling trapped, and other measures of caregiver burden. Changes (i.e., difference measures) in these characteristics will be assessed over six waves of data up until institutionalization. The data come from a 5-year longitudinal survey that began in 1988 of 555 primary caregivers of noninstitutionalized persons with Alzheimer's disease who resided in the San Francisco Bay Area or Greater Los Angeles. We used longitudinal analyses to regress the time from illness onset to institutionalization on changes in the caregiving context, after controlling for baseline measures of the caregivers and recipients' health. The results show how caregivers delay institutionalization when changes in the structural attributes are small relative to changes in the functional attributes of the caregiving context. Structural attributes of caregiving contexts provide a resource from which functional attributes flow. Assessment of the risk for institutionalization must consider the larger structural context of caregivers' burden and how this may influence their level of tolerance for caregiving before placing elders in an institution.

HUMAN FACTORS AND THE DRESSING ADL IN SPECIAL CARE UNITS

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The dressing ADL is perhaps the most intimate contact that staff have with residents in Special Care Units on a daily basis. The dressing process is often a labor intensive activity carried out primarily by Nurse Aides. It may sometimes require assistance from more than one Aide, and may pose physical risks for staff and/or resident. However, dressing requires communication between staff and resident, and the staff role should be assistive and empowering in nature.

Few studies of this central process have examined in detail the interaction between resident and staff in the dressing ADL in Special Care Units and none has utilized a Human Factors engineering approach. Enhancement of Resident independence was a primary goal in the application of Human Factors engineering tools to an analysis of the dressing process. The project took place in two facilities in Maryland and Virginia. The dressing process for ten special care residents in each facility (after undergarments) was videotaped. Specific sub-tasks (putting on socks, pants, shirt/blouse, sweater, shoes) were analyzed and work flow sequences examined. A prototype tool for assessment of the staff role and resident capabilities was developed and training of Aides and Nurses in the use of the ADEPT (ADL Enhancement of Performance Tool) tool was undertaken. The study found a wide variation in communication skills among Aides, specific physical risks to Aides and to Residents, and found that types of clothing and other accoutrements can affect both length of time to complete sub-tasks and the ability of residents to initiate or complete them.

Institutional policy related to when dressing takes place, the number of residents assigned to each Aide for dressing assistance, training of staff for this activity, and other elements are discussed along with presentation and discussion of the ADEPT tool.

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DIMENSIONS OF WELL-BEING AND STRESSORS EXPERIENCED BY DAUGHTER AND SON CAREGIVERS OF PHYSICALLY VERSUS MENTALLY IMPAIRED PATIENTS IN NURSING CARE CENTERS

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Although adult children caring for disabled parents in community settings frequently report multiple stressors and diminished well-being, little attention has been given to adult child caregivers of physically or mentally disabled parents in nursing centers. This study examined differences in levels of psychological distress and sources of stress experienced by caregivers of institutionalized parents, based on the type and severity of parent impairment and caregiver gender. One hundred and sixty-six children of parents in four licensed nursing centers completed the Brief Symptoms Inventory (Derogatis, 1982), the Caregiving Hassles Scale (Kinney & Stephens, 1989), and a perception statement on the level of parent impairment. Analysis of data revealed that children of patients with dementia experienced a significantly higher level of depression and greater patient behavior hassles and patient cognitive hassles than children of parents with physical impairments. The level of the impairment, however, made no notable difference in caregiver psychological well-being. Gender of the caregivers was found to be a strong predictor of psychological well-being. Daughters were associated with greater levels of depression and anxiety; whereas, sons were associated with greater levels of hostility. Moreover, nursing home hassles, especially the practical logistical aspects of caregiving, contributed the most to caregiver hostility. Implications for helping professionals are discussed that include education forums, social support, and on-site counseling for adult child caregivers. BSS (6)

DAILY PATTERNS OF POSITIVE & DISRUPTIVE BEHAVIOR WITH ADVANCING DEMENTIA.

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Behavioral studies of dementia have focused on behaviors with negative impact, and patterns of the range of positive to negative behaviors over time are lacking. The purpose of this study was to describe daily patterns of disruptive and positive behaviors in relation to stage of dementia. The 45 subjects were long-term care residents in two facilities, with 27 who were randomly selected and diagnosed in the Canadian Study of Health and Aging, and 18 with a dementia diagnosis and a high risk for disruptive behavior. Nonparticipant observation of behavior was coded by a trained research assistant on a hand-held computer with the Environment-Behavior Interaction Code (EBIC) in six time samples/day. Comparisons were made between residents with cognitive impairment and no dementia vs. dementia; and early GDS (Global Deterioration Scale Stages 2-4) vs. late GDS (Stages 5-6). Diurnal variation was evident in disruptive behavior patterns for dementia but not for cognitive loss with no dementia. The GDS groups varied with greater mean rates of positive behavior for early vs. late GDS, and greater disruptive behavior for late vs. early GDS. The pattern of results provide support for sundown syndrome with advancing dementia.

THE IMPACT OF STRESSFUL LIFE EVENTS, PERSONALITY, AND SOCIAL SUPPORT ON SUBJECTIVE WELL-BEING IN OLDER ADULTS: CROSS-CULTURAL COMPARISONS OF OLDER KOREANS AND OLDER AMERICANS

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The objective of this study is to increase our knowledge of the complexities of subjective well-being in older adults. While several studies have been conducted on a variety of personality factors, and levels of social support, these have rarely been studied together with their impact on subjective well-being. In addition, these factors can be expected to influence and be influenced by a number of stressful life events, such as widowhood, divorce, disability, and others. This study uses the data from Charlotte County Healthy Aging Study, along with a purposive sample of older Koreans to enrich our knowledge on these important issues for older adults by expanding our analysis into cross-cultural context. Specifically, this study will address how older Koreans and Americans differ in terms of a) the presence or absence of a number of stressful events that can threaten well-being, b) in internal and external resources, such as personality and social support, and c) in measures of subjective well-being. By enriching the data through cross-cultural comparison, findings from this study have implications for developing social programs, services, and policies to support a more diverse elderly population. Also findings will serve as a basis for future studies to extend the subject to various ethnic groups.

SEVERITY OF WIVES' OSTEOARTHRITIS AND PROBLEMATIC SUPPORT FROM HUSBANDS

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Osteoarthritis (OA) is a common chronic condition that affects over half of older women. Many arthritis patients rely on their spouses for support when coping with the pain and disability of OA, and these OA symptoms may foster husbands' critical attitudes about their wives' coping efforts and a subsequent erosion of support. The present study examined relationships between disability (e.g. difficulty with activities of daily living) and pain behaviors (e.g. limping, grimacing) of 115 OA patients, and problematic support from their husbands (critical attitudes, insensitive emotional support behaviors). It was predicted that disability and pain behaviors would be associated with husbands' reports of critical attitudes and insensitive support behaviors and that critical attitudes would mediate the relationship between disability (and pain behaviors) and husbands' reports of insensitive support behaviors. As predicted, more disabled patients had husbands who were more critical and insensitive. Moreover, husbands' critical attitudes partially mediated the relationship between disability (but not pain behaviors) and husbands' insensitive support behaviors.

229

GERIATRIC PATIENTS WITH DEPRESSION: INNOVATIVE CARE MODELS IN HMOS

L.R. Fischer, (HealthPartners Research Foundation, 8100 34th Avenue S., POB 1309, Minneapolis, MN 55440-1309)

A. Beck (Kaiser-Permanente, Denver, Colorado) Integrating Mental Health Services into Primary Care: Effectiveness for Older HMO Members with Depression and Anxiety Disorders

E.M. Hunkeler, J. Meresman, J. Groebe, W.A. Hargreaves (Kaiser-Permanente-Northern California, Oakland, CA) Efficacy of Nurse Telephone Follow-up as an Augmentation to SSRI Treatment of Depression in the Elderly

C. Thompson and J. Groebe (Kaiser-Permanente-Northern California, Oakland, CA) Depression as a Component in Predicting Frailty

L.R. Fischer, S. J. Rolnick, F. Wei, J. Jackson (HealthPartners Research Foundation, Minneapolis, MN); J. Garrard, N. Nitz, L. Luepke (University of Minnesota, Minneapolis, MN) Geriatric Depression, Antidepressant Treatment, and Health Care Cost in an HMO

As we approach the new millenium, geriatric depression care ought to be a core target area for improving health services and providing cost-effective care. Depression is a common chronic condition among geriatric patients and is associated with substantial burden, both for patients and for the health care system. HMOs, since they offer and are at risk for a continuum of care, are in a key position to test innovative models to improve care for geriatric patients with depression.

The four presentations in this panel discuss data from HMO-based research projects to address the complex challenges of improving geriatric depression care. The first paper evaluates the effectiveness of an integrated mental health-primary care initiative and reports that an integrated care model is associated with greater symptom reduction over time for older patients with depression. The second, with findings from a randomized clinical trial, reports that nurse telephone follow-up is associated with improved treatment outcomes for patients with new SSRI prescriptions. The third presentation discusses the Geriatric Evaluation and Management (GEM) Project, which included the development of a screening form to identify frail elderly. The project found that self-perception of depression in the previous month was a strong predictor of frailty. The final paper reports that outpatient health care costs are 31% higher for geriatric patients with depressive symptoms (sub-threshold depression), controlling for co-morbid conditions and age. This study suggests that modest depression-care programs might be cost-effective through reductions in outpatient expenditures.

The symposium will have two parts: (1) brief research reports on innovative approaches to depression-care in HMOs and (2) a panel discussion of the challenges of caring for geriatric patients with depression from the perspectives of both research and practice. SRPP-8

230

STEALTH GERONTOLOGY: TRANSLATING RESEARCH INTO PUBLIC EDUCATION

M.J.Lichtenstein, Aging Research and Education Center, Univ. of Texas Health Science Center, San Antonio, TX, 78284.

Participants:

J.W.Weaver (Texas Institute for Research and Education on Aging, Univ. of North Texas, Denton, TX 76203) Training Educators to Teach About Aging.

S.L.McGuire (College of Nursing, Univ. of Tennessee, Knoxville, TN 37996) Aging Education for Elementary School Children.

W.C.Lane (Center for Aging and Human Services, SUNY, Cortland, NY 13045) Infusing Aging Into School Curricula: Strategies, Barriers, and Opportunities.

L. Pruski (Aging Research and Education Center, Univ. of Texas Health Science Center, San Antonio, TX 78284) ***Positively Aging^{TM}***: Creating Teaching Materials for Middle School Students.

Discussant:

G.Cohen (Center on Aging, Health, and Humanities, George Washington University, Washington, DC 20037)

As gerontologic research yields new information about biological phenomena and social issues related to aging, opportunities emerge to infuse this material into public school education. The rationale for teaching children about aging includes: (1) increasing their abilities to make critical, life-determining decisions for extending and enhancing their own lives (health promotion), and (2) increasing their sensitivity to the needs and concerns of an aging population. Teaching examples from the gerontologic disciplines have been created that facilitate, rather than replace, key curricular elements at K-12 grade levels. The symposium will present programs targeted at the elementary and secondary levels of education, describe efforts to train teachers about aging, and provide strategies for incorporating gerontology into public school education. (Supported by SEPA Grant # R25-RR12369-02 – NCRR, NIA, NIDR)

TRAINING EDUCATORS TO TEACH ABOUT AGING. Jan W. Weaver, Ph.D., R.N. Texas Institute for Research and Education on Aging, University of North Texas, Denton, TX 76203-0919

The National Academy for Teaching and Learning about Aging (NATLA) was established at the University of North Texas (UNT) to prepare young people for life in an aging society. NATLA grew out of cooperative efforts between the National Retired Teachers Association and UNT's College of Education and the Texas Institute for Research and Education on Aging. NATLA's mission promotes a balanced view of aging and increases understanding about aging issues through education and intergenerational cooperation. To accomplish this mission NATLA collaborates with education and gerontology professional organizations at the national, state, and local levels to promote K-12 education about life span issues.

Currently, NATLA has several projects that prepare public school educators to include gerontologic topics in the classroom. First, NATLA operates a Professional Development Institute at UNT for K-12 teachers. This institute provides research-derived information about the major social, political, and economic issues of aging and how these issues can be incorporated into existing curricula and teacher preparatory classes. Second, NATLA implemented a textbook reform project that analyzes the extent to which widely used textbooks in Texas' public schools contain accurate and appropriate information about aging. A manual for textbook publishers and authors is available to guide them in incorporating aging-related content into K-12 instructional materials. Third, NATLA is establishing advocacy networks comprised of retired teachers, volunteers, and aging services providers to serve as resources for local school districts. This presentation will provide an overview of NATLA's activities and provide strategies to participants for developing collaborative programs with educators in primary and secondary public schools.

AGING EDUCATION FOR ELEMENTARY SCHOOL CHILDREN. Sandra L. McGuire, M.S.N., Ed.D. College of Nursing, University of Tennessee, Knoxville, TN 37996-4180.

By the time they are three years old, some children use ageist language. Age bias and negative attitudes toward the elderly are evident in many preschool children. By ages 12-13, many children's beliefs about aging may be difficult to change. Unfortunately, these early attitudes can become self-fulfilling prophecies. It is therefore imperative for aging education to begin early, before negative attitudes about growing older are ingrained. A foundation for successful aging can be laid for young people with aging education as its cornerstone.

Aging education with elementary school children can promote positive attitudes about aging. A conceptual framework for this learning includes:

1. Aging is a natural and lifelong process of growing and learning.
2. Older and younger people are similar in many ways.
3. Older people are valuable contributing members of society.
4. Older and younger people can enjoy and learn from each other.
5. Each person needs to plan for growing older.
6. Each person has much control over the older person they become.

This framework must be embedded in learning activities that are intergenerational and developmentally focused. With young children, these activities often emphasize the affective domains of learning. It helps children make the "lifespan connection," to think about themselves growing up and growing older. This approach facilitates children seeing how decisions they make early in life impact on the older person they become. This presentation will give participants an overview of aging education activities for elementary school children and outline methods for incorporating them into public schools.

INFUSING AGING INTO SCHOOL CURRICULA: STRATEGIES, BARRIERS, AND OPPORTUNITIES. William C. Lane, Ph.D., Department of Sociology, SUNY Cortland, Cortland, NY 13045.

Many K-12 school children express negative attitudes, not toward older people in their own families, but to older people as a group. These same young people, will, as adult professionals, be more likely than any previous generation to work with older clients. Infusing aging education into school curricula can produce more positive attitudes and, possibly, increase the chances that these young students will consider careers that include working with older people.

However, an already over-crowded curriculum, emphasis on higher graduation standards, and lack of administrative support prevent dissemination of aging education into the public school system. Using examples from the State of New York, this presentation will focus on policy issues and strategies for overcoming these barriers. The pathways for infusing aging education into the New York public schools currently include:

1. Working with discipline specific teacher organizations to develop aging related pre-service and in-service teacher training.
2. Working with lead teachers who have an interest in aging issues because they provide care for their parents or other aged relatives.
3. Developing policy statements for the NY State Board of Regents.
4. Working with the New York State Office for the Aging to develop reading programs at the elementary school level and health programs at the high school level.

Symposium participants will learn how these pathways were developed, their timelines for implementation, and their relative effectiveness to date.

***POSITIVELY AGING™*: CREATING TEACHING MATERIALS FOR MIDDLE SCHOOL STUDENTS.** Linda Pruski, M.Sc., Aging Research and Education Center, University of Texas Health Science Center at San Antonio, San Antonio, TX, 78284.

Positively Aging™ is an educational partnership developed between the Aging Research and Education Center (AREC) at the University of Texas Health Science Center and the Northside Independent School District (NISD) in San Antonio, TX. For the past six years, AREC scientists have worked with NISD middle school educators to produce instructional materials. These materials work toward achieving the National Institutes of Health goals to (a) improve the quality of math and science education in public schools, and (b) promote an understanding of behaviors that increase the risk of disease. ***Positively Aging™*** has three long-term goals:

1. To provide effective teaching materials for math and science curricula based on examples from the gerontologic sciences,
2. To help students learn to make critical life determining decisions for extending and enhancing their own lives, and
3. To help students develop a sensitivity to the needs and concerns of the aging population.

In its present form ***Positively Aging™*** consists of 12 interdisciplinary units with 276 teaching activities. To enhance acceptability, all lessons have been mapped to the Texas Essential Knowledge and Skills (TEKS), the core curriculum currently guiding K-12 education in Texas public schools. For example, if a science class needs to learn about the physical concept of 'density,' ***Positively Aging™*** teaches this with the example of bone mineral density. The physical science lesson on bone mineral density may then be linked to biology lessons on bone remodeling, public health lessons on osteoporotic fractures, and health promotion lessons for maintaining bone health across a life span. This presentation will demonstrate interdisciplinary learning activities from ***Positively Aging™*** and describe their implementation in middle school classrooms.

231

STRENGTHENING THE VOICE OF CONSUMERS: DEVELOPING GUIDELINES TO USE CLIENT SATISFACTION ASSESSMENTS TO IMPROVE HOME CARE QUALITY

S. Miyake Geron, Associate Professor of Social Welfare Policy and Research, Boston University School of Social Work, 264 Bay State Rd., Boston, MA, 02215.

Participants:

L. Glickman (Massachusetts Executive Office of Elders Affairs, 1 Ashburton Place, Boston, MA 02215) Report on the Administration of the HCSM in Massachusetts.

H. Soberon-Ferrer (Florida Depart. of Elder Affairs, 40,40 Esplanade Way, Suite 315, Tallahassee, FL 32399). Report on the Administration of the HCSM in Florida.

K. McKeon (Rhode Island Department of Elderly Affairs, 160 Pine St., Providence, RI 02920) and C. Russo (Care Management of Rhode Island, Cranston, RI 02920). Report on the Administration of the HCSM in Rhode Island.

S. Finkel (Council for Jewish Elderly, 3003 West Touhy, Chicago, IL 60645). Report of the Administration of the HCSM at Council for Jewish Elderly.

Discussant:

R. A. Applebaum (Scripps Gerontology Center, Miami University of Ohio, 45056)

This presentation represents a review of a two-year project funded by The Retirement Research Foundation to develop guidelines and training materials to use client satisfaction assessments to improve home care quality. The project uses the Home Care Satisfaction Measure (HCSM), a multiple item measure of home care satisfaction for frail elders who receive home care services developed by Dr. Geron. Four sites--the Council for Jewish Elderly, in Chicago, Florida Department of Elder Affairs, the Massachusetts Executive Office of Elder Affairs, and Rhode Island Department of Elder Affairs-- were involved in the project and agreed to implement the HCSM and participate in additional research activities. To date, over 5,000 administrations of the HCSM have been completed. Analyses have been completed by The New England Research Institutes (NERI). Benchmarks have been developed that permits agencies to compare their performance to national home care satisfaction standards. Representatives from each site will present findings and describe implementation challenges and how they have addressed them.

REPORT ON THE ADMINISTRATION OF THE HCSM IN MASSACHUSETTS

L. Glickman. Secretary, Massachusetts Executive Office of Elder Affairs, 1 Ashburton Place, Boston, MA 02215.

The Executive Office of Elder Affairs serves over 33,000 elderly clients through 27 Aging Services Access Points

(ASAP), the agencies that coordinate home care services in the Commonwealth of Massachusetts. Boston University School of Social Work (BUSSW) conducted the client satisfaction survey for EOEA, using a telephone version of the HCSM, during the first six months of 1998. Findings for the YO1 HCSM survey of over 3,000 recipients of home care services were presented to the Directors of the ASAPs in mid-November, 1998. In early December, a staff training was held to further explore the interpretation and uses of the satisfaction survey results. BUSSW is conducting a second round of interviews using the telephone version of the HCSM, using the same protocols as in YO1. All interviews are expected to be completed by June 30, 1999.

REPORT ON THE ADMINISTRATION OF THE HCSM IN FLORIDA

H. Soberon-Ferrer Research Director, Planning and Research. Florida Depart. of Elder Affairs, 4040 Esplanade Way, Suite 315, Tallahassee, FL 32399.

The Florida Department of Elder Affairs (FDEA) is the Florida state unit on aging and has responsibility for administering long-term care programs within the State of Florida. FDEA contracted with the University of Florida (UF) to conduct the sampling and survey administration. From a client base of 18,400 clients who met the participation criteria, approximately 5,600 clients were selected for the sample and of those, over 2100 completed the survey. The survey was conducted by telephone in both English and Spanish. Analyses were completed in February 1999 and the final report for FDEA was produced the following month. FDEA has expressed a strong commitment to a second administration of the HCSM in the Fall of 1999, one year from the first survey.

REPORT ON THE ADMINISTRATION OF THE HCSM IN RHODE ISLAND

K. McKeon Rhode Island Department of Elderly Affairs, 160 Pine St., Providence, RI 02920.
C. Russo Care Management of Rhode Island, 70 Bath St., Cranston, RI 02920.

The Rhode Island Department of Elderly Affairs (DEA) joined with Care Management of Rhode Island (CMRI), a private non-profit case management agency, to measure client satisfaction of frail elderly home care recipients who receive services from DEA. With assistance from Boston University School of Social Work (BUSSW), trained interviewers from CMRI completed the implementation of the HCSM for three programs available to Rhode Island seniors. The Rhode Island sample contained a total of 413 respondents, and of those, 182 completed the survey. Boston University presented a Final Report to Rhode Island officials in December, 1998, and again in January 1999, meeting with the new Director of DEA, Barbara Rayner, and other social and human services personnel.

REPORT OF THE ADMINISTRATION OF THE HCSM AT THE COUNCIL ON JEWISH ELDERLY

S. Finkel Council for Jewish Elderly, 3003 West Touhy, Chicago, IL 60645.

The Council for Jewish Elderly (CJE), a private non-profit organization located in Chicago, Illinois, serves 12,000 older adults a year through a wide range of home and community based services. CJE selected a sample of 634 clients from among its care recipients and approximately 250 of those clients completed the survey. The HCSM was administered in both English and Russian. CJE produced their own Russian translation of the HCSM and provided the Russian-speaking interviewer. Telephone interviews were completed in February, 1999. Analyses are currently under way at the New England Research Institutes. A Final Report will be completed by June, 1999. CJE is considering beginning a second round of interviews relatively soon so that all clients will be called 6 months after their first call.

232

Full Color Aging: Moving Towards Policies that Accommodate America's Diverse Elders.

T. P. Miles (University of Texas Health Science Center at San Antonio, TX) Y.-P. Chen (Gerontology Institute, University of Massachusetts, Boston MA)

Participants:

Y. Chen. Racial Diversity in retirement income security: Directions for policy changes.

E. Larson (University of Washington, Seattle WA) Alzheimer's Disease in Diverse Populations.

T. Miles Living with chronic disease and the policies that bind.

R. Johns (Northwest Louisiana State University, Monroe, LA) Native American Elders.

Discussants: Ada Mui (Columbia School of Social Work, NY, NY) and Namkee Choi (Columbia School of Social Work, NY, NY).

Ensuring adequate retirement income, obtaining appropriate medical and health services, and securing long-term care are but a few of the many challenges facing a growing number of older persons. These challenges are often magnified for minority elders. If old age is not to become a time of financial hardship for many, we need policies and programs that will prevent that from happening.

This symposium will focus on creating new options as well as maintaining and improving existing options that promote income and health security in old age. Y.P. Chen will discuss directions for policy changes in order to improve retirement income prospects for minority elders in the context of retirement income provisions for all older persons. E. Larson will discuss genetic and environmental differences in Alzheimer's disease among minority populations. T. Miles will discuss structural issues in health care that create barriers for minority elders as they seek treatment of chronic disease. R.

Johns will provide a separate consideration of the special circumstances of Native American elders. Comments on these papers will be provided by two discussants with special emphasis on service delivery. These papers are based upon the new GSA publication – Full Color Aging. Sponsored by the Task Force on Minority Aging.

RACIAL DIVERSITY IN RETIREMENT INCOME SECURITY: DIRECTIONS FOR POLICY CHANGES. Y.-P. Chen (Gerontology Institute, University of Massachusetts, Boston, MA 100 Morrissey Blvd. Boston, MA 02125). Email: bing.chen@umb.edu

The traditional metaphor of a three-legged stool was meant to symbolize a division of responsibility among collective and individual efforts in providing for retirement income. After six, decades of various experiments in policy, this ideal has yet to be realized for many individuals, particularly minorities. The topic of income security for the nations' more diverse older population carries added urgency because of the growing concern with the financing of Social Security and other entitlement programs. As the nation seeks solutions to re-securing these programs, the impact of any policy shift needs to be understood in terms of its effects on the groups who more often confront poverty in later life.

Many minority elders depend heavily on Social Security, receive little support from private pensions, derive even less income from accumulated assets, and rely to a large extent on earnings from employment in old age.

Although it is of paramount importance to ensure the long-range solvency of Social Security and to facilitate maximum feasible coverage by private pensions, other measures are also necessary. Individual efforts at savings/investment and continued employment on a voluntary part-time basis should be encouraged with the creation of new economic and social institutions. Central to these policy discussions of how best to achieve a secure income retirement for future cohorts of elders must be the recognition of racial disparities in sources of income. Ultimately, strengthening all four types of income support will result in a mix of public and private provisions that may improve retirement income security for a notably heterogeneous population. Perhaps a four-legged stool is a more apt metaphor than a three-legged stool.

UNIQUE FEATURES OF ALZHEIMER'S DISEASE IN ETHNIC MINORITY POPULATIONS. M.F. Shadlen, E.B. Larson. Department of Medicine, Division of General Internal Medicine University of Washington-Roosevelt, 4245 Roosevelt Way NE, Seattle, Washington 98105. Email mshadlen@u.washington.edu

Ethnic differences in Alzheimer's disease prevalence rates and distribution of dementia subtypes may be accounted for by methodological differences. Equally plausible possibilities include underlying genetic and environmental factors that affect the differences in overall rates of Alzheimer's disease. Factors that could explain population-specific Alzheimer's disease rate differences include measurement bias, lead time bias, and variations in intrinsic biologic susceptibility to dementia. Presence of the apolipoprotein epsilon 4 allele is a strong risk factor for Alzheimer's disease in Whites and Asians, an intermediate risk factor for Hispanic populations and apparently not a risk factor in Blacks. Environmental factors may also differ by ethnicity. Some of these environmental effects could be amenable to modification and thereby prevention of Alzheimer's disease. Further more, cultural factors that lead to more effective adaptation to Alzheimer's disease can be discovered through cross-cultural and migration factors. The answer to these questions could allow researchers to discover the most effective way to deal with Alzheimer's disease for individuals and for society as a whole.

LIVING WITH CHRONIC DISEASE AND THE POLICIES THAT BIND. T.P. Miles (Department of Family Practice, University of Texas Health Science Center at San Antonio, San Antonio, TX 78258) email: milest@uthscsa.edu

When an older person seeks care for an illness in the United States, they become open to a complex and somewhat disconnected network of health care institutions. They are also exposed to institutional policies at their point of services. Older adults must rely on the health care industry, a multi-billion dollar business, for the needed goods and services that make it possible to live with chronic diseases such as hypertension, diabetes, and osteoporosis.

Aspects of this industry are potentially detrimental to the health of these elders. It is difficult to pinpoint exactly which aspects of the health care system are, in fact, detrimental primarily because there is no uniform delivery network. Instead, there is a very complex series of independent institutions which must act together to provide care. No single official governing body has the ultimate responsibility or authority for health car planning. Clearly, a much greater research effort should be directed towards evaluating combined effects of distribution of goods and services, the composition of health car's executive workforce (i.e. physicians), and processes used by hospitals and clinics to deliver care. Minority elders experience with chronic disease, the health care network and its associated policies can be examined by asking three basic questions. First, where in the network are there policies that work to the advantage of minority elders? Second, where in the network are there policies that work to the disadvantage of minority elders? Third, are there areas of the network that need to develop policy because the current operational milieu contains practices that inadvertently work to the disadvantage of minority elders? To address these questions, we take the perspectiv of the health care seeking older adult and describe selected areas within the industry that are direct points of contact. Theses areas act as potential barriers to obtaining quality medical care. For each point of contact, we speculate about its contribution to the overall delivery of health care for disadvantaged minority elders and identify policies (or lack thereof) that have a pivotal role in influencing the process of obtaining care.

AGING AMONG AMERICANS INDIANS: INCOME SECURITY, HEALTH AND SOCIAL SUPPORT NETWORKS. R. Johns, Northeast Louisiana University, Monroe, LA 71209-0338. Email: igjohn@alpha.nlu.edu

Although American Indian elders share a number of characteristics in common with other minority groups elders in the United States including poor health, higher levels of disability, lower life expectancy, general economic deprivation, disproportionate levels of poverty, and large family structures, American Indians are unique. American Indians are the only indigenous minority group in the

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conterminous United States, and they maintain a special legal relationship with state and federal governments. Moreover, despite 500 years of corrosive contract with Anglo-European culture, American Indian groups continue to exhibit a remarkable cultural persistence.

Whether they live in urban or rural areas, what we do know about Indian elders suggests that their life course is different in many respects from the life course of nonminority elders. Specifically, the life course of American Indians is quite different in terms of family formation, fertility , education, employment, earnings, migration patterns, health behaviors and outcomes, disability, and mortality. It is clear that many of these differences are generated by the political economy of the United States, which continues to have a direct impact on the life chances and life course of American Indian elders.

233

THREE EMPIRICAL STUDIES OF DOMESTIC ELDER MALTREATMENT IN JAPAN: THE INTERIM RESULTS AND THEIR IMPLICATIONS.

T. Tatara Shukutoku University, 200 Daiganji, Chuo-ku, Chiba 260-8701 Japan.

Participants:

T. Tatara (Skukutoku University, Chiba, Japan) Using Elder Care Professionals to Identify Incidents of Elder Abuse in Japan: A Nationwide Statistical Study.

S. Tanaka (Tokai University, Isehara, Kanagawa, Japan) Home Visiting Nurses and Elder Maltreatment: A Survey of 1,000 Nurses.

T. Anme & K.S. Hwang (National Rehabilitation Research Center, Tokorozawa, Saitama, Japan) A Study of Domestic Elder Abuse Incidence and Risk Factors in a Small Village in Japan.

Discussants:

R. Wolf (National Committee for the Prevention of Elder Abuse, Worcester, MA 01605).

J. Kosberg (Florida International University, Miami, FL 33181).

In April 1998, the Japanese Ministry of Health and Welfare approved a research grant to launch the nation's first large empirical, interdisciplinary project to examine domestic elder abuse. The purpose of the project is multifold: to understand the intergenerational dynamics of domestic elder maltreatment; to identify risk factors for abuse; and to develop training manuals on elder abuse for use by professionals and para-professionals working with vulnerable elders. The project (which is being directed by Toshio Tatara, the former director of the National Center on Elder Abuse in the U.S.) consists of three separate but closely related studies. All of these studies have now completed a statistical study phase, and their managers are ready to discuss what they have learned so far and what lies ahead in terms of study plans. Tatara will examine the results of a nationwide survey of personnel working for the In-Home Care Support Centers and Elder Day Services Centers across the country, while Tanaka will share what the study team has found from a survey of 1,000 home visiting nurses. Finally, Anme and Hwang will discuss findings of their study of elders in a small Japanese village. SRPP-1

234

TO DRIVE OR NOT TO DRIVE? TRANSPORTATION TRANSITIONS.

K. Ball, Center for Research in Applied Gerontology, University of Alabama at Birmingham, Birmingham, AL 35294, & R. Sterns, Creative Action, Inc., 680 N. Portage Path, Akron, OH 44303

Participants:

K. Ball & D. Roenker (Center for Research in Applied Gerontology, University of Alabama at Birmingham, Birmingham, AL 35294) A Field Test of a Driver Assessment Battery

N. Glasgow, (Department of Rural Sociology, Cornell University, 332 Warren Hall, Ithaca, NY 14853) A Life Course Perspective on the Cessation of Driving Among Rural Older Persons

C. Nelson, A. Sterns, & R. Sterns (Creative Action, Inc., 680 N. Portage Path, Akron, OH 44303) Choosing Public Transportation to Get Around Town

S. Caramela-Miller, H. Sterns, & M. Murphy (Institute for Life-Span Development & Gerontology and Department of Psychology, The University of Akron, OH 44325) Transportation and Personality in Later Life

C. Owlsey, B. Stalvey, M. Sloane, & K. Ball, (Departments of Ophthalmology & Psychology, University of Alabama at Birmingham, Birmingham, AL 35294) The Life Space Questionnaire: A Measure of the Extent of Mobility in Older Adults

Discussant:

J. Kaplan (Institute for Life-Span Development & Gerontology, The University of Akron, Akron, OH 44325)

This symposium, organized by the Transportation & Aging Informal Interest Group, focuses on research about transportation decisions in later life. A continuum of capacities and choices is useful in analyzing and understanding life course driving transitions. Issues to be addressed include assessment, driving cessation, choice in modes, personality factors, and the capacity to travel.

A FIELD TEST OF A DRIVER ASSESSMENT BATTERY.

Karlene Ball, Daniel Roenker. Center for Research in Applied Gerontology, University of Alabama in Birmingham, AL 35294.

The Maryland Department of Motor Vehicle Administration, the National Highway Traffic Safety Administration and the National Institute on Aging are collectively supporting a large sample (N>5000) field trial in drive licensing offices of a brief screening battery designed to identify older drivers who are at risk for crash involvement. The brief battery consists of measures which have shown the most promise for identifying risky older drivers and consists of a portion of the Useful Field of View Test. Trails A and B, head and neck flexion, foot and leg mobility, the Get Up and Go test, and two measures of recall. Potential participants over the age of 55 are approached after renewing their license and are asked to assist in the assessment of a new test battery. Those who agree are administered the battery, complete short questionnaires about their driving habits and general health, and permission to include them in a telephone follow-up survey is sought. Telephone surveys are conducted within one month of testing and at yearly intervals thereafter. The survey covers, in more depth, the participant's driving habits, general health and mobility. In addition, at yearly intervals the driving records of participants will be examined for citations and at-fault crashes. Preliminary results will be presented along with a discussion of the practical problems associated with field research on older drivers. Particular attention will be given to addressing the anxiety experienced by participants regarding the suitability for driving.

A LIFE COURSE PERSPECTIVE ON THE CESSATION OF DRIVING AMONG RURAL OLDER PERSONS.

N. Glasgow, Cornell University, Department of Rural Sociology, 332 Warren Hall, Ithaca, NY 14853.

This study uses panel data collected in 1995 and 1997 to examine life course transitions and the cessation of driving among older rural New Yorkers. Findings show that the cessation of driving is itself a crucial life course transition among rural older persons. The transition from driver to non-driver signifies losses in independence and autonomy, and the transition has negative consequences for social integration and overall quality of life of rural older people. Life course transitions shown to affect the transition from driver to non-driver are declines in health status and income, as well as changes in community context, such as in distance to community services. Contrary to expectation, changes in marital status and social network composition are less important predictors of the transition from driver to non-driver.

CHOOSING PUBLIC TRANSPORTATION TO GET AROUND TOWN.

C. Nelson, A. Sterns & R. Sterns. 680 N Portage Path, Creative Action, Inc., Akron, OH 44303

Public transportation users in a mid-size mid-Western city completed a self-administered survey (N=2,859) about their travel behaviors. Users were asked about reasons for travel, use of fixed-route and door-to-door service and other travel modes, satisfaction with service attributes, and demographic characteristics. Results comparing travel patterns of younger and older users and males and females will be presented. Findings will be placed in a broader context of transportation choices made by older adults in rural and urban locations. Implication for the transition from driving to driving cessation will be addressed.

TRANSPORTATION AND PERSONALITY IN LATER LIFE

S.A. Caramela-Miller, H.L. Sterns, M.D. Murphy, Institute for Life-Span Development & Gerontology & Department of Psychology, The University of Akron, Akron, OH 44325-4307.

This research investigates whether one continues to drive in later life or use other transportation modes and relates these choices to personality (NEO PI-R, Costa & McCrae, 1992). As part of a larger study on housing choices and personality, transportation issues were examined in an affluent, healthy sample of 1,049 independent living older adults (age range=56-99). T-tests were performed comparing non-drivers (n=187) with drivers (n=862). Non-drivers were significantly lower in neuroticism, openness to experience, and conscientiousness than drivers. Non-drivers were significantly older, females, felt less in control, used public transportation more frequently, currently do not live near friends, doctors, shopping, and less likely perform inside and outside maintenance. Non-drivers assigned more importance than drivers to having transportation services available, having the ability to signal for help in an emergency, and being located by shops & banks (p<.05).

To see how driving status is related to personality by housing group, Continuing Care Retirement Community (CCRC) drivers (n=409) and non-dri[illegible]138) were compared to community livi[illegible]rs (n=453) and non-drivers (n=49). Between groups, CCRC drivers were significantly lower in neuroticism, extraversion, conscientiousness , and higher in openness to experience than community living drivers. CCRC non-drivers were lower in neuroticism than community living non-drivers. Within groups, CCRC non-drivers were lower in openness and conscientiousness than CCRC drivers. Community living non-drivers were higher in neuroticism than community drivers (p<.05).

THE LIFE SPACE QUESTIONNAIRE: A MEASURE OF THE EXTENT OF MOBILITY IN OLDER ADULTS.

C. Owsley, B. T. Stalvey, M. E. Sloane, and K. Ball. Departments of Ophthalmology and Psychology, University of Alabama at Birmingham, Birmingham, Al 35294.

Mobility in older adults is typically discussed in terms of component maneuvers including analysis of gait and postural instability, activities that depend on mobility such as bathing, dressing, shopping, or adverse events during mobility such as falls or motor vehicle crashes. None of these approaches to mobility reflects a key aspect of its meaning–the extent of movement or travel into a person's environment from home base, which has been termed "life space" in the gerontological literature. We developed a questionnaire instrument designed to measure life space in community-dwelling older adults. 242 older adults (M age=70; range 55-85) completed the 9-item Life Space Questionnaire (LSQ) and other functional and self-report measures. Results indicated that the LSQ is reliable (k=0.80) and has construct and criterion validity. Subjects with visual processing impairment (p<0.01), cognitive impairment (p<0.01), and depressive symptoms (p<0.01) had a life space limited to areas closer to home base. Those with smaller life spaces reported more difficulty with IADLs (p=0.03), reduced driving exposure (p=0.02) and had greater difficulty performing physical maneuvers (p=0.01). The LSQ is useful in establishing the spatial extent of an older person's mobility and may be useful as an outcome measure in studies evaluating the extend to which interventions enhance mobility and independence in older populations. We have adapted the LSQ for use in the NIA-sponsored clinical trial ACTIVE, which is evaluation the impact of cognitive interventions on daily task performance, mobility, and quality of life.

235

The Impoertance of Neighborhood to Elderly Home Owners and Renters.

Anne L. Sweaney, Carol B. Meeks, Charles B. Hatcher, Douglas L. Flor

This study examines neighborhood factors that predict changes in housing costs and quality for elderly homeowners and renters. These factors were investigated for elderly households who experienced relocation within 12 months of data collection. The 1995 American Housing Survey data were used in three sets of analyses. In the first set, neighborhood factors alone were used as predictors of housing costs and quality. In the second set of analyses, separate logistic analysis was used for homeowners and home renters. In the third set of analyses, demographic and family characteristics were included along with neighborhood factors. Two neighborhood factors (proximity to job, importance of home) were found to be predictive of perceived changes for better housing quality and two significant effects were noted (neighborhood risk rating and bars on windows) on perceived changes for worse housing quality. No significant models were noted for changes in housing costs in any of the three sets of analyses.

A NATIONAL STUDY OF ASSISTED LIVING: RESULTS OF A TELEPHONE SURVEY OF FACILITIES.

C. Hawes, M. Rose, C.D. Phillips, Myers Research Institute, Menorah Park Center for the Aging, 27100 Cedar Road, Beachwood, OH 44072.

This paper presents the results from the first telephone survey of a nationally representative sample of assisted living facilities (ALFs). The sample included 2,945 places identified as assisted living facilities primarily serving the frail elderly. In the interviews, facility staff members were questioned about the characteristics of their facility and the residents residing in their facility. The study was restricted to ALFs with 11 or more beds that provided 24-hour oversight, housekeeping, two meals, and assistance with personal needs. The study results indicate that there are over 11,000 such facilities in the US serving over 558,000 residents. Over 75% of resident units in these facilities were private rooms or apartments. Over 75% of the facilities have a licensed nurse on staff either part-time or full-time. Administrators reported that about 25% of residents required assistance with 3 or more ADLs and 34% had moderate to severe cognitive impairment. The paper considers the degree to which the policies, levels of privacy, and services offered by ALFs are consistent with the philosophy of assisted living.

AN OLDER RURAL WIDOW'S TRANSITION FROM HOME CARE TO ASSISTED LIVING

E. J. Porter, Sinclair School of Nursing,
University of Missouri-Columbia, Columbia, MO 65211

Before the Balanced Budget Act of 1997, some rural home care agencies may have billed Medicare for services to frail elders who were not Medicare-eligible, although such services may have sustained elders at home as well as undergirding the rural economy. This case study of an older rural widow is part of a longitudinal study of the experience of home care (funded by NIH/NINR). Original data were drawn from 9 interviews done over 14 months with Mrs. T, who was age 95, legally blind, and frail. Of interest were her perceptions of (a) her interactions with home care agency staff, (b) the agency's viability, and (c) its impact on her ability to live alone. Data were analyzed using a descriptive phenomenological method, yielding structures of experience that were refined in discussion with Mrs. T and a co-investigator. Initially, agency staff visited several times a week to set up Mrs. T's medications and provide personal care; her experience was structured by "expecting them to do what they are supposed to do." When staff told her that Medicare's rules were changing, Mrs. T began "wondering whether they will leave me hanging." After hospital and nursing home stays to recover from a fall, she was ineligible for Medicare home care; instead she was "filling in the help-gaps." After she moved to an assisted living facility, she was "linking the nurses' help to changes in my situation,"stating "if the nurses was still coming, I believe I'd be at home yet. They couldn't come anymore because of Medicare." Pre- and post-BBA home care patterns should be compared retrospectively, not to investigate fraud, but to appraise outcomes of service provision and discontinuation.

ASSISTED LIVING ENVIRONMENTS: ATTITUDES TOWARD SPECIAL CARE UNITS FOR PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

J.J. Cotter, J. Leon, A.J. Himelick, W.R. Smith.

Assisted living facilities are rapidly expanding to support older people's preferences to remain in a less restrictive and more supportive environment as they age. Many facilities are exploring the development of Special Care Units (SCUs) for persons with Alzheimer's disease and related dementias. As more older persons choose assisted living, it is important to understand the attitudes of assisted living operators toward design of SCUs.

As part of the Virginia Continuum of Special Care Project, administrators at 584 assisted living residences were surveyed regarding what characteristics they deemed important for SCUs. The five most favored characteristics were access to a secured outside area for wandering (94%), special activities programming (86%), specially trained staff (85%), an inside area for wandering (81%), and designated SCU staff (74%). Considerably fewer (47%) supported a physically distinct Special Care Unit. Responses varied based on type of ownership, rural/urban location, size, and presence of a Special Care Unit or special programs. Results have implications for the design of such units for future cohorts of older persons who will have different health and social service needs. Architectural design of environments and qualifications of assisted living personnel will need to be tailored to changing service delivery needs.

TRANSITION TO AN INDEPENDENT LIVING FACILTY: A STUDY OF RELOCATION STRESS:

S. Bould, Sociology, University of Delaware, Newark, DE 19716; T. Glass and L. Phillips, Harvard School of Public Health; G.K.Lazar, Harvard Medical School;

Moving is often a task in late life and the move which is conceptualized as the "last move" (excluding moves to nursing homes) is likely to be the most stressful. This research reports on in depth interviews with 28 individuals who recently moved to the independent living apartments of a retirement facility. This facility provided for independent dwelling units and one meal a day (dinner). Each unit is checked each morning and there is a nurse on call 24 hours a day. Residents were interviewed between 3 and 7 months of the move, and asked to recall the few weeks following the move itself. Most interviewees reported a successful adjustment and many reported relief at having made the decision to move. One fourth of the movers, however, reported an acute adjustment problem within 2 to 3 weeks of the move. These problems ranged from acute exhaustion to one case of a broken leg. This period of acute adjustment, however, appeared to be resolved in three of the 7 cases, by the time of the interview. Those who had long term or chronic adjustment problems were all cases mild to severe depression (n=4). This paper will examine in detail the variation of responses to the move, both positive and negative. There are no published studies of the stress of the critical "last move" to an independent living facility. Work on relocation stress has primarily been done on the move into a nursing home, or to moves between nursing homes. These studies do suggest, however, that there is an important cycle of relocation stress in these moves. This study suggests a similar pattern as well as the need for better interventions during the acute stage of stress in the fist weeks following a move.

MEASURING DOMAIN-SPECIFIC CONTROL BELIEFS IN OLD AGE: THE HOUSING LOCUS-OF-CONTROL SCALE

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As people age, the feeling of control over the home environment is of increasing importance for coping with everyday stressors. However, there are no instruments to assess locus-of-control beliefs in the housing domain. The purpose of the study was to construct an instrument designed to measure housing-related locus-of-control beliefs, thus broadening the scope of domain-specific control measures in environmental gerontology. In Study 1, a 36-item version of the questionnaire was given to a sample of 106 independently-living older adults (M = 71.7 years; SD = 5.9). Exploratory factor analysis revealed a three-factor solution with the subscales Internal Control, External Control: Powerful Others, and External Control: Chance. Psychometric analyses suggested a reduced 24-item version with acceptable statistical properties and satisfactory test-retest reliability. External validity was assessed by correlating the subscales with age. As expected, Internal Control was independent from age whereas External Control was positively correlated with age. Study 2 attempted to confirm the factor structure of the reduced scale in a sample of 217 older adults (M = 66.9 years; SD = .9) from the Interdisciplinary Longitudinal Study on Adult Development (ILSE). Confirmatory factor analyses revealed a stable three-factor solution. The Housing Locus-of-Control Scale is the first step in developing a short instrument to assess individual differences in housing-related locus-of-control. The instrument can be used to examine the influence of housing-specific locus-of-control beliefs on the experience of autonomy and domain-specific stressors.

236

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Therapies and people with dementia - an oxymoron

The word *therapy* is at best an ambiguous concept. *Therapy* is defined as a curative treatment whilst *therapeutics* is defined as that branch of medicine which deals with different methods of treatment and healing in the cure of disease. The use of the word *therapy* therefore strongly implies that change or healing is anticipated or at least expected, in the recipient.

Many of the current interventions and strategies used in the care of people with dementia are perceived to be *therapies* and examples of the use of this word in this area are as extensive as they are diverse. If we were to accept the literal definition of the word *therapy*, we would be left to assume that there are many options of curative treatment available to people suffering this illness. We know thought that this is not the fact. It may be more accurate to propose that the use of the word *therapy* in the treatment of people with dementia may provide unsubstantiated techniques or interventions with greater validity than is justifiable. Subsequently, it may additionally provide unrealistic expectations for those using them.

This paper serves to discuss a number of current *therapies* and provide a summary of the disparity of their capacity to demonstrate *healing* in the area of dementia. It uses this disparity to suggest that unless there is a demonstrated change in healing then *therapy* is not an appropriate term to be using for people who have a cognitive impairment and in fact is one which provides inaccurate and unrealistic expectations for those participating in its usage.

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How do we make decisions for people who have dementia?

The increasingly litigious society within which we live, coupled with the increasingly technological approach to medicine, means health care decisions being made on behalf of people with dementia are becoming increasingly complex for their "person responsible". This is particularly true of the "the end of life decisions" which loved ones are increasingly exposed to in the terminal stages of the dementia illness. Decisions are often being made by these carers in an environment of extreme tiredness, inappropriate or absent information and a genuine love and respect for the person for whom decisions are being made.

This paper aims to present by case history, some of the ethical dilemmas family members may be presented with and discuss the variables that may impact on their decision making. It also aims to provide a framework for decision making that may assist them in this process.

MENTAL HEALTH SERVICE UTILIZATION AMONG FRAIL, LOW-INCOME FRAIL ELDERS: PERCEPTIONS OF HOME SERVICE PROVIDERS AND ELDERS IN THE COMMUNITY

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There is compelling evidence suggesting that the mental health needs of chronically ill, frail elders, who are the clients of senior programs focusing on physical and long-term care, are greater than those of the general elderly population. The purpose of the present study was to determine the extent to which service providers in

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a community-based care program accurately identified and referred elders with symptoms of depression. Interviews were conducted with 79 frail, low-income elders using the CES-D to gauge depressive symptomatology. Reviews of their case files also were conducted to determine first, the extent to which case managers recognized depressive symptoms and second, the extent to which respondents who screened with significant depressive symptoms were referred for mental health services. Results suggest an imperfect association between CES-D scores and case managers' perceptions and referrals. Less than 1/3 (30%) of those who screened for depression received counseling. Results suggest that, among the frail elderly, physical symptoms may mask depressive symptoms, which may result in missed mental illness diagnoses and low mental health counseling utilization.

RESULTS OF THE ALZHEIMER'S SERVICE COORDINATION PROGRAM.

R.H. Fortinsky & C. Unson, University of CT Center on Aging, Farmington, CT 06030-5215.

The Alzheimer's Service Coordination Program (ASCP) was an intervention designed to improve family caregivers' reported self-efficacy in managing dementia in the home setting, and to increase primary care physicians' knowledge of community services for these patients and caregivers. Between June 1996-January 1998, 29 physicians referred 62 caregivers to a Service Coordinator (SC) located at a local chapter of the Alzheimer's Association. Educational and support service plans were designed and monitored over time by the SC, and plans were shared with referring physicians. To evaluate ASCP effects, caregivers were interviewed before meeting with the SC, and again six months later. A brief survey form was used to determine ASCP effects on physicians. Caregivers were mostly women (86%) with a mean age of 59 years (s.d.=13); 39% were African-American. For the 51 caregivers who completed T1 and T2 interviews, we observed a significant increase in reported self-efficacy for managing dementia (mean score increase from 54.6 to 65.1 on a 90 point scale, p=.003 by paired t-test). Of the 20 responding physicians, 65% reported increased knowledge about community services. The ASCP spawned an ongoing randomized trial involving staff-model managed care organization referrals to an SC at the local Alzheimer's Association chapter.

Support: Alzheimer's Association (IIRG-95-162)

ALZHEIMER'S PROGRAMS IN NEW YORK CITY: WHAT'S AVAILABLE AND WHAT'S NEEDED

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People with Alzheimer's Disease (AD) are usually cared for at home until the last, most debilitating stage of the disease. As a result, the well being of caregivers has been repeatedly addressed in the literature. Although there has been a concentrated effort to examine what types of formal services are beneficial to caregivers and people with AD, there is a lack of research on the factors that contribute to "model" programs. This presentation describes the first stage of an AoA funded research project conducted by the New York City Department for the Aging. Face-to-face interviews were conducted with 25 Program Directors of Alzheimer's related programs in New York City. Directors openly discussed the factors needed to create effective programming for AD patients and their caregivers. The interview schedule captured areas related to program design, program impact, and gaps in services. Special attention was given to programs reaching out to people of color. Preliminary results point to the importance of dependable and dedicated staff and belonging to a continuum of care in designing an effective AD program. Furthermore, Project Directors indicate a need for more social adult day programs serving minorities and larger spaces to conduct activities. Demographic profiles and study implications will be discussed.

SRPP – 4

Helping Families of Demented and Depressed Elderly Make a Reasoned Decision about ECT Using Interdisciplinary Team Family Education.

John A. Henricks, Benedict Gierl, Andrew Ripeckyj, Lawrence Lazarus, and Ellen Maxon Johnston R. Bowman Health Center for the Elderly, Rush Presbyterian St. Luke's Medical Center, Chicago, Illinois 60612

Electroconvulsive Therapy (ECT) is an effective treatment for severe behavior disorders of dementia. Since these patients are quite demented, they are unable to provide consent, and the family must act as surrogates. The families of our sample of 38 inpatients admitted to a gero-psychiatric unit were unsophisticated about dementia, and its progression. But more importantly, they were also unsophisticated about depression and its manifestations and treatments. This was the first psychiatric admission for all but two patients.

ECT was an especially difficult treatment for the family to accept. Only two families were immediately willing to try the treatment in spite of their loved ones failing an outpatient and inpatient drug trial. Thirty-six families eventually accepted ECT. However, three needed some readmissions to become convinced.

A protocol was developed that involved the treatment team including psychiatrists, nurses, and a social worker, and the family in all phases of the treatment plan. Educating the families and using theraputic techniques were the successful variables in this retrospective study.

In a managed care environment, the family's timely and considered acceptance of a treatment plan is very important. ECT is a treatment that can relieve a depressed and demented person's suffering quickly and effectively. Thirty-seven of the 38 cases had excellent results. The families themselves were satisfied with the treatment decisions they made. The protocol was an effective means of improving acceptance of ECT by families.

HOME CARE FOR ELDERS WITH COGNITIVE IMPAIRMENT: CURRENT PRACTICES OF STATE HOME CARE AGENCIES IN MASSACHUSETTS

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Home care as an alternative to institutionalization for cognitively-impaired elders has gained recognition of the important component of community-based long-term care. In this study, cognitive impairment refers to memory loss, disorientation to time, place, and person, problems with judgement, reason, learning, decision making, personal care, changes in personality, emotional status, and behavior, and physical changes in gait, and motor coordination. The total number of agencies represented in the present study was 16. These agencies provide respite, companion program, enhanced community options program (ECOP), managed care in housing, elder at risk program, and protective services. Survey results show that the agencies experience problems with clients and families, specifically the shortage of in-home services supervision and inadequate emergency assistance. Moreover, refusal of families to receive services is an important factor limiting the success of the program. The greatest needs at the state level are: (1) funds for training of staff ad research; (2) reaching low-income families; (3) specialized respite program, and (4) affordable transportation. Recommendations for future program planning and development will be discussed.

SERVICES DELIVERED TO OLDER ADULTS WITH DEMENTIA AND MENTAL ILLNESS: AN ANALYSIS OF THE STATE UNITS ON AGING.

Brian Kaskie, Karen Linkins, Carroll Estes. Institute For Health and Aging, University of California, San Francisco, San Francisco, CA 94118

During the 1980s, the Administration on Aging encouraged the aging network to increase the number of services delivered to demented and mentally ill older adults. Yet how the network responded to the federal directives remains unestablished. Our research counted the number of State Units on Aging (SUAs) which currently provide services to demented and mentally ill older individuals. We specifically asked representatives from 47 SUAs to identify any services that were provided independently or in coordination with another state department such as mental health. 53% of the respondents (N = 25) reported that the SUA administered, or coordinated, at least one program targeting the demented while 51% of the SUAs (N = 24) targeted, or coordinated, service programs for the mentally ill. As the political era of New Federalism persists and public responsibility for the aging population continues to be placed upon state authorities, policy analysts and advocates must consider the aging network's inconsistent provision of services to demented and mentally ill older adults more deliberately.

STATE VARIATIONS IN COSTS OF TREATING ALZHEIMER'S DISEASE AND RELATED DEMENTIA

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More than 4 million people in the U.S. have Alzheimer's Disease (AD) and AD is the third most expensive disease in the U.S, after heart disease and cancer. Many studies have documented the higher medical care utilization of the AD population, however there is little detailed information on patterns of treatment and spending by Medicaid for this population. This study used detailed 1995 Medicaid enrollment and claims data and a prevalence-based cost-of-illness methodology to analyze retrospectively costs of AD and related dementia to Medicaid in four states (CA, GA, PA, OH). In addition, a sub-analysis was conducted on the CA MediCal data of AD patients who received medication treatment (Aricept). Findings indicate that there were significant differences between the AD and non-AD cohort (matched by age and sex) in overall average annual Medicaid payments, as well as payments for hospital, nursing home, and outpatient services. These cost differences were consistent across the 4 states; however, there were variations evident in the patterns of care across the states in terms of institutional versus community-based care. In the sub-analysis of Aricept use in the MediCal program, Aricept patients were more likely than non-Aricept patients to be male and to receive concomitant psychotropic medication, but less likely to have been treated in a nursing home (7% versus 12%). The average monthly spending was also lower in the Aricept group ($427 versus $518). Policy implications of these findings will be discussed.

THE EXPERIENCE OF MOVING A RELATIVE WITH DEMENTIA TO AN ASSISTED LIVING FACILITY

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Family caregivers of a relative with dementia, who in the past had avoided institutional settings such as nursing homes, now have the alternative of assisted living facilities (ALFs). The purpose of this study was to examine the experiences of family caregivers who had recently moved their relative with AD to an ALF and to explore ways to facilitate transition to an ALF. A grounded theory approach to qualitative data collection and analysis was used in the study. Data from interviews with 20 family caregivers who had recently moved their relative with AD to an ALF were analyzed using symbolic interactionism as the guiding framework. Findings of this study yielded four recurrent themes that were experienced by the caregivers in the process of moving their relative to an ALF: conflict, obligation, accommodation, and deceit. The interplay of these themes caused the caregivers to forge on to the next event surrounding the move of the relative with AD to an ALF. Findings from this study suggest that caregivers needed support and information to guide them toward the next phase of the caregiving process.

RECRUITING NORMAL CONTROLS FOR ALZHEIMER'S DISEASE RESEARCH INVOLVING BRAIN AUTOPSY.

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In order to distinguish changes in the brain which are due to dementia from those associated with normal aging, comparable data must be collected from older adults without dementia. Unfortunately, recruiting dementia-free subjects for brain autopsy presents a significant challenge. The purpose of the current study is to describe a successful strategy for recruiting subjects into a brain autopsy program. Invitations to physician-led informational meetings were sent to 587 members of the Research Participant Program at the University of Michigan, age 65 and older (mean=76) and without a neurological disease or family history of dementia. After follow-up telephone calls, 28% of the recipients indicated an intention to attend a meeting; 32% indicated no interest in the program; 26% were interested, but wanted additional information or additional meeting dates; and 15% could not be reached. An additional follow-up mailing was sent to the latter two groups. Sixty-nine percent of those planning to attend a meeting actually attended. Meeting attenders were more highly educated than were those expressing no interest in the program ($p<.01$), however, no significant differences with regard to age or self-rated health (SRH) were revealed. Seventy-eight percent of those who attended a meeting enrolled in the program. Again, enrollees were more highly educated than were those who declined participation ($p<.01$), with no differences with regard to age or SRH. Further characterization of enrollees and non-enrollees and implications for future recruitment of normal control subjects for brain autopsy will be discussed.

FROM POLICY TO PRACTICE: MENTAL HEALTH TREATMENT RECEIVED AMONG NURSING HOME RESIDENTS WHO RECEIVED A PREADMISSION (OBRA) EVALUATION

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Under OBRA (1987), states are required to conduct evaluations to determine appropriateness of nursing home placement and to recommend services for nursing home residents with mental illness. This study examines patterns of mental health treatment received in the year following admission among nursing home residents with depression who received a preadmission evaluation. In Phase 1, diagnostic and clinical characteristics of all persons receiving an OBRA evaluation in 1997 in Michigan (n=2,546) were examined. Significant variations were found among age, type of depression diagnosis, and county status as a medically underserved area. In Phase 2, a stratified random sample (n=600) of preadmission screenings were coded for physical and mental health indicators, use of psychotropic medications and mental health treatment recommendations. In Phase 3, 100 randomly selected nursing home records were audited to determine concordance between mental health treatment recommended and treatment received in the year following admission. This study provides information on how a federal mandate has influenced actual treatment received for depression among newly admitted nursing home residents.

CAN INDIVIDUALS WITH DEMENTIA RECOGNIZE HUMOROUS STIMULI?

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The primary purpose of this pilot study was to examine whether older adults with dementia can recognize and appreciate humor. Research on positive emotions such as humor and laughter presents a unique opportunity to tap into existing or potential cognitive abilities in adults with cognitive impairments. Another goal was to examine whether older adults with dementia display overt signs of humor appreciation such as smiles, laughs, or verbal expression (e.g., that's funny)? Eight older adult women residents of a long-term care unit serving advanced dementia patients volunteered to participate in the study. Their MMSE scores were below 20 and the minimum level of education was 12 years. Results suggest that older adults with dementia may have difficulty recognizing humorous stimuli as indexed by a sorting task (funny/not funny). However, qualitative analyses suggest that this sample did not appreciate "slapstick" humor. They tended to categorize slapstick as not funny contrary to the pilot sample. Because type of humor was confounded, the relatively low accuracy rates were most likely due to older adults categorizing slapstick humor as not funny. Implications for future research are suggested.

DEVELOPING A TYPOLOGY OF MODELS OF CARE FOR DEMENTIA

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As increasing numbers of people with dementia relocate into long-term care facilities, it is critical that these settings be prepared to deal with the challenges of caring for this population. Currently there is no consensus on what constitutes "special care". The goal of this research was to empirically derive a typology that reflected different Special Care Unit (SCU) philosophies and models of care and detailed their organizational, social and environmental correlates. Following a literature review, one paragraph definitions were created for four SCU models of care: medical, homelike, resort and senior center. Twenty professionals knowledgeable about dementia care settings were then asked to complete a questionnaire associating 257 statements about different ways of providing dementia care (e.g., elements of the daily routine, activities, staff roles, etc.) with the four models of care. Results indicated that three of the four models were conceptually robust: medical, homelike and resort models. The empirical methodology implemented in this research demonstrated for the first time that a diverse group of professionals could clearly differentiate between distinct SCU models of care and their associated care correlates. Empirically defining key elements of models of care provides a foundation for creating state of the art units that clearly reflect their chosen models of care.

EVALUATING COMMUNITY-BASED CARE FOR PEOPLE WITH DEMENTIA: THE COST-EFFECTIVENESS OF ADULT DAY SERVICES.

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Development and Family Studies, Penn State University, University Park, PA 16802, M. A. P. Stephens, Kent State Univ., Kent, OH 44242, A. Townsend, Case Western Reserve Univ., Cleveland, OH 44106 & R. Greene, Division of Senior Affairs, Trenton, NJ 08625

A considerable amount of research has examined the cost implications of community-based care for disabled older adults. However, few studies have explored the cost-effectiveness of community interventions (e.g., adult day services) for people with dementia or their caregiving families. Using data from the Adult Day Care Collaborative Study, the present analysis determined the short-term (3 months) and long-term (1 year) cost-effectiveness of adult day services in: offsetting nursing home utilization, improving care recipient functioning and alleviating caregiver distress. Results found that adult day services are most cost-effective in relieving caregiver stress and negative mental health from both the household (i.e., caregiver-care recipient) and public perspectives. In addition, the cost-effectiveness of adult day services improved with long-term use among caregiving households. These findings suggest that adult day services can serve as an effective community-based component of care in the treatment of dementia.

HOW VALUABLE ARE DEMENTIA CONSULTS? PREDICTORS OF ADHERENCE BY PRIMARY CARE PHYSICIANS

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The primary purpose of this project was to determine the rate of compliance by primary care physicians to recommendations made by consultants in a university-based dementia clinic. The secondary goal of this project was to examine the extent to which patient, physician, and consult characteristics contribute to the compliance rate. A questionnaire was sent to the physician of each patient with a diagnosis of Alzheimer's Disease who came to the clinic for the first time in 1998 (n=130 patients, 92 physicians). Patient charts were reviewed to gather and document information on the specific recommendations that were made. Each patient-specific survey form contained information on the medical and social/ behavioral recommendations that were suggested at the clinic. Physicians were asked to indicate if the recommendation was implemented and, if not, were asked to indicate reasons why they were not carried out. The response rate was 62%. The compliance rate exceeded 80%. The most significant predictor of compliance was the urgency of the reason for referral to the clinic. Medical recommendations were more likely to be implemented than those of a social/ behavioral nature. Patient and family characteristics were most influential in predicting implementation of social/behavioral suggestions. The findings suggest that primary care physicians value the services provided by specialty dementia clinics, and that there is a need for more information dissemination about the value of non-medical interventions for the care of persons with dementia.

FAMILY CAREGIVERS' KNOWLEDGE OF ALZHEIMER'S DISEASE (AD): CORRELATES AND RELATIONSHIP TO WILLINGNESS TO PAY (WTP) FOR AD MEDICATION

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Family members caring for persons suffering from AD are confronted with arduous decisions regarding the caring and treatment of their relatives. One of those decisions relates to the WTP for drugs for the treatment of the disease.

The aim of the present study was to assess knowledge of AD among family caregivers, its correlates and relationship to decision making issues regarding WTP. A questionnaire assessing knowledge was completed by 176 family caregivers (54 M and 122 F; mean age = 62.5, 106 spouses and 70 children). Items tested knowledge of prevalence, symptoms, treatment and availability of services. An open-ended question was used to assess the participants' maximum WTP.

Low level of knowledge (mean score of 7.63 correct answers out of 17) was found. Especially poor knowledge was found for items assessing knowledge about prevalence and symptoms. Younger married children, having higher education and higher income were the most knowledgeable. While overall knowledge was not related to the WTP for drug treatment, specific knowledge about medications was ($r = .17$, $p < .05$).

Discussion focuses on the development of strategies for increasing the factual knowledge of caregivers thus facilitating their decision making process.

This study was supported by a grant from the Israel National Institute for Health Policy and Health Services Research

Dementia policy: the Australian experience

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This paper will provide an overview of dementia policies at both the Commonwealth and State levels of government in Australia. From 1992-1997 a National Action Plan on Dementia was implemented, the first time a comprehensive approach to dementia had been undertaken by a federal government, and $31m (Aus) was provided to implement the strategies in the Plan. Only two states have followed the lead of the National Action Plan - New South Wales, which followed a similar approach to that of the NAPDC; and Victoria, where a Ministerial Taskforce was convened to take a systematic look at the issues facing people with dementia within the Victorian context. Just what these approaches included, and how they differed, provide important lessons for policy makers elsewhere considering how to meet the challenges of an ageing society, and increasing numbers of people with dementia.

The paper will also consider the recent trend toward dementia being regarded as a public health issue. This return to a health paradigm stands in contrast with the explicit agenda of dementia lobbyists over the last decade, which was to remove dementia from the health, and in particular mental health, arena and move it into the aged care arena. The latest shift in public policy has the potential to medicalise the issue of dementia and undermine the gains made. There is clearly a need for more considered debate about its benefits for people with dementia and their carers.

MENTAL HEALTH OPINIONS REGARDING END OF LIFE DECISIONS

R.D.Marinelli, Dept. of Health Ecology, J.P.Nims, Fielding Institute.

A pilot study of attitudes towards patients' life and death decisions in a health care context was conducted. Case studies, using eight different scenarios were sent to 270 psychologists in Nevada. The variables were: male/female; ages 67/85; requesting assisted suicide/a high risk experimental treatment. Participants were asked to consider the clinical case presented and respond to questions about the mental capacity of the individual described to make a life and death health care decision. Respondents also reported demographic information about their age, age of parents if living, parents' age at death, experience with prolonged and painful illnesses, and amount of time spent on the questionnaire. A point biserial correlation was used to cross tabulate the findings. Results: all cases were deemed competent, but reasons were varied by demographics of the respondents rather than by the clinical case presented.

OLFACTORY LONG TERM AND WORKING MEMORY IN ALZHEIMER'S DISEASE.

Leslie L. Baylis and Jennifer Keane, Presbyterian College, Clinton, South Carolina

Reduction of olfactory function is a common finding in normal aging, but significantly greater deficits occur in AD patients. In this study we examined olfactory memory in AD patients. In a recognition task, the participant was presented with two bottles that contain common odorants (e.g., mint and rose) and asked to choose which bottle contains one named odorant (e.g., rose). A second task required AD patients to say or point to the name of very common odors. In a delayed match to sample (DMS) task the participant was presented with a novel sample odor followed by three novel test odors, and asked to indicate the match following a delay. In a final task, participants were asked to make hedonic judgments of olfactory stimuli.

AD patients showed severe deficits in all aspects of olfactory function: 1) Impaired recognition of odors and impaired naming of familiar odors, suggesting an impairment of long-term olfactory memory. 2) Poor short-term memory for odors as tested by the DMS task. 3) An inability to make hedonic judgments about odorants, such that all odors were rated as hedonically neutral.

COST/BENEFIT ANALYSIS OF THE DEMENTIA PREVENTION PROGRAM

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Cost-benefit evaluation of treatment interventions represents a main topic in gerontological research, particularly in Alzheimer's disease. Recently has been demonstrated that the pharmacological treatment of 1000 hypertensive patients for 5 years prevents 19 cases of dementia. We calculated that the costs of antihypertensive drug treatment for 1000 persons for five years would be of about 5 billions Italian liras (3 millions dollars), i.e. a cost of about 270 millions liras (170.000S) for each of the 19 cases of dementia prevented. To reach these results, we calculated the costs for the antihypertensive treatment hypotizing that all the patients received a medium dosage of nitrendipine, enalapril and hydrochlorothiazide. To calculate the cost benefit ratio of this preventive program we used the data on the direct and indirect costs of Alzheimer disease obtained by the Co.Dem study, a longitudinal survey conducted in Italy from 1994 to 1996. A sample of 103 AD patients (77% females, age 77.7±7.3 years, MMSE 10.2±7.5, balanced for CDR scale levels) living at home was evaluated. Clinical assessment was performed at baseline, and after 6 and 12 months. In addition, weekly home visits were done for one year to obtain accurate information of the components of the costs. The total annual net direct and indirect costs for each patient is about 80 millions Italian liras (50.000S); considering a mean disease duration of ten years, we may calculate a costs of 800 millions Italian liras (500.000S) for the natural history of each patient. Comparing these costs with those of the preventive program, it appears that the latter is cost benefit. Furthermore we should consider in the evaluation also the psychological and subjective burden of the disease for patients and their families.

Effectiveness of 3R stimulation in mild-moderate demented patients

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Aim of the study was to evaluate the effectiveness of 3R - a cognitive-emotional intervention that incorporate the basic elements of Reminiscence, Reality orientation and Remotivation- in a group of 19 mild/moderate demented patients (12 affected by Alzheimer's disease, 3 by frontotemporal dementia and 4 by vascular dementia). The rehabilitative intervention involved homogeneous groups of 4-5 patients, without overt behavioural disturbances. Patient's age was 72.2 ± 7.9, MMSE: 20 ± 3.12; CDR: 1-2. Patients were involved in daily sessions lasting one hour (5 days/week), conducted by an occupational therapist. The mean duration of the treatment was 2 months. Pre and post analysis (t-test) showed a significant improvement of MMSE (20 ± 3.12 *vs* 21.1 ± 2.68; $p < .05$) and of Trial making (178 sec. ± 89.5 *vs* 148 sec. ± 56.4; $p < .05$). A not significant reduction of depressive symptoms was observed (geriatric depression scale: 8.2 ± 5.4 *vs* 7.4 ± 4.8). Verbal fluency and Animal naming neuropsychological tests did not changed at all (15.03 ± 6.1 *vs* 15.0 ± 5.6 and 7.64 ± 2.3 *vs* 7.52 ± 2.3 respectively).

Our study confirm a moderate effectiveness of 3R in improving attentional functions and global cognition. 3R could be taken in consideration in the rehabilitation programme of moderated demented patients.

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240

HEARING IMPAIRMENT: IMPACT, APPROACHES, AND OPPORTUNITIES

M. Wallhagen (Organizer), University of California, San Francisco, SF, CA 94143

W. Strawbridge (Human Population Laboratory, Berkeley, CA 94704) Negative impact of hearing impairment in old age.

M. Wallhagen (UCSF, SF) Relative functional impact of vision and hearing impairment.

L. Tate (Division of Audiology, UCSF, SF, CA 94143) Potentials and Limitations of hearing aid interventions.

H.Luey (Hearing Society for the Bay Area, Inc, SF, CA 94102) A community based intervention.

M. McBride (Geriatric Education Center, Stanford University, Stanford, CA 94304) Discussant

Hearing impairment increases with age and results in numerous negative psychosocial and functional sequellae. However, hearing impairments is often overlooked, frequently not perceived as serious, and not considered when designing health promotion or illness prevention strategies. At the same time, recent data indicate that hearing impairment is occurring at increasingly younger ages, a finding that has significant societal implications, given increased longevity and the association of hearing impairment with social isolation and depression. This symposium brings to the forefront current longitudinal research demonstrating the negative impact of hearing impairment on psychosocial functioning, compares and contrasts the impact of hearing and vision impairment in relation to outcomes, discusses current uses and limitations of hearing aid modalities used to minimize the impact of hearing impairment, and presents possible models for integrating hearing programs into community settings. The overall purpose is to raise awareness of the importance of an often minimized problem, present possible approaches to identification and treatment as well as their limitations, and to facilitate a discussion of future strategies to more clearly identify risk factors and prevent subsequent disability.

NEGATIVE IMPACT OF HEARING IMPAIRMENT IN OLD AGE. W. Strawbridge (Human Population Laboratory, Public Health Institute, 2151 Berkeley Way, Annex 2, Berkeley, CA 94704).

To determine whether functional and psychosocial outcomes associated with hearing impairment are direct effects or stem from prevalent co-morbidity, we analyzed the impact of two levels of reported hearing impairment over one year for 2,461 Alameda County Study subjects age 50-102 in 1994. 57% of males and 42% of females reported at least some hearing impairment. Control variables included age, sex, education, chronic conditions, and 1994 measures of each 1995 outcome. Physical functioning (ADL, IADL, physical performance disability), mental health (clinical depression, self-rated mental health), social functioning (feeling left out, not feeling close to others, feeling lonely), and morale (difficulty paying attention, not pleased with accomplishments) decreased in a dose-response pattern for those with progressive levels of hearing impairment compared with those reporting no impairment. Odds ratios for outcomes associated with moderate or greater impairment were all significant, ranging from 1.34 to 2.05. Results demonstrate a strong impact of hearing impairment on functioning independent of co-morbidity and reveal higher levels of problems as hearing impairment becomes more severe.

RELATIVE FUNCTIONAL IMPACT OF VISION AND HEARING IMPAIRMENTS. M. Wallhagen (Dept. of Physiological Nursing, School of Nursing, University of California, San Francisco, SF, CA 94143-0610).

Vision impairment is often viewed as significantly more negative than hearing impairment. Using similar scales to assess difficulties in everyday situations, we compared the relative impacts of two levels of vision and hearing impairment over one year on physical, mental, and social functioning adjusting for demographic variables, chronic conditions, SES, and baseline functioning. Data were obtained from a special one-year follow-up of the Alameda County Study. Subjects were age 50 or older at baseline and numbered 2,461. Both vision and hearing impairment had strong dose-response effects on the outcomes examined. Relatively similar impacts occurred for feeling left out even when in a group, not feeling close to others, basic physical performance abilities, and life satisfaction. Vision impairment had only a modestly stronger impact on the other outcomes, including self-rated physical and mental health, clinical depression, mobility restrictions, IADL disability, not going out for events, and being socially isolated from friends and relatives. Hearing impairment has a stronger negative functional impact than often perceived. Research is needed on ways to prevent and treat both forms of impairment.

POTENTIALS AND LIMITATIONS OF HEATING AID INTERVENTIONS. L. Tate (Division of Audiology, University of California, San Francisco, SF, CA 94143-0340).

The potential for hearing aids and assistive devices to improve communication abilities and reduce frustration and isolation experienced by hearing-impaired people has increased as a result of technologic advances over the past ten years. The complexity of the healthy auditory system creates enormous obstacles for researchers attempting to remediate deficits not only in auditory sensitivity but also in temporal discrimination, pitch discrimination, and central auditory processing, which are common in the geriatric population. At time when technolgic advances have motivated more patients to try hearing aids, audiologic rehabilitation has necessarily become more focused on instilling realistic expectations and counseling patients to use hearing aids as a tool rather than relying on them as a correction. This paper will present information on advancements in amplification and how all health care providers can help their patients to use the available technology to improve communication skills.

A COMMUNITY BASED INTERVENTION. H Luey (Hearing Society for the Bay Area, Inc, San Francisco, SF, CA 94102).

In 1998, the Hearing Society and the San Francisco Senior Center initiated a collaboration designed to increase awareness of hearing loss, utilization of rehabilitation resources, communication skills, and quality of life. With support from two local foundations, the agencies set up the Hearing and Deafness Resource Center (HRDC) at a multi-purpose senior center. Staffed by a counselor, who is hearing impaired, and equipped with brochures and samples of new technology, the Center provides a comfortable environment for people to talk about their experiences, learn about resources, and get peer support. The Senior Center also hosts a long-standing group of culturally Deaf seniors (people who have been deaf all their lives and who use sign language). The HRDC is exploring the feasibility of establishing programs of interest to a very diverse group of seniors with hearing loss. This paper will describe the first year at the HRDC and discuss implications for programming in other settings.

241

NEW INSIGHTS ON THE TRAEATMENT OF THE ELDERLY DIABETIC PATIENTS.

N Barziali, Division of Geriatrics, and the Diabetes Research Center, Albert Einstein College of Medicine, 1300 Morris Park Ave, Bronx, NY, 10461.

Participants:

G. S. Meneilly (The University of British Colombia, Vancouver, B.C. Canada).

The pathophysiology of diabetes in the elderly in relationship to new modes of therapy.

N. Barziali, (Albert Einstein College of Medicine, Bronx, NY.)

The prevention of macrovascular disease in the diabetic elderly.

J. Zonszein, (Albert Einstein College of Medicine, Bronx, NY.)

The treatment of the elderly diabetic patients in hospitals or institutions.

Discussant:

J.B. Halter (University of Michigan and VA Medical Center, Ann Arbor, Michigan)

Glucose levels are tightly regulated by the combined function of the muscle to dispose of postprandial glucose, the liver to provide for fasting glucose production, and the ß-cells of the pancreas to regulate both by secreting appropriate amounts of insulin. All these may be impaired in the diabetic elderly patient. Understanding this multi-organ pathophysiology of diabetes in the elderly is clinically relevant, because present and future pharmacological therapies aim to reverse specific organ defects, and often act synergistically to decrease hyperglycemia. The role and usage of current available drugs, such as Glucophage, Rezulin, and Precose will be further discussed.

Death in the elderly diabetic patient is usually caused by macrovascular arteriosclerotic disease. Recent studies have shown the major effect of glucose (UKPDS), hypertension (UKPDS), and lipid (4S) control on preventing macrovascular events and death. Recently the CARE study demonstrated greater prevention of CHD in elderly population (of whom ~25% had diabetes), than in younger population. These and other studies suggest that aggressive treatment of hyperglycemia, hypertension and dyslipidemia are beneficial, specifically in the elderly diabetic.

The metabolic control of the elderly diabetic patient is often problematic in hospitals and other institutions. Treatment with insulin is often required, and many times fail. Reasonable guidelines for insulin treatments include a pro-active therapy rather than the often-utilized insulin 'coverage' approach. Improving in-house metabolic control may benefit out-comes, costs and length of stay.

THE PREVENTION OF MACROVASCULAR DISEASE IN THE DIABETIC ELDERLY.

N Barziali, Division of Geriatrics & Endocrinology, Albert Einstein College of Medicine, Bronx, NY, 10461

In the United Kingdom Prospective Diabetes Study (UKPDS), an arm of Metformin was used in the obese cohort compared with Insulin and sulfonylurea agents. Metformin was associated with significant (~30-40%) decrease in diabetes related endpoints, diabetes related deaths, all cause mortality, and a decrease in MI.

One of the UKPDS objectives was to determine whether tight control of blood pressure prevents macrovascular complications in patients with type 2 diabetes. Patients were randomised comparing tight control of blood pressure with less tight control (captopril vs. atenolol). Tight control of blood pressure with the two drugs were equally effective in reducing the risk of non-fatal and fatal diabetic complications, death related to diabetes, heart failure,.

Utilizing HMG CoA reductase inhibitor significantly reduced CHD incidence in diabetic patients with high LDL cholesterol and previous clinical CHD (4S, CARE). Interestingly, decreases cardiovascular endpoints were greater in the diabetic then in the non-diabetic population. Recently the CARE study demonstrated greater prevention of CHD in elderly population (of whom ~25% had type 2 DM), than in younger population.

These and other studies suggest that aggressive treatment of hyperglycemia, hypertension and dyslipidemia have great benefit, specifically to the elderly and diabetic population

THE PATHOPHYSIOLOGY OF DIABETES IN THE ELDERLY IN RELATIONSHIP TO NEW MODES OF THERAPY.

G. S. Meneilly, Division of Geriatric Medicine
University of British Columbia, Vancouver, BC

Glucose levels are tightly regulated by the combined function of the **muscle** to dispose of postprandial glucose, the **liver** to provide for fasting glucose production, and the **ß-cells** of the pancreas to regulate both by secreting appropriate amounts of insulin. The liver maintains normal glucose levels postprandially and during fasting, but with aging more insulin is required to appropriately regulate hepatic glucose production and avoid hyperglycemia (role for metformin). While ß-cell insulin secretion may compensate for the resistance to insulin action of the muscle and liver (role for Troglitazone), elderly subjects with and without obesity may fail to respond by secreting adequate amounts of insulin (role for sulfonylurea), and will develop diabetes mellitus.

This abstract will describe the pathophysiology and the advantages and shortcoming of new drugs in the therapy of the diabetic elderly patient.

THE TREATMENT OF THE ELDERLY DIABETIC PATIENTS IN HOSPITALS OR INSTITUTIONS.

J. Zonszein, Division of Geriatrics & Endocrinology, Albert Einstein College of Medicine, Bronx, NY, 10461

The elderly diabetic patient may be treated with variety of oral agents upon admission to the hospital. The window of time that patients spend in the hospital for treatment of co-morbid conditions is often associated with poor glycemic control. However, not all-oral agents must be discontinued, and the decision is based on the individual drug and on the cause of admission. Bedside capillary blood glucose monitoring is time consuming, expensive, and is not used effectively for decision making. The use of regular insulin sliding scale treatment continues to prevail although its late and usually fails. Implementation of new, more physiological and less labor intense programs, such as using proactive intermediate-acting insulin treatment may be more effective. Such pro-active implementation improves patient outcome significant and is cost savings. The treatment during a more prolonged institution depends on the prognosis of the underlying condition, and the availability of the professional medical staff. In such conditions few approaches should be considered to maintain reasonable metabolic control, while decreasing the risk for hypoglycemia.

242

PATIENT-PHYSICIAN TRUST AMONG MINORITY ELDERS.

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As more minority elders move into larger systems of managed care, establishing and maintaining trust in the doctor-patient relationship such as genetic counseling, will be increasingly important. This pilot study ascertains the importance of specific physician characteristics and behaviors in determing trust among ethnic elders. Questions were adapted from the Trust in Physician Scale and supplemented with questions on common culture-based concerns (language, cultural similarities, respect, family inclusion). The questionnaire (in English) was distributed at two senior events. Respondents rated the importance of 15 physician characteristics and behaviors on a 10-pt scale. Each item was scored as the difference from the mean score of all items for that subject. ANOVA was used to test the null-hypothesis of no variation by ethnic group for each item. There were 183 respondents; age 29-84 yrs (M=70); 20% were Black, 20% Caucasian, 14% Chinese, 20% Filipino, 8% Hispanic, and 29% Other Asian. Forty six percent spoke a language other than English. Significant group differences were found for language (p=.001), respect (p=.002), and inclusion of family (p=.04). This study provides a first look at what ethnic groups regard as important in determining their trust in a physician, and can guide future work on trust as a crucial component of a culturally competent care.

THE USE OF MEANINGFUL EXPERIENCES REPORTED BY A GROUP OF DIVERSE OLDER ADULTS TO TEACH NURSE-CARING

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The meaning of caring held by individuals and the ways to portray this concept to nurses has been of concern to nursing faculty. A project was undertaken to address the perception of the experiences of older adults with nursing care, specifically the person's perception of caring versus non-caring behaviors exhibited by the nurse. Participants in the project were non-institutionalized, cognitively aware older adults living in a metropolitan area, older than 75 years of age, representing various ethnic and religious beliefs, who had received nursing care in any clinical setting. All interviews of these 18 women and 11 men were videotaped by consent. Participants were told that their impression of nursing care would be used to help teach nursing students how to care for older adults. All data were analyzed using Colaizzi's method to derive meaning from phenomenological data. The value of these qualitative, personal views and beliefs regarding interpretation of caring behaviors has resulted in a format useful for teaching any professional caregiver about caring. An educational videotape and booklet have been produced and used with undergraduate and graduate nursing students to portray specific aspects of concern to older adults: e.g., sexuality issues, reactions to uncaring behaviors, respect and understanding of limitations, and building relationships.

PENN PARTNERS PASSCARD: EXPANSION OF A MODEL FOR SUCCESSFUL RESEARCH SUBJECT RECRUITMENT

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Recruitment and retention of older study subjects is an area of research often given little attention by investigators and frequently requires special considerations.[1,2,3] Consequently the elderly are frequently underrepresented in research studies and gaps in knowledge about the causes, diagnosis and treatment of health problems in the elderly remain. The University of Pennsylvania's Institute on Aging initiated an innovative program, Partners in Healthy Aging (PHA), to address this problem. Based on initial success, the program was enhanced, expanded and renamed Penn Partners in Healthy Living PassCard. The program combines the following multiple objectives: (1) to recruit potential research study subjects, (2) to provide health education to consumers, (3) to provide consumers with volunteer opportunities, (4) to attract new patients, and (5) to increase patient satisfaction. Combing objectives allows for a single infrastructure, as well as a more engaging program with many components, with each component enhancing the others. Membership has grown to approximately 85,000 by March 1999. Initially available at four hospitals, Penn Partners PassCard is expanding to include four to twelve additional hospitals by October 1999. Consequently, the number and diversity of potential research study subjects will be greatly expanded. As of March 1999, approximately ten referrals of potential research subjects are made per week to various studies. About 1/3 to 1/2 enroll as study subjects. The number of referrals is expected to increase as membership grows. Other measures of success will be discussed including results of the members' satisfaction survey, number of and attendance at health education events, evaluation of health education, volunteer opportunities, the number of volunteers and volunteer hours. The process of linking sites and centralizing some operations, like a combined database, while customizing locally will also be discussed.

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VALIDATION OF A LEVEL OF INTRUSIVENESS (LOI) SCALE FOR SUBJECT RECRUITMENT TO GERONTOLOGIC CLINICAL RESEARCH STUDIES

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It is important to know the extent of resources needed to recruit subjects for research studies. Level of intrusiveness (LOI) appears to be a primary predictor of recruitment. Therefore we 1) validated a LOI scale against actual recruitment data from an established subject registry for 46 studies, and 2) assessed concordance between scale ratings and investigator ratings of 56 studies. Recruitment and LOI were moderately correlated (Spearman's rho = -.57). Studies of high intrusiveness according to the scale (n=17) had a significantly lower median recruitment rate than studies of medium intrusiveness (n=6; Mann-Whitney test, P=0.025). Low intrusive studies (n=24) did have a greater median recruitment than the medium studies, but this did not reach conventional levels of significance (P=.15). Dollar amount of any stipend correlated moderately with LOI (rho=.52). There was a weak, negative correlation between stipend and recruitment (rho=-.34) but this was explained by the association of stipend with LOI. Overall, there was 83% concordance (weighted kappa=.74) between investigator and scale ratings of LOI in studies not involving medications. Eleven out of 13 studies involving medications had LOI underestimated by investigators. These data provide preliminary validation of the LOI scale. Investigators often underestimate LOI of studies involving medications.

INCORPORATING GERIATRIC NURSING BEST PRACTICES INTO UNDERGRADUATE NURSING CURRICULUM.

Carla Mariano, RN, EdD, Elaine Gould, MSW, Andrea Sherman, PhD, Terry Fulmer, RN, PhD, FAAN, Mathy Mezey, RN, EdD, FAAN, John A. Hartford Institute for Geriatric Nursing, Division of Nursing, New York University, 82 Washington Square East, Pless Hall, 5th. floor, New York, NY 10003

This session will present the findings of an educational initiative to incorporate geriatric nursing best practices into undergraduate nursing curricula. This initiative was sponsored by the John A. Hartford Institute for Geriatric Nursing and the Consortium of New York Geriatric Education Centers, and was designed to help baccalaureate faculty teach students the knowledge and skills necessary to practice in a constantly-evolving health care system.

In addition to a two day workshop, a 300 page resource book was developed by national experts and distributed. Topics included attitudes about aging, cross-cultural influences, communication, functional and mental assessment, depression/delirium/dementia, pain/palliation, falls, ethics and caregiving and included content, instruments, case studies, teaching/evaluation strategies and resources. There were teleconferenced didactic sessions to diverse geographic locations. Project goals and outcomes, as well as a discussion of this type of initiative will be presented.

243

DEPRESSIVE SYMPTOMS IN ELDERLY MEDICAL INPATIENTS: PREVALENCE, CORRELATES AND DETECTION BY PHYSICIANS.

CJ Büla, R Pouget, V Wietlisbach, S Joray, B Burnand, B Yersin

Division of Geriatric Medicine, Dpt of Internal Medicine, CHUV, & Institute for Social and Preventive Medicine, Lausanne, Switzerland

This study aimed 1) to determine the prevalence of, 2) to identify the characteristics associated with, and 3) to evaluate the detection rate of depressive symptoms in a cohort of elderly medical inpatients.

Study subjects (n=401) were every other patients aged 75+ admitted over a 6-month period to the internal medicine service of an academic medical center in Western Switzerland. We excluded patients with severe cognitive impairment, terminal diseases or previously living in nursing homes. Data on demographics, medical, physical *(BADL &*

IADL), social and mental status *(MMSE & GDS)* were collected upon admission. The presence of depressive symptoms was defined as a GDS score ≥ 6. Using discharge summary abstraction, depressive symptoms were considered detected if mentioned in the diagnoses or the discussion, or if a treatment was prescribed at discharge. Interrater agreement on a random sample (n=50) was 94% (κ .74, *p*<.001).

Overall, 90 patients (22.4%) had an abnormal GDS score (≥6). Compared to those without depressive symptoms, these subjects were (all p<.05) older (83.5 vs 82.0 years), more frequently living alone (66.7 vs 55.0%), dependent in both BADL and IADL (48.9 vs 36.0%, and 91.1 vs 84.9%, respectively), and cognitively impaired (47.8 vs 27.7% with MMSE score<24). In addition they had more comorbidities at Charlson index (1.6 vs 1.2). In multivariate analysis, an independent association remains for subjects living alone (OR 1.8, 95%CI 1.1-3.0), with cognitive impairment (OR 1.9, 95%CI 1.1-3.2), and comorbidities (OR 1.3, 95%CI 1.1-1.5). Detection rate was only 16.7% (15/90).

In this population, depressive symptoms were frequent but rarely detected. Some patients characteristics identified in this study (i.e. living alone) might help to target screening effort and enhance detection. The impact of improved detection and treatment on these patients' prognosis remains to be determined.

THE TREATMENT EFFECTIVENESS PROJECT.

Thomas Oxman, M.D., James Barrett, M.D., John Williams Jr., M.D., Ellen Frank, Ph.D., Wayne Katon, M.D.

Purpose: Effective treatments for minor depression and dysthymia in primary care are uncertain. We evaluated two primary care based treatments in an 11 week multicenter randomized trial comparing placebo, paroxetine and problem solving treatment (PST-PC), a behavioral therapy for primary care. All groups received clinical management. **Methods:** Primary care patients aged ≥ 60 were recruited from four diverse cities. Eligibility requirements were 3-4 DSM-IV symptoms ≥ 4 weeks and a Hamilton Depression Rating Scale (HDRS) ≥ 10. Depressive symptoms were measured by the Hopkins Symptom Checklist (HSCL), the HDRS, and the SF-36. Outcomes were analyzed with an intent to treat, random regression. **Results:** 415 patients met eligibility criteria and were randomized to placebo (n=140), paroxetine (n=137), or PST-PC (n=138). Patient characteristics were distributed equally between groups (mean age 71, 59% female, 78% White). Diagnoses were dysthymia (n=211) or minor depression (n=204); median baseline HDRS 13 . 311 participants (75%) completed all 6 treatment visits and outcome measures. All three treatment groups showed improvement. Patients assigned to paroxetine showed more rapid improvement than placebo on the HSCL (p<0.05), and a trend on the HDRS (p=0.16). Functional status did not differ significantly. PST-PC did not result in significantly more improvement than placebo but effects varied significantly across sites with PST-PC showing strong positive effects at one site. **Conclusions:** Paroxetine showed moderate benefit for minor depression or dysthymia. Clinical management is a powerful treatment. CM-5

THE ROLE OF HEART DISEASE IN THE LINK BETWEEN DEPRESSION AND DEATH IN OLD AGE

BWJH Penninx, DJH Deeg LASA study, Vrije University, v.d. Boechorststraat 7, Amsterdam, The Netherlands

Depression has been found to be a strong predictor of death in heart patients, suggesting that it stimulates progression of heart disease. However, whether the effect of depression on mortality is really stronger in heart patients than in persons without heart disease is unclear. Data from 2,906 persons aged 55 to 85 years participating in the Longitudinal Aging Study Amsterdam were used to compare the mortality risks of depression in persons with and without heart disease. Minor and major depression were measured using the CES-D scale and the psychiatric DSM-classification, respectively. Heart disease was determined using self-report, medication data and physician reports. During 50 months, the mortality rate per 1,000 person-years was 34.9 in the 2,397 persons without heart disease, and 86.3 in the 450 heart patients (p<.001). In persons without heart disease, minor depression significantly increased the mortality risk (age- and sex adjusted RR=1.72, p<.001). A comparable, although slightly lower, mortality risk was found (RR=1.48, p=.04) in heart patients. For major depression, an interaction with heart disease was found: major depression did not predict death in persons without heart disease, but was a strong predictor in heart patients (RR=2.66, p=.01). Our results show that the effect of minor depression on death is not specific to heart patients, since a comparable risk was found in older persons without heart disease. Major depression, however, appears to be a stronger predictor of mortality in the presence of heart disease, which may suggest the existence of underlying cardiovascular pathways in the link between major depression and death.

DEPRESSION AND DISABILITY

M.B. Holm, J.C. Rogers. Department of Occupational Therapy, University of Pittsburgh, Pittsburgh PA 15260.

Depression and disability are inextricably linked. Apathy for most activities is a cardinal symptom of depression. In this study, the trajectory of disability in 35 community-dwelling older adults (29 women, 6 males) hospitalized for major depression was followed during hospitalization and 3-4 weeks after discharge. Disability was assessed objectively in the hospital and home. INDEPENDENCE in functional mobility improved during hospitalization and then declined slightly at followup; but these changes were not significant. Independence in ADL also improved during hospitalization and decreased at followup; these changes were significant. For cognitively-oriented IADL (e.g., managing medications), task independence significantly improved from admission to discharge followed by a slight decline at followup. For the physically-oriented IADL (e.g., changing bed linens), the trend was identical to the cognitive IADL, but was not significant. The SAFETY of task performance was relatively stable from admission to discharge and discharge to followup for functional mobility, ADL, and cognitive-IADL; for physical IADL, there was a significant quadratic effect, such that safety increased from admission to discharge and declined to the admission level at followup. The ADEQUACY of task performance for functional mobility, improved during hospitalization and then remained stable, but the trend was not significant. For ADL, task adequacy exhibited little change over time; for cognitive-IADL it improved over time and the improvement between discharge and followup was significant; the improvement in physical-IADL was not significant. The findings indicate variations in task performance across time, specific tasks, and measurement parameters. CM-5

Title: Marked differences in antidepressant use by race in an elderly community sample: 1986-1996

Dan Blazer, Center for the Study of Aging, Duke University Medical Center, Durham, NC 27710, Celia Hybels, Eleanor Simonsick, Joe Hanlon

Objective: Prescriptions of antidepressant medications have increased significantly over the past fifteen years across the life cycle. One correlate of medication use overall in older adults is race, with African Americans (AA) using fewer medications than non-African Americans (nAA). Given the frequency of depression among the elderly as well as the increased potential for adverse side effects of antidepressants, the relative contribution of race to the use of antidepressants is critical to determine in controlled studies. The authors analyze data from a community-based cohort of elders followed for ten years to determine association of race with the use of antidepressants between 1986 and 1996, controlled for known correlates of depression in late life. Method: Data on antidepressant use, demographic and health characteristics were obtained from a cohort of 4162 elders in North Carolina during four interviews spanning ten years (Duke EPESE). Results: 4.6% of nAA and 2.3% of AA used antidepressants in 1986. 14.3% of nAA and 5.0% of AA used antidepressants in 1996. The prevalence odds ratio for antidepressant use in nAA compared to AA in controlled analyses was 1.76 in 1986 and 3.9 in 1996. Conclusions: AA elders were much less likely to take antidepressants and the difference in use doubled over the ten years of the survey.

Depression, function and perceived health in community-dwelling elderly. T. Hoyl, MD, C. Alessi, MD; J. Harker, PhD, K. Josephson, MPH; F. Pietruszka, PA; L.Z. Rubenstein, MD. UCLA- GRECC, VA Greater Los Angeles Healthcare System. Sepulveda, CA 91343.

Objective: To study the relationship between depression, function and health perception in a community-dwelling older population. Design: 1-year cohort study, at a VA outpatient clinic. Subjects: 206 outpatients $\geq$ 65 years (97% male), enrolled in the control group of an ongoing casefinding trial. Methods: All subjects had assessments at baseline and one year later that included the Geriatric Depression Scale (15-item), BADL and IADL sub-scales of the Functional Status Questionnaire (FSQ), the General Health Perception (GHP) sub-scale of the RAND SF-36 and demographic information. At 1-year, subjects were also asked if they had been evaluated for depression or functional problems during the past year. Subjects received usual care by their providers. Results: Subjects had a mean GDS score of 5.1 (s.d. = 3.5). Using a GDS cut-off score of $\geq$ 5, 48% were classified as "depressed". Depression was significantly correlated with lower IADL ($r = -0.25$; $p < .001$) and GHP ($r = -0.38$; $p < .01$) scores at baseline. At 1-year, subjects who improved in depression (n=33), had a significant improvement in IADL scores when compared to subjects that remained depressed (n=44; p=.019). Also, the GHP score improved significantly (p=.034) in this subgroup. Conclusion: Depression and functional impairment are interrelated; improvement in depression is associated with improvement in function (IADL). Depressed subjects tend to have a lower health perception than non-depressed subjects, but it tends to improve when depression improves.

244

SIT-TO-STAND AS AN EVALUATION TOOL FOR BALANCE B.S. Troy, D. E. Kenney, E.E. Sabelman
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Difficulty with sit-to-stand (STS) is one of several neuromuscular performance risk factors associated with multiple falls. People with Parkinson's disease (PD) have been shown to exhibit a prolonged duration of STS when compared with normal elders (NE). The purpose of this study was to determine whether a quantitative measure of sit-to-stand correlates with increased falls risk. Twenty NE and 17 PD subjects were asked to perform 14 balance tasks varying in difficulty from sitting balance to one-legged stance. Tasks were scored using a modified Tinetti balance scale. Subjects also completed a self-report falls history from which a fall injury index (FI) was derived. STS was performed at normal speed, arms crossed, and recorded using a wearable accelerometric motion analysis system. Time between maximum and minimum values (TMM) of averaged right and left waist vector magnitudes were evaluated. The maximum occurs during "Momentum Transfer", when forward- becomes upward-momentum. The minimum corresponds with the end of the "Extension" stage before deceleration. We hypothesized that subjects with balance problems would have a longer TMM. There was a moderate correlation ($p \leq .005$) of TMM with modified Tinetti scores by MANOVA and with FI (Pearson's r=0.66). Accelerometric analysis of STS shows potential for the quantification of falls risk.

The Functional Balance Test: Assessing Balance and Predicting Falls in Older Persons

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This study was undertaken to evaluate an instrument developed by the authors to assess functional balance and predict falling. The test alters the persons centre of gravity while they are mobile doing 5 consecutive tasks. It has a criteria-referenced scoring system as well as a timed component.

Purpose: The purpose of this study was to evaluate the reliability, validity (including predictive validity) and responsiveness of the Functional Balance test (FBT).

Method: Both fallers and non-fallers, older than 55 years, from inpatient and outpatient settings were assessed at baseline, 5 days later and following 8 weeks of treatment using the FBT, the Timed Get Up and Go (TUG) and the Functional Reach (FR). Information was collected about history of falls over the following 6 month period.

Results: Seventy-two patients were enrolled in the study. The inter-rater reliability for each of the tests is as follows FBT ICC=0.88, SEM=1.5, 95% CI=0.80-90, FR ICC=0.68, SEM=3.6, 95% CI=0.52-0.80, TUG ICC=0.67, SEM=12.91, 95% CI=0.51-0.79. Standardised response means demonstrated that the measure is responsive compared to FR and TUG.

Conclusions: The results of this study indicate that the FBT is reliable and valid with evidence of responsiveness in fallers and non-fallers.

Spinal flexibility and balance control in community dwelling adults with and without Parkinson's Disease. M. Schenkman, M. Morey, M. Kuchibhatla. Claude D. Pepper Center, Duke University Medical Center, Durham, NC.

Background. The association between impaired spinal flexibility and balance control has not been studied in depth. We determined the relative contribution of functional axial rotation (FAR) to balance control (Functional Reach, FR) and determined the effect of disease-state (Parkinson's disease (PD) versus no PD. **Methods.** Subjects were 56 community-dwelling adults with diagnosed PD and 195 without PD. Measures included FAR and FR. **Results.** A multivariate regression model, controlling for age, gender, race, body mass index, comorbidity, confidence, and depression, demonstrated that FAR contributes significantly to FR (R^2=.334 for the overall model, p=.0001 for FAR). Based on the parameter estimate, results predict that FAR accounts for a 4.6" difference in reach distance between the least and most flexible of the participants. The relationship was independent of disease state (PD vs. no PD). **Conclusions.** The role of spinal flexibility in balance control is generally unrecognized, yet spinal flexibility, like strength, can improve with appropriate physical intervention.

PREVENTING SLIPS, TRIPS AND FALLS IN THE OLDER COMMUNITY : A RANDOMISED TRIAL

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In the causative mechanism of falls among older people, slips and trips are significant precursors. This two-year randomised, controlled trial assessed the effectiveness of multi-component interventions in reducing the incidence of slips, trips and falls among 252 members of the National Seniors Association. The prevention strategies included education and awareness-raising, exercise sessions to improve strength and balance, home safety advice to modify environmental hazards, and medical assessment to optimise health. The interventions combined the strategies in an add-on approach. The outcome of interest was the occurrence of a slip, trip or fall, monitored prospectively using a daily calendar diary.

Using Cox's proportional hazards regression model, adjusted Hazard Ratios comparing intervention groups with the control ranged from 0.35 (0.17 – 0.73) to 0.48 (0.25 – 0.91) for slips; 0.29 (0.16 – 0.51) to 0.45 (0.27 – 0.74) for trips; and 0.60 (0.36 – 1.01) to 0.82 (0.51 – 1.31) for falls. While calendar monitoring recorded outcome, it was also assessed as a prevention strategy by comparing the intervention groups with a hypothetical non-intervened group. At one year post intervention, reductions in the probability of slips, trips and falls (61%; 56%; 29% respectively) were demonstrated.

The study makes an important contribution to the priority health issue of falls prevention by showing that effective, sustainable, low-cost programs can be introduced through community-based organisations to reduce the incidence of slips, trips and falls in well, older people.

Improving function: balance and progressive resistance training in nursing homes.

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Background different studies have shown that training interventions are powerful tools to improve function in nursing home residents The presented results are the data of eight exercise groups of a population based (n = 800) randomised intervention trial to reduce fall related fractures in nursing homes (n = 6) The other offered interventions are hip protectors, environmental adaptations and consultation

Objective to examine he feasibility and effects of a 4 month training on function, balance and strength in a demonstration study Methods 54 participants of a combined PRT and balance training protocol (twice weekly, 75 min per session) were measured The test protocol included a modified Romberg test (15s), 5-chair rise, gait speed, 6-minute walk, 1-RM (leg press) and MDS V2 0 data

Results 35 % could improve their static balance (qualitative gain in one standing position) Faster chair rises were seen in 75 6 % The mean walking distance increased by 12 % 1-RM measurements showed a mean increase of 21 % No difference was seen for gait speed 76 7 % participated in more than 80 % of the offered sessions 11 residents did not complete the program No serious injuries were seen during the training sessions During the first four months two participants of the exercise groups suffered a hip fracture

Conclusions the training and test protocols proved to be feasible and well accepted The results of the first groups showed a moderate beneficial effect on function, walking distance and balance

245

THE EMERGING FIELD OF PALLIATIVE MEDICINE: ONCE AGAIN, THE VA LEADS THE WAY.

Organizer: M.B. Gerety, GRECC, South Texas Veterans Health Care System, San Antonio, TX 78284

Participants: M.P. Primomo and M.B. Gerety, TX 78284. THE FOUR P'S OF PALLIATIVE CARE: HOW CARE AT THE END OF LIFE CAN ENHANCE THE SKILLS, KNOWLEDGE AND ATTITUDES OF THOSE WHO PROVIDE IT AS WELL AS THOSE WHO RECEIVE IT. GRECC, South Texas Veterans Health Care System, San Antonio.

D.P. Stevens. VA FACULTY LEADERS PROJECT FOR IMPROVED CARE AT THE END OF LIFE. Office of Academic Affiliations, VA National Headquarters, Washington, D.C.

R.A. Pearlman, H.E. Starks, K.C. Cain, W.G. Cole. DEVELOPMENT AND EFFECTS OF WORKBOOK-CENTERED ADVANCED CARE PLANNING AND INTERVENTION. GRECC, VA Puget Sound Health Care System, University of Washington and Patient Decision Support.

J.L. Hallenbeck. PALLIATIVE CARE AND GERIATRICS CURRICULUM DEVELOPMENT AND IMPLEMENTATION. GRECC, VA Palo Alto Health Care System.

A strange company of bedfellows has focused long-deserved national attention on end-of-life care. High costs of care at the end of life, legalized physician-assisted suicide in Oregon, numerous acquittals and a final conviction of Dr. Kavorkian, and the chorus of our patients' voices demanding a better passage to death have forced the medical profession

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to acknowledge the need for palliative care. Yet, the domains of palliative care are poorly understood by most physicians and do not occupy a prominent place in the curricula of medical students or physicians-in-training. It is not surprising that physicians tend to avoid providing services for which they feel ill prepared.

As members of the academic community, how can we best promote the knowledge, skills, and attitudes that are required for palliative care? In many ways, this field requires physicians to return to the humanitarian roots of medicine, while maintaining science in sharp focus. The Veterans Health Administration, with a patient population enriched with aging, chronic and often terminal illness has chosen to place end-of-life care at the top of its agenda. This symposium will focus on: 1) principles of palliative care, 2) VA faculty leaders project for improved care at the end of life, 3) successful methods to incorporate end-of-life teaching into geriatric curricula, and 4) experimentally tested methods of focusing physicians' attention on end-of-life planning during care of their patients.

THE FOUR P'S OF PALLIATIVE CARE: How care at the end of life can enhance the skills, knowledge, and attitudes of those who provide it as well as those who receive it.

M.P. Primomo, M.B. Gerety. GRECC, South Texas Veterans Health Care System, San Antonio, TX 78284.

Demands for palliative care echo from the halls of congress to the homes of our patients. Yet, key knowledge, skills, and attitudes required for palliative medicine are not well placed within the curricula of physicians-in-training. Many believe palliation is only a 'soft' option, primarily consisting of TLC. It is not.

The first P of palliation is management of *Physical* symptoms, where success requires skilled diagnosis and pharmacotherapeutic expertise. An essential companion to the *Physical* is attention to *Psychosocial* problems that are both an important determinant of pain and suffering and an impediment to achieving relief and acceptance of the future. Here, skilled history taking and knowledge of the most common end-of-life conundrums are required as well as an ability to establish a 'therapeutic' physician-patient relationship. Using *Principles of Ethics* to guide oneself, the patient and the family requires understanding and application of autonomy, beneficence, and distributive justice. Perhaps the most difficult, *Personal Growth*, requires us to understand our own development and face our own attitudes toward death. After this journey, we are better equipped to help our patients in their passage to death.

VA Faculty Leaders Project for Improved Care at the End of Life.

D.P. Stevens, Office of Academic Affiliations, VA National Headquarters, Washington, DC 20420

A faculty member at each of 30 Veterans Affairs (VA)-affiliated internal medicine training programs was selected for a two-year project designed to enhance residency training in end-of-life care. The Robert Wood Johnson Foundation-funded project employs three overlapping strategies: release time for faculty to serve as change agents; a Steering Committee of national experts to facilitate faculty members in such change, and a creation of a ready network of faculty collaborators for curriculum development and institutional change.

Participants identified markers of readiness for and barriers to change across sites. Markers reflecting readiness for change included institutional opinion leaders who recognized the importance of improved end-of-life care, and trainees' own sense of professional inadequacy in end-of-life settings. Commonly identified barriers included limited time for program development and skills enhancement, crowded and inflexible curricula, and scarce faculty with palliative care expertise.

Substantive change in residency training and end-of-life care appears more likely to occur when effective strategies can be crafted to systematically accommodate these issues.

DEVELOPMENT AND EFFECTS OF WORKBOOK-CENTERED ADVANCE CARE PLANNING INTERVENTION.

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We developed an advance care planning (ACP) workbook to educate patients and their families about ACP and help create personalized directives. We then evaluated the effectiveness of a clinical intervention by measuring whether it increased ACP discussions and completion of advance directives.

The workbook, Your Life, Your Choices (YLYC), helps patients identify beliefs and preferences that influence medical decisions. 108 patients, family members and clinicians evaluated YLYC and found it educational, motivational, and helpful.

In this RCT, the intervention group received YLYC, social work counseling, and cues to primary care providers to discuss ACP. The control group received the VA brochure on advance directives. 22 VA primary care providers were recruited. For each provider, 14 chronic care older patients without existing directives were randomized to control or intervention groups.

35 % of subjects agreed to participate. Preliminary data are available for 159 patients. The intervention patients demonstrated more ACP discussions with their providers, written instructional directives, and appointments of health care agents than control patients. Electronic documentation of directives in the medical records of intervention patients demonstrated greater than three-fold improvements: 40% vs 11% for written instructional directives, 33% vs 10% for durable power appointments ($p<0.01$). Thus, a multifaceted intervention centered around a newly created ACP workbook promoted discussions about this topic with primary care providers and resulted in a substantial increase in the documentation of directives in the medical records.

Palliative Care and Geriatrics: Curriculum Development and Implementation.

J.L. Hallenbeck, GRECC, VA Palo Alto HCS, Palo Alto, CA 94304.

As the nation becomes more attuned to the need for palliative care, VAs and academic medical centers are struggling to incorporate it into an already crowded curriculum. How do you get started? What resources (books, teaching modules, videos, web-sites) are particularly useful? How does one balance different educational formats, such as didactics, directed reading, case studies, role modeling and supervised clinical experience? What are the major palliative care educational domains? Where can educational interventions be placed to have the highest impact? Although the answers to these questions are not yet well understood, some programs have been highly successful. Palliative care training during an internal medicine geriatrics rotation at the Palo Alto VA/Stanford University will be reviewed and contrasted to other sites and studies. Geriatrics-specific resources and barriers to incorporation of palliative care will be discussed. Outcome data reflecting change in resident skills, knowledge and attitudes will be presented. Attendees are encouraged to pose specific questions about curriculum development/implementation.

246

PATIENT AND FAMILY PERCEPTIONS OF THE QUALITY OF VA HOSPICE CARE

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In fiscal year 1996, over eleven thousand VA patients (70% over age 65) received hospice services. We present data regarding family satisfaction with hospice care, and patient and family perceptions of strengths and barriers of VA hospice programs. The National Hospice Organization (NHO) Family Satisfaction Survey was completed by 528 family members of recently deceased veterans who received VA hospice care. VA survey findings were compared with responses from 17,510 family members compiled from member hospices by NHO. In addition, 30 interviews were conducted with patients currently receiving hospice services and their families to determine their perceptions of the strengths and barriers of VA hospice care. Both VA mean satisfactions scores and NHO reported scores ranged from satisfied to very satisfied. VA levels of satisfaction were similar but slightly lower than NHO scores. (VA mean satisfaction scores ranged from 95% to 100% of NHO mean scores). The most frequently cited strength of VA hospice programs was the commitment and skill of VA hospice staff. The most frequently cited barrier to effective hospice care was a perceived delay in veterans' referrals to hospice. VA's emphasis on patient-centered care requires the evaluation of satisfaction with services. Although high levels of satisfaction among family members and patients are an indicator of the effectiveness of VA hospice programs, patient and family comments suggest the need for more timely referral to hospice for patients who need and want this type of care.

DIABETIC RETINOPATHY IN THE NURSING HOME POPULATION

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Background: No reports exist concerning diabetic retinopathy in the long-term care population. Studies of the non-institutionalized elderly, while conflicting, suggest that aging is protective against diabetic retinopathy. A clinical impression exists that significant retinopathy is rare in the long-term care population. **Methods:** In this retrospective study, the charts of 40 consecutive diabetic patients seen as part of a teaching nursing home program were evaluated. The population consisted of 22 non-insulin dependent and 18 insulin dependent diabetics. The mean age of the population was 79. The population was largely white(85%)and female(93%). Diabetic retinopathy had been clinically graded using the modifed Airlie House classification system. **Results**. No diabetic retinopathy or mild retinopathy was found in 88%(70/80eyes) of eyes. Of significance, 4 persons(8 eyes) with evidence of previous proliferative retinopathy, showed regression to no or mild retinopathy. Retinopathy requiring intervention was found in only 3/80 eyes. Visual impairment (9/40), legal blindness(8/40) and profound vision loss(7/40) were common among this group, however, diabetic complications were implicated as a cause of vision loss in only 8/24. All vision loss associated with diabetes was found in the insulin dependent group. **Conclusions**. These results suggest that glycemic control measures used by nursing homes are largely effective in preventing diabetic retinopathy requiring intervention.

SUBJECTIVE QUALITY OF LIFE IN INSTITUTIONAL ELDERLY WITH INITIAL DEMENTIA

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Background. Although quality of Life (QoL) is increasingly recognized as a research and clinical issue of outmost interest in the elderly, the knowledge about its subjective component in dementia is still quite limited. Aim of the study. To compare the subjective QoL in institutional elderly with or without mild to moderate dementia. Methods. QoL was explored according to three different methodologies: a unidimensional approach (global QoL); a multidimensional approach with predefined and homogeneous domains (modified Neugartner's Life Satisfaction Index - mLSI); a multidimensional approach with individualized domains (modified SEIQoL scale). Based on the Mini Mental State Examination (MMSE), the sample was divided into three subgroups; interval ranges were 30-26 (not demented), 25-21 (mild dementia) and 20-15 (moderate dementia). Several other independent variables were considered. Subjects. A total of 53 female nursing home residents were included in the study. The mean age was 87.5 (SD 6.1) yrs, the mean education 4.7 (SD 3.5) yrs, the mean duration of institutionalization 60.9 (SD 52.1) months. Results. Mean MMSE for the three subgroups was 27.4 (SD 1.1), 22.8 (SD 1.4) and 17.5 (SD 1.7), respectively. The three subgroups were not different for the main demographic and clinical variables. The mean score at the global unidimensional QoL scale was significantly lower in the mild dementia group compared to both the other two groups. The total score at the mSEIQoL was lower in the middle group, too. By contrast, the three groups did not nominate different numbers of relevant domains (m = 1.9, SD 1.2; 1.6, SD 1.2; 1.3 SD 1.0 respectively). For the mLSI, although the average total score was not statistically different among the three groups, the analysis by single cathegories showed significant differences regarding a number of domains. Conclusions. These results allow to identify a sort of U trend for the subjective component of QoL in the institutional elderly; it appears at a lower level in borderline or mildly demented subjects compared to both non-demented and moderately demented old patients.

A Process Improvement Team for Patient/ Caregiver Discharge Information on a Geriatric Subacute Care Unit. L Chevalier, J Geisinger, S Robinson, E Spaziano, J Damron-Rodriguez, S Castle. West LA GRECC, Greater LA VA Healthcare System, UCLA, 90073.

An interdisciplinary team systematically addressed the need to improve education for patients discharged from the Geriatric Evaluation & Management (GEM) Unit & Interdisciplinary Continued Care (Subacute Medicine). The new process adapts specific Joint Commission for Accreditation of Healthcare Organizations (JCAHO) standards for patient education, as well as recommendations from a literature review on discharge pl[illegible], & education. The process adapted unique aspects of care for this complex medical & frail (with physical & psychosocial challenges) population. A revised patient/ caregiver discharge information sheet & survey instrument to measure patient/caregiver knowledge of discharge information were developed. JCAHO-targeted domains on the revised sheet given to patients include: 1) Contact phone numbers & staff, 2) checklist of home medical management (nursing) issues & medical equipment, 3) medication information, including food/drug interactions, 4) Nutrition instruction on restrictions or special diets, 5) community services including transportation, 6) follow up appointments (names, location, phone), & 7) brief lay summary of major diagnoses treated, results of key tests, recommendations, & names of providers. The revised form was piloted & a case survey of initial patients shows improved understanding & perception of quality of care. Since JCAHO standards were targeted in development, the new Information Sheet & survey instrument support improved quality and satisfaction & should be supportive of future JCAHO accreditation.

CORRELATES OF NURSING HOME RESIDENTS' PAIN

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Previous research has documented inadequate pain treatment of nursing home residents, especially that of Black residents. This study documented correlations of pain frequency and of pain intensity with measures of cognitive status, activities of daily living, depression, communication, and demographic characteristics of residents. Data were collected from 104 residents as admitted sequentially to two large nursing homes, both serving indigent Black and White older adults. There were 74% Black and 52% male residents, with average age of 68.4 (SD = 15.9) years. The federally mandated resident assessment instrument, the Minimum Data Set, was used to collect study data. Residents with better long-term memory (r = -0.26), or greater ability to feed themselves (r = -0.23) or who expressed negative affect (r = 0.21), or who had less education (r = -0.21) reported significantly (p < .05) more intense pain, and may be at increased risk for under-treatment of pain. No study variables were significantly correlated with pain frequency. This research was supported, in part, by the NIH National Institute of Nursing Research (1 RO1 NR04299)

HOME STAFF KNOWLEDGE ABOUT PRESSURE ULCER PREVENTION AND TREATMENT

DR Gifford, Rhode Island Quality Partners Inc, Providence, RI 02908 & Center for Gerontology & Health Care Research; C Lyder, Yale University CT; DL Funston KePro Harrisburg PA; N Archibald PRONJ E. Brunswick NJ; A Brodowski NJ Dept. of Health

The Agency for Health Care Policy and Research (AHCPR) has issued two evidence-based guidelines on the prevention and treatment of pressure ulcers. The level of staff knowledge of these guideline recommendations may be related to the relatively high frequency of pressure ulcers in nursing homes. **Methods**. As part of a tri-state quality improvement effort to improve pressure ulcer practices in nursing homes, we randomly selected approximately 24 CNAs and 12 RN/LPNs from each of 31 facilities (11 in NJ, 11 in PA, 9 in RI,) to receive a mailed survey. The survey contained 52 true-false-do not know questions about pressure ulcer knowledge in 6 areas: risk assessment, location of pressure ulcers, pressure reduction strategies, friction/shear reduction, staging of pressure ulcers, and wound care. **Results**. 59% (614/1049) responded. For all six areas, knowledge did not differ by state. More RN/LPS answered questions correctly than CNAs for risk assessment (94% vs 86% p=0.002), location of pressure ulcers (75% vs 62%P<0.001), pressure reduction strategies (58% vs 51% p=0.056), friction/shear reduction (72% vs 61%; p=0.003), staging of pressure ulcers (71% vs 52%; p<0.001), and wound care (70% vs 43%; p<0.001). A chart review of care practices from a random sample of patients in each RI NH found that low staff knowledge correlated with care inconsistent with AHCPR guidelines. However, high levels of staff knowledge did not predict care consistent with AHCPR guidelines. **Conclusion**. Quality improvement efforts need to target educational programs for staff with low levels of knowledge, but these approaches alone are unlikely to improve care.

IMPLEMENTING THE EDEN ALTERNATIVE™ IN A NURSING HOME: FAMILY SATISFACTION WITH CARE AND PROBLEM RESOLUTION

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The Eden Alternative habitat transforms the nursing home by emphasizing humans abiding with pets, plants, and youth in order to create a functional and caring environment. The environment is assumed to reduce loneliness in residents and influence family satisfaction as well.

Surveys mailed to families in a 150 bed nursing home had a 43% return rate. Each item on the Family Satisfaction Survey is reported on bar graphs as a percentage agreement compared with a standard developed by Vital Research Inc.© from expert judges (inter-rater agreement = 0.79). Descriptive information is included with the findings for each item in order to give the nursing home specific feedback for each question.

Results show that 84% of families visited their relative from 1- 6 days a week; and 55% provided care directly by assisting with feeding, dressing, toileting, bathing, doing laundry most visits. Families reported satisfaction with the daily care of their relative, especially in the areas of communication, companionship, encouragement and food and environment. Families reported that the reasons they liked the home were the differences made by the Eden Alternative especially the companionship offered by the animals and children. In short, the Eden environment in nursing homes appears to have important benefit to families as well as residents.

SPEND-DOWN PATTERNS OF INDIVIDUALS ADMITTED TO NURSING HOMES IN CONNECTICUT

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The length of time to spend-down is a critical consideration in understanding the impact of spend-down on Medicaid budgets. This longitudinal study analyzed 14 years of nursing home records that approximate an individual's lifetime experience of nursing home use. The inclusion of all nursing home entrants (both private pay and Medicaid) yielded two calculations of spend-down: the proportion of private payors who convert to Medicaid and the proportion of all Medicaid recipients who became eligible by virtue of spending-down.

A single cohort of nursing home residents was used, comprised of individuals who experienced their first ever admission to a nursing home in Connecticut during the period 10/1/81 through 9/30/82. This same cohort was followed through 9/30/95. A total of 8,781 individuals were admitted to a CT nursing home during the study period. The payment type and length of stay were as follows:

Payment Type	Avg. LOS (days)	% of Total Days	# of Persons
Always Private	432	30.4%	5,299
Always Medicaid	1,167	17.2%	1,113
Spend-down	1,666	52.4%	2,369

Extensive data will be provided on patient characteristics, length of stay, admissions/readmissions, and discharge status.

Health Effects of Caring for Critically-Ill Adults on Long-Term Mechanical Ventilation Sara Reeder, PhD, RN, Richard Schulz, PhD, Lakshmipathi Chelluri, MD, MPH, Stephen Wisniewski, PhD, Steven Belle, PhD, University of Pittsburgh, 3500 Victoria Street 350 Victoria Building, Pittsburgh, PA 15261

Studies indicate morbidity and mortality rates are higher in older people patients receiving long-term mechanical ventilation. The health of caregivers is often overshadowed by concerns about the critically ill patient that they are caring for. **Purpose:** The purpose of this study is to describe impact of caring for critically ill patients who received long-term mechanical ventilation (MV) (>48 hours) **Research Question**: What are the physical and psychological effects of caring for critically ill patients two months post-MV. **Methods**: Forty-nine patients and their caregivers(CG) were surveyed using a prospective design. Data were collected using Co-morbidity Index (CMI), CES-D(depression), ADL, and IADL, (functional status). Data analyses included descriptive statistics and linear regression. **Findings**: Patient's mean age= 52.7 years and CG's age= 49 years. The mean number of hours/day spent caregiving= 5.7. CG mean scores on CES-D=15.3 and CMI-1.1. CG's perception of patient's ability to perform ADLs and IADLs- was mean= 3.1 and 5.8, respectively. The mean patient CMI =1.63. Analyses indicated younger patients' age and CG perception of assistance with more patient ADLs and IADLs was associated with greater CG depression Factors associated with poorer CG self-assessed physical health were being a female CG, fewer CG co-morbidities, fewer patient co-morbidities, more assistance with patient IADLs. **Conclusions/Implications**: Caregiving for patients who require long-term MV is demanding and takes a toll on the CG. This study can be used to initiate plans and interventions to promote CG health and better patient outcomes.

Measurement of Vision in Nursing Home Residents with Cognitive Impairment

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Nursing home residents with severe cognitive impairment are often excluded from research requiring assessment of vision because many measures are cognitively demanding, requiring cooperation with unfamiliar tasks, or language skills that are diminished in dementia patients. Measures such as those contained in the NH Minimum Data Set (MDS) may represent, for some purposes, an acceptable indicator of visual impairment in residents who are otherwise not testable.

To determine how well the MDS estimates visual impairment, we assessed vision in 117 VA nursing home residents with dementia (mean MMSE = 12.5, SD=8.2) using a battery of measures that tapped visual acuity using ETDRS charts or Teller Cards, and contrast sensitivity using the Pelli-Robson charts or the "Mr. Happy Face Test," and compared these ratings to a single item on the NH minimum data set item on vision impairment ("Ability to see in adequate light and with glasses if used"). Although the MDS measure was significantly associated with both acuity (r = .39) and contrast sensitivity (r = .34), the magnitude of the relationship was modest. We conclude that the MDS vision item, although related to standard measures of vision impairment, cannot substitute for more fine-grained assessments.

CM-13

Antidepressant use in Medicaid and Non-Medicaid Long-Term Care Patients. S Rigler; J Zhou; M Webb; L Redford; E Brown. Center on Aging, University of Kansas Medical Center, Kansas City, KS.

Background: Depression is common in long-term care (LTC). Newer antidepressants (AD) with improved tolerability profiles have become available in recent years but are more costly than older drugs. It is unknown whether there are differences in AD prescribing patterns between Medicaid and Non-Medicaid residents in LTC.

Methods: The Kansas Minimum Data Set Plus (MDS+) was examined for AD use in LTC. Incident events of new AD use were categorized into: Tricyclic Antidepressant (TCA), Selective Serotonin Reuptake Inhibitor (SSRI), Trazodone (Traz) and a miscellaneous group (Other). Distributions of AD use into these 4 drug groups were compared for Medicaid and Non-Medicaid status for each year from '92 to '98. Next, newer agents (SSRI and Other) were combined, and older agents (TCAs and Traz) were combined; the relative proportions of AD users in these two groups were analyzed in similar fashion against Medicaid status.

Results: This study identified 35,253 episodes of newly prescribed AD use. Differences were found in distributions across the four drug families by Medicaid status for 1992 (p=0.001), 1994 (p=0.001), 1997 (p=0.045), and 1998 (p=0.001). Use of lower cost ADs was found to be significantly higher among Medicaid recipients in only two of the 7 years examined (1992 and 1994).

Conclusions: Antidepressant prescribing patterns in LTC differ by Medicaid/Non-Medicaid status for some, but not all, years examined. Thus, Medicaid data for AD use may not necessarily be representative of other LTC populations. Relative cost does not appear to be consistently associated with AD prescribing patterns for Medicaid and non-Medicaid residents.

AGITATED BEHAVIORS IN UNITS FOR THE CARE OF DEMENTIA PATIENTS: PRE-AND-POST OCCUPANCY EVALUATION.

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Agitation is a common phenomenon among dementia patients, and presumed reasons for such behaviors vary from one study to another. The purpose of this paper is to focus on the environment of two dementia units as related to agitated behaviors. Using the COBRA instrument, this paper presents the results of a longitudinal study in which direct continuous behavioral observations of patients were made 24 hours a day for a period of six months. The sample included 44 dementia patients with an average age of 80.2 years and predominately female (80%). Data were collected by facility staff and independent observers. Patients were observed under two environmental conditions: an ordinary unit in a long-term care setting for a period of three months, and then a special care unit with specific amenities, programming, and staffing to support the needs of dementia patients. Attention was given to specific environmental parameters including autonomy, normalcy, and ease of use. Results indicated that patients manifested more agitated behaviors in the ordinary unit than in the SCU ($F= 365.5$, $p<.001$). Ease of using the environment, autonomy, normalcy of environment, higher ratio of staff to patients, and higher number of activity hours available to patients were all instrumental in reducing agitation.

IMPROVING COMMUNICATION REGARDING THE CARE OF PERSONS WITH ALZHEIMER'S DISEASE

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Nursing Assistants (NA's) are recognized as the primary caregivers among nursing home staff, providing as much as 90% of resident care, and often unprepared for the major role they play in that care. This study involves the design and implementation of a system that provides NA's with information vital to their basic care responsibilities, increasing clear, concise direction and communication between nurses and NA's in a 102-bed dedicated Alzheimer's facility. A pre-test of staff (n=23) revealed that NA's derive much of their basic care information (e.g., restraint orders, DNR code status, behavioral strategies, etc.) from a number of sources (e.g., other NA's, daily assignment sheets, family of residents, first-hand experience, etc.) and the information is at times considered incomplete and difficult to obtain. For instance, while 40% of NA's reported obtaining information regarding strategies for managing resident behavior from a nurse, 13% obtain that information from other NA's, 20% from a social-work narrative prepared at admission, and 20% from first-hand experience. Seven percent reported an inability to get that information at all. Sixty-seven percent find that information related to behavioral strategies is incomplete, and 73% reported that it is very hard or somewhat hard to obtain. Increasing the information available to NA's from a central source, that is regularly updated based on the care plan, has the potential to improve the transfer of accurate information from the resident care plan to the NA and ultimately the quality of care provided to residents with Alzheimer's and other dementias. A post-test is planned at eight weeks following the implementation of the NA communication system.

DEVELOPMENT OF A SKIN ASSESSMENT TO MEASURE BATHING OUTCOMES.

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The development of the Skin Assessment Form (SAF) and Skin Assessment Data Form (SADF) was to measure whether an alternative bath method (towel bath) resulted in bathing health outcomes (e.g., skin integrity and infection control) that were comparable to outcomes in the traditional bath method (shower) in older nursing home residents with dementia. These instruments were adapted from the Skin Condition Data Form (SCDF) by Hardy (1990). Additional items were generated from a literature review. The skin assessments rate the presence or absence of six skin characteristics--(1) foreign or body debris; (2) eruptions; (3) fissures or cracking; (4) maceration; (5) redness, hyperpigmentation, or hypopigmentation; and (6) scaling or flaking--that could be affected by the bathing process (e.g., dry skin from soap products). Three separate convenience samples of residents with dementia in long-term care facilities were used to pretest the selected body areas that would provide the most useful information and to establish interrater agreement of the instrument. Content validity was established by a dermatologist, psychometrician, and clinical nurse specialist. The final SAF/SADF contained 18 specified body areas which were assessed for each of the six skin characteristics. The findings included: (1) the elimination of posterior body areas because of the potential for the skin assessment to cause increased agitation (e.g., during turning) of the resident with dementia; (2) SAF revisions included a computerized drawing of the human body parts and color coding on the SAF for the six skin characteristics to distinguish any overlapping observations of two or more skin characteristics; (3) SADF revisions included numbers that coincided with the SAF to allow for easy coding; and (4) the interrater agreement between two trained nursing graduate research assistants ranged from .84 to .94. Data from the pilot studies and the pretest show a high interrater agreement in the measure of skin integrity, suggesting that the SAF/SADF is a reliable instrument in assessing skin conditions. National Institute of Nursing Research #RO1-NR04188. (CM-1)

247

COMPARISON OF DEPRESSIVE SYMPTOMS AND RESPONSES TO THE GERIATRIC DEPRESSION SCALE BETWEEN CAUCASIAN-AMERICAN AND KOREAN-AMERICAN OLDER ADULTS

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The primary purposes of this study were to compare depressive symptoms and response patterns between Caucasian-American and Korean-American older adults, using the 15-item Geriatric Depression Scale (GDS). It is important, for well-being in later life, to understand the nature of depression in older adults.

The investigators recruited 190 Caucasian-American and 105 Korean-American older adults who were aged from 60 to 85 and living in the community independently, and administered several instruments including the 15-item GDS, the Center for Epidemiologic Studies-Depression (CES-D), and the Mini Mental Status Exam (MMSE), as well as measures of stressful life events, perceived physical health, demographic information, perceived memory problems, and number of medicines currently taking. Internal consistencies and split-half reliabilities of all instruments were higher than .70.

Major results were as follows: (1) 37% of Korean-American participants scored six or higher on total GDS, indicating probable depression (Yesavage, 1988), while only 6% of Caucasian-American participants scored at this level. (2) Contrary to previous research, there was no significant relationship of total GDS score with age or gender in either group. (3) Significant strong positive relationship between GDS and CES-D scores and no relationship between GDS and MMSE scores indicate construct validity for the GDS. (4) Content analysis of GDS respondents' comments supported previous findings (e.g., Fischer, et al., 1996). 44 Korean-American and 26 Caucasian-

American answered "don't know," or "both" to at least one item rather than using the standard Yes-No format. This suggests that the response format is too restrictive. (5) There seemed to be some cultural influence in responding to certain words such as "happy," "wonderful."

These study results suggest further research in identification of depressive symptoms of those who showed probable depression, and of the psychometric properties of the GDS. They also suggest a close examination of cultural differences in responding to certain items and words, which has validity implications.

BSS-12

Prevalence and Correlates of Depressive Symptoms Among Hispanic Elders in Massachusetts. Falcon, LM. Northeastern University, and Tucker, KL. Tufts University, Boston.

Few studies have addressed depression among Puerto Rican and Dominican elders. We examined the prevalence of depressive symptomatology and associated situational factors, among a representative sample of Hispanic elders in the state of Massachusetts and a neighborhood comparison group of non-Hispanic whites (NHWs). Subjects include 715 Hispanic elders (432 Puerto Rican, 133 Dominican and 150 Other Hispanic) in Massachusetts and 238 non-Hispanic white (NHW) elders living in the same neighborhoods. We measured depressive symptomatology with the Center for Epidemiologic Studies Depression Scale (CES-D). The association between socioeconomic status, household arrangements, acculturation, health problems, and depression score was examined using multiple linear regression. Puerto Rican and Dominican elders had significantly greater prevalences of high depression scores, when compared with neighborhood NHWs. After controlling for various social, demographic, and health characteristics, the scores of Puerto Ricans remained significantly greater than those of the NHWs, but not than the other Hispanic groups. Higher CES-D scores were significantly associated with being female, living alone, and higher number of health problems, but not with income. Effects of acculturation were only found among Dominican elders. Puerto Rican elders experience high rates of depressive symptomatology which are associated with, but not fully explained by high numbers of chronic health conditions. Further investigation is needed to both understand and treat this prevalent problem.

DEPRESSION AND EXPLANATORY STYLE IN THREE GENERATIONS: A FAMILY RESEMBLANCE STUDY

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Department of Psychology, University of Pennsylvania, 3815 Walnut St., Philadelphia, PA 19104-6196.

Recent research has demonstrated a potentially shifting relationship between explanatory style and depression as people age, such that an optimistic explanatory style appears to predict depression among community-dwelling older adults when they face life stressors. In this study, we first investigated whether these age effects merely reflected differences in measurement; then, we looked more directly at age differences in the relationship between explanatory style and emotional states. A sample of students (n = 97), their parents (n = 181) and grandparents (n = 99) filled out measures of explanatory style, depression, and positive emotions; they then completed depression, quality of life, and life events inventories several months later. This design allowed us to look not only at age/cohort differences in the ability of explanatory style to predict depression; it also permitted us to evaluate cohort differences and family resemblance in explanatory style and positive and negative emotions. Results indicate differing relationships between explanatory style measures and depression across the age groups.

EXPLORING AN "INTERACTIONAL DESCRIPTION OF DEPRESSION" IN LATER LIFE: COMMUNICATION PATTERNS AND DEPRESSION IN MATURE MARRIAGES.

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There is little doubt that depression is a tremendously costly disease, both in terms of human suffering and money. Both the NIH (1991) and the APA (1993) have summarized the negative impact of depression, both in terms of length and quality of life, on older adults. Accordingly, research that clarifies the multiple factors related to the onset, course, and remission of depressive episodes, especially in later life, are of great practical worth. Beginning with James Coyne's (1976) seminal manuscript "Toward an interactional description of depression", mental health professionals around the world have begun to address the influence of relationships on depressive illnesses. In an effort to develop an "interactional" model of depression in later life, community dwelling older adults (ages 55-70) and their spouses were asked to fill out a questionnaire assessing levels of depression and communication patterns in their marriages. 400 couples (both husband and wife) who completed and returned the questionnaire provided the data for the present analysis. Results from ANOVA showed for both husbands and wives that those with higher levels of depression scored significantly lower on both problem solving and affective communication measures. These findings provide initial support for the hypothesis that the ability to solve problems and share feelings in later life marriages can be compromised by the presence of depression, thereby possibly limiting social support and exacerbating symptoms. The negative relationship between communication patterns and depression, as well as its systemic nature, has already been established in studies of younger couples (Jacobson & Prince, 1995; Gotlib & Beach, 1995). As a result, helping professionals working with older couples experiencing depression should develop an "interactional" component in their assessment and treatment of this common illness in later life.

Depression, A Third Significant Component of Self-Rated Health?

B. Han, B.J. Small, W.E. Haley, Department of Gerontology, University of South Florida, 4202 East Fowler Avenue, SOC 107, Tampa, FL 33620.

Self-rated health is a simple and widely used measurement for global health assessments in many research and clinical practices. In this study, structural equation modeling was applied to test the hypothesis that depression is the third structural component of self-rated health, in addition to the influences of chronic illness and functional status. A total of 7873 community-dwelling White and Black subjects who were age 65 or older were identified from the first wave of Assets and Health Dynamics among the Oldest Old national survey. Our hypothesized model fits the sample very well (N=7873, x^2(56)=1089.28, NFI=0.96, CFI=0.971, RMSEA=0.05). All the standardized maximum likelihood estimations of the parameters for this model were statistically significant. Thus, depression is the third significant component of self-rated health of the elderly, in addition to the influences of chronic illness and functional impairment. Using this model as a basis, confirmatory factorial invariance methods were applied to test the differences in both reliability of measurements and validity of constructs across gender and racial groups. The results indicate that factorial invariance is not warranted across gender and racial groups. The new conceptualization of self-rated health will be important to clinical medical practice, health services and utilization, and health policy and management.

(BSS-12)

248

FACING DEATH ETHNOGRAPHIC APPROACHES TO THE END OF LIFE

S. Kaufman, Institute for Health & Aging, Univ. of California, San Francisco, CA 94143-0646

Participants:

J. Kayser-Jones (Sch. Nursing, UCSF, SF, CA 94143) An Ethnography of Dying in a Long-Term Care Facility.

R.L. Rubinstein (Anthropology, U. Maryland, Baltimore MD 21250) The Moral Rhetoric of Nursing Home Life and Death.

S. Kaufman (IHA, UCSF, SF, CA 94143) Senescence, Decline and the Quest for a Good Death.

A. Sankar (Anthropology, Wayne State U. Detroit MI 48202) Living while Dying: The Cultural Meaning of Caring for the Dying.

M. Luborsky (Allied Health, Wayne State U. Detroit MI 48202) Resurrected Bodies, Revived Societal Inequities.

G. Becker and Y. Beyene (IHA, UCSF, SF, CA 94143) Facing Death: Cultural Differences in Anticipating the End of Life in Four Ethnic Minority Groups.

D. Francis (Centre for Environ. and Soc. Studies of Ageing, U. North London) The Cemetery: A Relocation of End of Life Practices.

Discussant:

T. Cole (Inst. Med. Hum. U.Texas Medical Branch, Galveston TX 77555)

The nature of end-of-life practices has become a major preoccupation at the close of the century as health professional groups, individuals, and communities articulate the "problem" of dying in Western societies. Qualitative social scientists are interested in how to theoretically and empirically represent the "problem of death" and the debates which surround it. This session will feature ethnographic research that looks at the dying transition in hospital, nursing home, family and community settings and that addresses such issues as: 1) changing conceptions of the person, the body, and normal death; 2) ritual and spirituality; 3) attitudes about age and sickness; 4) structural and cultural determinants of institutional death; and 5) how age is or is not implicated in the public discourse about dying. Methods used to address these topics include community and ethnicity studies, narrative, and anthropological participant-observation. Together, these studies illuminate the cultural processes at work in contemporary dying practices as well as what is at stake for health practitioners, old people, and systems of care as we enter the 21st century.

AN ETHNOGRAPHY OF DYING IN A LONG-TERM CARE FACILITY. J. Kayser-Jones, School of Nursing, Box 0610, University of California, San Francisco, CA 94143.

Although two-thirds of older people who enter nursing facilities die in that setting, there has been little research on death and dying in nursing homes. The purpose of this research was to investigate the process of providing end-of-life care to nursing home residents, aiming to unravel the social, cultural, environmental, clinical, and economic factors that influence the quality of end-of-life care. Participant observation, in-depth interviews with residents, their families, nurses, and physicians, and event analysis were used to obtain data in an ethnically-diverse proprietary nursing home. To identify, describe, and analyze the factors that influence care, residents were followed from the time they were defined as terminally ill until they died. Findings disclosed that economic concerns, staffing, health care provider/resident communication, the presence or absence of family, and the attitudes and beliefs of the staff were among the factors that influenced care. Brief case studies will be presented to illustrate how the interaction of these variables affect the dynamics and ultimately the quality of care of older people who die in nursing homes.

THE MORAL RHETORIC OF NURSING HOME LIFE AND DEATH

R.L. Rubinstein, Sociology and Anthropology, University of Maryland Baltimore County, Baltimore MD 21250.

The rhetoric of life and death exists on many levels in the nursing home. On the one hand, nursing homes are conceptualized as places where people go to die. While there, people "live" yet their personas do not experience "everyday life," but rather, institutional life. However, talk about death and dying is muted or conditionally structured. While known to be dying, residents are said to be "living." Decline may be constructed as infinite until the very end.

This paper reports on the rhetoric of living and dying in two Philadelphia area nursing homes. Ethnographic research was conducted in each of two nursing homes, one primarily Jewish, the other Catholic.

SENESCENCE, DECLINE, AND THE QUEST FOR A GOOD DEATH

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Discussion of the problem of death in America is now widespread and focuses on the cultural ideal of 'death with

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dignity' in tension with the pain, suffering, and lack of autonomy thought to be brought about by hospital technologies that prolong dying. Despite the public discourse on ethical care and rationing, age itself is not invoked in the cultural conversation about the problem of dying. This paper focuses on age in order to explore, first, why contemporary practices underlying the idea of 'death with dignity' are so hard to achieve, and second, how historical conceptualizations of normal and pathological aging have contributed to the contemporary problem. One case example is drawn from an ethnographic study of how death occurs in the hospital to illustrate the difficulty from disentangling pathology from normal decline in late life. The history of confused knowledge about the relationship among aging, disease, and decline, together with medicine's technological imperative produce a muddled framework in which goals of medicine at the end of life cannot be clearly conceptualized or articulated.

LIVING WHILE DYING THE CULTURAL MEANING OF CARING FOR THE DYING

A Sankar. Department of Anthropology Wayne State University. Detroit MI 48202

Death is moving out of the hospital into the community and the home. There, care is the responsibility of informal caregivers with possible assistance from formal caregivers.

Informal caregivers for the dying perform culturally significant work in addition to instrumental care. Many describe the work as the most difficult but also the most meaningful they have ever done. In part the significance is based on the caregivers' active participation in the creation of cultural meaning. Based on two qualitative studies of informal caregivers, one of Euro-Americans (N=25) and one of African-Americans (N=90), this paper will examine the cultural meaning of caregiving for the dying. It will identify and describe three key aspects of caregiving: Resolving social tensions between the dying person and others, enabling the dying person to enact core cultural values, and assisting in the creation of the dying person's legacy.

RESURRECTED BODIES, REVIVED SOCIETAL INEQUITIES: AFRICAN-AMERICANS REFLECT ON COMING BACK FROM DEATH TO LIVE WITH TERMINAL DISEASE.

M. Luborsky, Wayne State Univ., Detroit MI 48202

Potent biotechnology drug therapies literally took a cohort of persons dying from HIV back from death to life. Yet, the resurrection of dying bodies using advanced technology is not matched by a reintegration of the person in the body into culturally meaningful social lives. The problems of these near deaths are amplified among minority peoples due to lifelong social inequalities.

This paper describes limits to our models of and understandings of the challenges of such a new lease on life, especially for minorities. Content analyses of interviews from two studies of African-Americans with HIV are presented. Four key dimensions are identified: heightened sense of lifelong problems related to enduring social inequalities; social devaluation and marginality; value dilemmas and adversities for individuals and families related to disease stigma. Finally, the paper discusses the need to examine dying across the life span to reduce confounding of late life and developmental issues with end of life and dying concerns.

FACING DEATH: CULTURAL DIFFERENCES IN ANTICIPATING THE END OF LIFE IN FOUR ETHNIC MINORITY GROUPS

G. Becker, Y. Beyene, Institute for Health and Aging, University of California, San Francisco, CA 94143

When older people with multiple chronic illnesses contemplate death and dying, their views are shaped by issues that are cultural in nature. Drawing on research with 242 people over the age of 50 in four ethnic minority groups (African American, Filipino American, Latino, and Cambodian American) who had multiple chronic illnesses, this paper examines several related cultural phenomena: 1) concepts of spirituality, 2) attitudes about age, sickness, and death; and 3) the desire to die in one's homeland. It is concluded that not only are attitudes about death culture-specific, they depend on cultural meanings associated with family, homeland, and spirituality.

THE CEMETERY: A RELOCATION OF END OF LIFE PRACTICES

D. Francis, Centre for Environmental and Social Studies of Ageing, U. North London, London N5 2AD, UK.

The gerontology and life course literatures have generally overlooked the Cemetery as a significant site for understanding two complementary tasks of old age: the mourning of loss of other and the preparation for death of self. This paper re-positions the Cemetery for cross-cultural research on older persons as they occupy pivotal positions between the living and the dead. With the increased medicalization of dying, there is a purported parallel increase in the secularization of theological beliefs relating to death and the afterlife and a decline of proscribed rites of mourning. Through observations and interviews with older persons at the graveside, the data suggest more complex processes: life-tending activities are re-focused symbolically on the grave; new codes of mourning behavior and bereavement rituals are created. Such rituals express an evolving relationship with the aging self, the deceased, and the community, both living and dead. Through the use of figurative, discursive and ritual languages, they encode and transform cultural discourses about the dying transition, conceptions of the person and the body, and the experience of age and death at the end of the 20th century.

249

BEHAVIORAL MEDICINE & AGING: BEHAVIORAL & PSYCHOSOCIAL PERSPECTIVES ON HEALTH

S. C. Drungle, University of Kentucky, 120 COMOB, Lexington, KY 40536-0086 &
J. W. Powell, University of Rhode Island, Kingston, RI

Participants:

R. Stall (Center for AIDS Prevention Studies, University of California San Francisco, San Francisco, CA) AIDS Risk-Taking Behaviors among Older Gay Men

C. R. Nigg, (Aging & Health Promotion Partnership, University of Rhode Island, Kingston, RI) Changing Physical Activity Behavior in Older Adults: Issues & Strategies

M. A. P. Stephens, J. A. Druley, L. M. Martire, C. L. Fleisher, M. A. Berthoff, & W. C. Wojno (Department of Psychology, Kent State University, Kent, OH) Older Women's Adjustment to Osteoarthritis: Effects of Husbands' Problematic Support

J. S. Jackson (Michigan Center for Urban African American Aging Research, University of Michigan, Ann Arbor, MI) Health Inequalities among Minority Elders

Discussant:

C. M. Aldwin (Department of Human & Community Development, University of California at Davis, Davis, CA)

Behavioral medicine is a multidisciplinary field that focuses on behavioral and psychosocial aspects of health. Recent research has suggested that behavioral strategies can prevent illness, decrease physical symptoms, and promote health and well-being. For these reasons, the field of behavioral medicine has much to offer the study of health in older adults. This symposium will provide an overview of several areas of behavioral medicine research focusing on health and aging. The first paper will describe sexual risk-taking practices of older gay men and discuss the need for an increased focus on AIDS prevention efforts among individuals in the second half of life. The second paper will address issues involved with conducting physical activity intervention research with older adults in community and residential settings based on recently funded projects. The third paper will focus on psychological adjustment to illness in older women with osteoarthritis, and the final paper will highlight health issues and disparities facing minority group elders. In sum, this symposium will demonstrate a variety of areas where behavioral medicine and gerontology might be integrated to promote physical health and well-being in older adults.

250

AGE, ETHICS, AND PLACE: NEW DIRECTIONS IN AGE STUDIES

A. M. Wyatt-Brown, Univ. of Florida, Gainesville FL 32611-5454

Participants:

B. F. Waxman (Dept of English, Univ. of North Carolina, Wilmington 28403-3297) The Droll Wisdom of Aging Characters in Carol Shield's The Stone Diaries and Alison Lurie's The Last Resort

T. R. Cole (Institute for the Medical Humanities, Univ. of Texas Medical Branch, Galveston, TX 77555-1311) Identity, Death, and the Gift of the Body

A. M. Wyatt-Brown (Univ. of Florida, Gainesville 32611-5454) The Midlife Epics of Kazan, America, America, and Mukherjee, The Holder of the World

The symposium will examine the intersection of age, ethics, gender, class, religious beliefs, and place in fiction, film, and life-writing narratives. The speakers will use the perspectives of literary, anthropological, and psychological theories. Waxman explores the lifesaving qualities of a discourse of aging humor in two novels by Carol Shields and Alison Lurie. Both novels have strong elderly characters, who interact with friends who are middle aged or newly retired. Waxman examines the role of humor, place, and friendship in the aging discourses of these novels. Cole's interviews with individuals who have deeded their bodies to research indicate their complex motivations. These life stories explore beliefs about the destination of the self/soul after death, as well as a gift relationship established between the donor and the medical students. Wyatt-Brown has found that the stories of emigration from the old world, told by immigrants and their children, depend upon the writer's age, gender, class, and prior success. Young writers often embed their parents' narratives in their own coming-of-age plots. Some older writers describe the need for aging characters to review their lives and renew their sense of roots. A few midlife writers and film makers, who have had success in their work, such as Elia Kazan and Bharati Mukherjee, show a creative exuberance and humor that gives them license to transcend and embellish the stories they have inherited, to create epics of hope and survival. Spirited discussion will be encouraged.

THE DROLL WISDOM OF AGING CHARACTERS IN CAROL SHIELD'S THE STONE DIARIES AND ALISON LURIE'S THE LAST RESORT

B. F. Waxman, Dept of English, Univ. of North Carolina, Wilmington 28403-3297

Two recent novels by Pulitzer-Prize-winning authors, Carol Shields's The Stone Diaries (1995) and Alison Lurie's The Last Resort (1998) create a discourse of aging rife with humor and satirical observations about human nature and growing older. Characters laugh at their growing decrepitude and have an intimate, sometimes whimsical, relationship with loss and death. The humorous language also punctures the bubble of self-importance which many individuals have acquired by middle age. Shields's Daisy Goodwill Flett in later life, as well as Lurie's widowed elderly Molly Hopkins, interact with middle-aged and new-old characters. Comparing the loci of the novels, West Palm Beach and Key West, generates ideas about the role of place and later-life friendships in an elder's life. The sources or targets of these characters' humor will also be discussed, as well as the functions humor plays in making their lives better and in revealing what is most important in their lives. Related questions about gender and aging are examined, as are the role of work, love, and sex in a meaningful life. This humor-filled discourse of aging created by Lurie and Shields challenges some of the stereotypes of the aged as passive and dour.

IDENTITY, DEATH, AND THE GIFT OF THE BODY

Thomas R. Cole, Institute for the Medical Humanities
Univ. of Texas Medical Branch, Galveston, TX 77555-1311

Identity, Death, and the Gift of the Body will describe the findings of a small sample (5-10) of interviews with older individuals participating in the Willed Body Program on the Texas Gulf Coast. These individuals have chosen to donate their bodies, after death, to the anatomy laboratory for medical research and education. The interviews will evoke the life stories of individuals and their decisions to donate, in the context of age, gender, religion, and ethnicity. Questions will focus on beliefs about what happens to the self/soul after death ,as well as on the gift relationship established between the donor and the medical students learning human anatomy by dissecting the donor's body.

THE MIDLIFE EPICS OF KAZAN, AMERICA, AMERICA, AND MUKHERJEE, THE HOLDER OF THE WORLD

A. M. Wyatt-Brown, Program in Linguistics,
Univ. of Florida, Gainesville FL 32611-5454

Familial escape stories from the old world have been a staple of American immigrant writing for generations. Yet few have examined the effect of age upon the narrative strategies chosen by the writers. Age, together with gender, class, race, and historical period, has a great influence on the presentation style of the writer. Inexperienced and unrecognized writers, such as Henry Roth and Anzia Yezierska, who had not yet made their reputation, bury the story of their parents' reasons for immigration in their personal coming of age narratives. Some writers in late midlife, such as Paule Marshall, Praisesong for the Widow and May Sarton, Mrs Stevens Hears the Mermaids Singing, describe the need for aging characters to review their lives and renew their sense of roots. But some who have had success in their work, such as film maker and director Elia Kazan, America, America, and novelist Bharati Mukherjee, The Holder of the World, show a creative exuberance and humor that gives them license to transcend and embellish the stories they have inherited, to create epics of hope and survival.

251

ALCOHOL CONSUMPTION AMONG OLDER ADULTS: PREDICTORS, RISK FACTORS, AND MEASURES OF PROBLEM DRINKING.

M. Kubik, The Tamalpais Continuing Care Retirement Center, Greenbrae, CA 94904.

Participants:

A. Pelham, M. Kubik. (San Francisco State University, San Francisco, CA, 94132) Drinking Problems in Subsidized Retirement Housing: Fact or Fiction?

M. Kubik, D. Schafer. (The Tamalpais, Greenbrae, CA 94904) Drinking Alone: A Risk Factor for the Elderly Drinker.

D. Schafer, C. Baumgardner. (San Francisco State University, San Francisco, CA 94132) Predicting Alcohol Consumption Using an Ecological Model of Aging.

A. Moore, R. Hays, J. Beck, A. Fink. (Dept. of Medicine, University of California Los Angeles, Los Angeles, CA) Screening for Harmful and Hazardous Drinking in Older Persons: The Alcohol-Related Problems Survey.

Discussant:

T. Greenfield. (Alcohol Research Group, Berkeley, CA)

Heavy alcohol use, problem drinking and alcohol dependency symptoms, while not as common among the elderly, can, nevertheless, combine with aging effects to produce greater health hazards, erode the quality of life, and increase the costs of health care. Most alcohol research has focused on institutionalized/hospitalized populations of known problem drinkers. This symposium looks at alcohol consumption in several community-based populations. The first three papers examine data from a study of 2617 residents of age-segregated, retirement communities and age-integrated communities funded by the National Institute on Alcohol Abuse and Alcoholism. The first paper focuses on the increased prevalence of alcohol-associated problems in government-subsidized housing; the second on drinking alone as a risk factor for increased alcohol consumption and alcohol-associated problems. The third paper tests the ability of the Lawton-Nahemow ecological model of aging to predict alcohol consumption. The fourth paper presents data from 574 drinkers in two large primary care practices to test a new screening measure for at-risk elderly drinkers. Implications of the papers for alcohol research with older adults are discussed.

DRINKING PROBLEMS IN SUBSIDIZED RETIREMENT HOUSING: FACT OR FICTION?

A. Pelham, M. Kubik. San Francisco State University, San Francisco, CA 94132.

In a study funded by the National Institute on Alcohol Abuse and Alcoholism, alcohol use and problem drinking were examined in a community sample of 2617 elderly living in the San Francisco Bay Area. Two-thirds of the respondents (Rs) lived in age-integrated (AI) communities, one-third lived in retirement communities (RCs). Of those in RCs, 1/3 were from 54 government subsidized RCs (HUDs) and 1/3 from upscale RCs. Sixty-seven percent of the total sample consumed alcohol. Seventy percent were female. The average age was 77.

Alcohol consumption in the total sample was moderate, with consumption in HUDs half that of upscale RCs (p = .00) and two-thirds that of income-matched, age-integrated elderly (p = .00). However, a previous history of problem drinking, but not current problem drinking, was found to be more common in HUDs than in upscale RCs (p = .00) and among AI elderly ($p = .00$). More Rs in HUDs reported ever having a problem with alcohol, and harmful effects of alcohol on their health, relationships, social life, outlook, and finances than income-matched AI Rs and upscale RC Rs. In the HUD group, depression and drinking to relieve worries also was more common.

While quantity of drinking was less in HUDs vs. an income-matched AI sample and upscale RC sample, a history of drinking-related problems was more common.

DRINKING ALONE: A RISK FACTOR FOR THE ELDERLY DRINKER.

M. Kubik, D. Schafer, The Tamalpais, Greenbrae, CA 94904.

Heavy alcohol use, problem drinking and alcohol dependency symptoms, although uncommon among the elderly in general, were found to be more common in those elderly who drink alone.

Information was obtained via a telephone interview in a National Institute on Alcohol Abuse and Alcoholism funded study of a community sample of 2617 adults 60 years of age and older (mean = 77), living in the San Francisco Bay Area. Sixty-seven percent of the total sample consumed alcohol; 20% of those who drank generally drank alone.

Those who drank alone, when compared with those who primarily drank with others, had more symptoms of alcohol dependency as defined by a CAGE score of > 2 drinks/day (p=0.00), heavier drinking, i.e., > 3 drinks/day (p=0.00), and more self-reported harmful effects on their health, relationships and finances (p=0.00). They primarily drank to relieve pain, help them sleep, relieve tension and less to be social or celebrate (p=0.00). The drink alone group also consumed more daily alcohol in a previous week diary report (p=0.00) and maximum drinks per day in the last 12 months (p=0.00). These values remained significant when controlling for living alone and age.

Implications of these findings are being used to develop a broader profile of the at-risk elderly drinker.

PREDICTING ALCOHOL CONSUMPTION USING AN ECOLOGICAL MODEL OF AGING.

D. Schafer, C. Baumgardner, San Francisco State University, San Francisco, CA 94132.

Lawton and Nahemow proposed an ecological model of aging describing person-environment interactions more than 20 years ago. The model has been widely used but rarely tested. The purpose of the present study is to test the model using quantity/frequency/volume of alcohol consumption as the dependent variable.

Information was obtained via a telephone interview in an NIAAA-funded study of 2617 adults 60 years of age and older (mean = 77) living in the San Francisco Bay area. Respondents were drawn from age-segregated (AS) retirement communities characterized by low environmental press and from age-integrated (AI) communities characterized by greater environmental press. Sixty-seven percent of the total sample consumed alcohol and 45 percent of all the drinkers in the sample had a drink in the 24 hours preceding the interview.

To test the model, regression analyses were performed on the AS and AI samples. As predicted by the model, AS respondents with more personal resources and competence (more income, fewer health problems, less difficulty with IADLs, and better social supports) drank more. The model was only partly supported among AI respondents. As predicted, AI respondents with lower levels of social interaction and fewer social supports drank more; contrary to prediction, however, AI respondents with more income, better health, and better coping ability drank more. Implications of these results are given in the report.

SCREENING FOR HARMFUL AND HAZARDOUS DRINKING IN OLDER PERSONS: THE ALCOHOL-RELATED PROBLEMS SURVEY.

A. A. Moore, R.D. Hays, J.C. Beck, A. Fink, Department of Medicine, University of California, Los Angeles, CA.

Older drinkers are at greater risk for alcohol-related problems than younger drinkers, but existing screening measures are not sufficient to detect older at-risk drinkers. To better identify these drinkers, we have developed the Alcohol-Related Problems Survey (ARPS). It targets older drinkers including those who abuse or are dependent on alcohol as well as those whose use of alcohol alone or with other health-related factors, may be harmful or hazardous to them. Using the ARPS, we surveyed 574 drinkers ≥ 65 years in two large primary care practices. Computerized-clinical algorithms were used to categorize these drinkers as either harmful, hazardous, or non-hazardous drinkers. Sixteen percent of our sample were classified as harmful, 36% as hazardous, and 48% as non-hazardous drinkers. Most harmful and hazardous drinkers were identified because of the amount they drank in conjunction with their medical conditions or medications. Test-retest reliability was substantial (weighted kappa, 0.66, N=78). Using the CAGE as a criterion standard, the ARPS had a sensitivity of 80% and a specificity of 52%. In this sample of older drinkers, the ARPS was reliable and valid and identified 52% as either harmful or hazardous drinkers. Older drinkers and their physicians may use the ARPS' information to address harmful or hazardous alcohol use.

252

DYNAMICS OF DEPRESSION IN MIDDLE AND OLD AGE: FINDINGS FROM TWO NATIONAL STUDIES.

L.A. Wray & M.B. Ofstedal, Institute for Social Research, Univ. of Michigan, 426 Thompson, Ann Arbor, MI 48106-1248.

Chair:

A.R. Herzog (Institute for Social Research, U. Michigan).

Participants:

C. Turvey, C. Carney, S. Arndt, R.B. Wallace, & A.R. Herzog (Psychiatry Research-MEB, University of Iowa, Iowa City, IA 52242-1000) Conjugal Loss and Syndromal Depression in a Sample of Elders Ages 70 Years and Older.

S. Fonda & T. Norgard (Institute for Social Research, U. Michigan) Patterns and Correlates of Change in Depressive Symptoms among Community-Dwelling Elderly.

C. Blaum (Dept. of Internal Medicine, U. Michigan Medical School, Ann Arbor, MI 48109-0405) Depressed Symptoms Are Risk Factors for Increased Disease Burden.

L. Wray & M.B. Ofstedal (U. Michigan Medical School and Institute for Social Research) The Link Between Depression and Function in Middle-Aged and Older Adults: Moderators and Exacerbators.

Discussant:

D. Blazer (Dept. of Psychiatry and Behavioral Sciences, Box 3005 Medical Center, Duke University, Durham, NC 27710)

Mental health is increasingly recognized by researchers, health care providers, and policy makers as an important and potentially muteable dimension of an individual's overall health. Previous research on mental health--whether defined as depression or depressive symptomatology--has been based largely on non-representative samples or on studies with limited data on the principal covariates of mental health (e.g., stressful life events, chronic diseases, cognitive and functional impairment, social support, socioeconomic status). A lack of longitudinal data has also hampered the ability of researchers to sort out causal associations between depression and related factors. This session's papers extend previous research by drawing on two nationally representative panel studies which contain measures of depressive symptoms and syndromal depression as well as rich information on key covariates. The Health and Retirement Study (HRS) includes data on 9,824 persons age 51-61 in 1992, and the Survey of Asset and Health Dynamics among the Oldest-Old (AHEAD) contains data on 8,222 persons age 70+ in 1993. The first two papers focus on depression as an outcome and examine the impact of different stressors (widowhood, onset of functional limitation, health shocks such as stroke, and hospitali-zation) on depressive symptomatology. The latter two papers examine the impact of depressive symptoms on other health dimensions, including disease burden and functional limitations. Taken together, these studies advance our understanding of the dynamics of depression in middle and older age.

CONJUGAL LOSS AND SYNDROMAL DEPRESSION IN A SAMPLE OF ELDERS AGES 70 YEARS AND OLDER.

Carolyn L. Turvey, Caroline Carney, Stephan Arndt, Robert B. Wallace, Psychiatry Research-MEB,University of Iowa, Iowa City, IA 52242-1000; & A. Regula Herzog, Institute for Social Research, University of Michigan, Ann Arbor, MI 48106-1248.

Objective: The goal of this study is to describe the association between conjugal loss and both syndromal depression and depressive symptoms in a prospective cohort study of people ages 70 or older. Method: A measure of syndromal depression (Short-form Composite International Diagnostic Interview; Short-form CIDI) and a revised version of the Center for Epidemiologic Studies-Depression Scale (revised CES-D) were administered to a group of 5449 elders in a longitudinal cohort study. Rates of syndromal depression were compared between married participants and those who lost their spouse between the first and second wave of assessment. Results: The newly bereaved had higher rates of both syndromal depression (Adjusted Odds Ratio=8.8; 95% C.I.= 5.1-14.9) and depressive symptoms (Adjusted Odds Ratio=3.8; 95% C.I.= 2.1-6.7) when compared to married individuals. The percentage of the bereaved study group who were above threshold on the revised CES-D was elevated for those interviewed up to two years after loss of a spouse. Age, sex, prior psychiatric history and the expectedness of the death did not differ between depressed and non-depressed newly bereaved. Conclusions: Recent bereavement is a significant risk factor for syndromal depression in the elderly. Widows experience elevated depressive symptoms up to two years after the loss of their spouse. Neither demographic variables nor variables concerning the nature of the spouse's death predicted bereavement-related depression.

PATTERNS AND CORRELATES OF CHANGE IN DEPRESSIVE SYMPTOMS AMONG COMMUNITY-DWELLING ELDERLY.

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Objectives: This study examines older adults' patterns of change in two components of depression, somatic symptoms and depressed affect in order to assess the effects of health transitions on changes in somatic symptoms and/or depressed affect and the extent to which protective factors mitigate these effects. Method: Data are from the 1993 and 1995 Asset and Health Dynamics among the Oldest Old (AHEAD) survey (N=5,050, age-eligible respondents). Depressive symptomatology is assessed using a revised version of the Center for Epidemiologic Studies-Depression Scale (CES-D). Health transitions include whether respondents were hospitalized, experienced an onset of one or more functional limitations, and/or experienced one or more health shocks (e.g., stroke) between 1993 and 1995. Results: Multinomial logistic regression analyses indicate that the health transitions increased the likelihood of worsening somatic symptoms (Adjusted OR 1.32 to 2.34), and to a lesser extent, of worsening depressed affect (Adjusted OR 1.08 to 1.71). Onset of a functional limitation was the transition with the greatest effects on both outcomes. Several protective factors, especially instrumental support and social integration, mitigated effects of having been hospitalized and a health shock, but not effects of a new functional limitation. With respect to differences between the two outcomes, protective factors had stronger effects on depressed affect than somatic symptoms, whereas health transitions had stronger effects on somatic symptoms. Conclusions: This study provides evidence that prevention or reduction of health transitions, particularly functional disability, could help to halt the progression of somatic symptoms in late life. The provision of protective factors, such as instrumental support, could reduce worsening depressed affect.

DEPRESSED SYMPTOMS ARE RISK FACTORS FOR INCREASED DISEASE BURDEN.

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Recent literature suggests that not only do disease and disability lead to depressed symptoms, but depressed symptoms may be risk factors for disease development. The goal of this research was to evaluate the longitudinal association of depressed symptoms to increased disease burden in people 70 years of age and older. Data were from Waves I and II of the AHEAD study (age eligible, non-proxy at wave I, n=6660). Depressed symptoms were measured at Wave I by the CES-D. Self-reported diseases at baseline and at 2-year follow-up were summed for each wave and used to calculate a disease burden change score. Standard descriptive methods were used to evaluate the relationships of increased disease burden (positive change score) with depressed symptoms and other health-related variables: cognitive performance, ADL's, IADL's and functional limitations. Logistic regression was used to model the multivariate associations of increased disease burden at Wave II to predictive variables in Wave I. The model was adjusted for those known risk factors for disease incidence that were available for analysis. Included were demographic variables, marital status, education, health-related variables, smoking, body mass index, and depressed symptoms. After adjusting for prevalent chronic diseases, the most significant associations were seen with the presence of functional limitations (OR=1.6, 95% confidence interval 1.4-1.8), high body mass index (OR=1.2, 1.1-1.3), and depressed symptoms (OR=1.4,1.2-1.6). Also significant were older age and smoking. These results suggest that : (1) depressed symptoms, along with functional limitations, may represent pre-clinical indicators of future diagnosed disease; and (2) even with an existing disease burden, there are potentially modifiable risk factors for increased disease burden in older people.

THE LINK BETWEEN DEPRESSION AND FUNCTION IN MIDDLE-AGED AND OLDER ADULTS: MEDIATORS AND MODERATORS.

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Considerable research focuses on how well middle-aged and older adults function in basic daily and physical activities. Difficulties with these activities may signal needs for interventions that would help these people to live more independently and productively in the community. Understanding how physical, mental, and cognitive health are linked to function and whether other health-related factors might affect those links is important to the design of interventions. This paper examines the effects of depressive symptoms on function in middle-aged and older adults with active diabetes or arthritis and investigates whether cognitive functioning, chronic pain, or SES mediate or moderate the effects. Using the first two waves of HRS and AHEAD data on cohorts of middle-aged and older adults, bivariate analyses indicate that individuals with active diabetes or arthritis are less healthy, wealthy, and educated than are individuals without either illness. Multivariate analyses indicate that higher levels of depressive symptoms are significantly associated with more functional difficulty for all middle-aged and older adults as well as for those with diabetes or arthritis. Further, links between depression and function are often mediated by cognitive functioning, education, and chronic pain. For example, higher levels of cognitive functioning or education dramatically reduce the effect of depression in 1992 on difficulties with ADL, mobility, and strength activities in 1994 in middle-aged adults with diabetes or arthritis. In contrast, chronic pain exacerbates the effect of depression in 1992 and 1994. Results suggest that the pathways from depression to function are not straightforward and may be influenced by other factors that are potentially policy-manipulable.

253

ISSUES IN MEASURING HEALTH RELATED CONCEPTS IN MINORITY AGING RESEARCH

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Participants:

BC Tilley (Medical University of South Carolina, Charleston SC) Overview of the RCMAR.

AL Stewart & A Nápoles-Springer (University of Calif. San Francisco, CA) Overview of Issues in Assessing Health-Related Concepts in Diverse Populations.

K Ajrouch, T Antonucci & M Janevic (University of Michigan, Ann Arbor MI) Social Relations and Aging In Blacks and Whites: Interpreting Differences.

SM Manson (University of Colorado, Denver CO) Bridging Different Ways of Knowing About Illness Among Native elders: Integrating Qualitative and Quantitative Research Methods.

M Ford, S Havstad, & C Kart (Henry Ford Health System, Detroit MI) Do Standardized Health Measures Work for Minority Elders?

A Nápoles-Springer[1], S Posner[2], & AL Stewart[1] ([1]University of Calif. San Francisco, CA and [2]Centers for Disease Control, Atlanta GA) Measures of Interpersonal Processes of Care in Three Racial/Ethnic Groups.

J Teresi, K Ocepek-Welikson, M Ramirez, B Gurland, R Lantigua, & D Holmes (Columbia Univ.,New York NY) Use of Item-Response Theory to Examine Differential Item Functioning of a Cognitive Screening Scale.

Discussant: Sidney M Stahl, National Institute on Aging.

This symposium features the work of the RCMAR Centers whose goal is to advance research to reduce health disparities between minority elders and their counterparts. After introducing RCMAR, the 1st paper reviews issues involved in using existing measures of health-related concepts in studies of minority elders. The 2nd paper discusses the importance of interpreting a health-related construct within a broader cultural context. The 3rd paper addresses the integration of qualitative and quantitative methods in generating culturally appropriate constructs. The last 3 papers report on how specific measures worked in diverse groups, illustrating various methodologies for testing measurement comparability in diverse groups. The goal is to highlight the importance of measurement issues (conceptual and psychometric adequacy) when studying diverse groups, and provide examples of methods for approaching the problems. (RCMAR funded by the National Institute on Aging, National Institute of Nursing Research, and the Office of Research on Minority Health.)

OVERVIEW OF ISSUES IN ASSESSING HEALTH-RELATED CONCEPTS IN DIVERSE POPULATIONS

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Most widely used measures of health and health-related constructs have been tested primarily on non-minority, well-educated samples. As more studies attempt to include minority subjects to meet the NIH inclusion guidelines, and as studies increasingly focus on explaining the health disparities between minority and/or lower SES groups and their counterparts, it is essential to know that the measures are culturally appropriate, reliable, and valid across these diverse groups. Seldom have health-related concepts and measures been examined for their appropriateness and psychometric adequacy across groups from diverse cultural, ethnic, and socioeconomic backgrounds. This presentation will: 1) discuss the importance of cultural appropriateness and psychometric measurement adequacy in minority aging research, 2) review the types of measures for which quantitative and qualitative studies on measurement adequacy have been conducted within or across diverse groups, 3) summarize methods used to assess cultural appropriateness and measurement adequacy across groups, and 4) present suggestions for addressing these issues given the impracticality of conducting such extensive measurement studies within most research on minority health. (Supported by NIA Grant #1P30 AG15272.)

SOCIAL RELATIONS AND AGING IN BLACKS AND WHITES: INTERPRETING DIFFERENCES

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This paper explores the importance of context for understanding race differences in social relations over the life course. Data are available from the Survey on Social Relations, a representative regional sample of 1382 men and women aged 20-93. The study oversamples people aged 60 and above, and 30% of the respondents are African American. Analyses indicate that blacks of all ages report: (1) a higher proportion of females within their network; (2) receiving more positive support from their mother; and (3) more negative affect from the person mentioned as closest. Any interpretation of these racial differences should consider the following contextual issues. The fact that black men and women report receiving more support from their mothers is likely to reflect the lower probability of being married among adult blacks and the consequent higher probability that mother is named as their closest relationship. Additionally, experiencing more negative affect from the closest person may also reflect this difference since high levels of ambivalence in mother-child relationships are more likely than between spouses. This latter finding should also be considered within the context of the reported high amounts of positive support from mothers. The results underscore the complexity of race differences and suggest the importance of interpreting data within a broader cultural context. (Funded in part by NIA grant T32-AG0017.)

BRIDGING DIFFERENT WAYS OF KNOWING ABOUT ILLNESS AMONG NATIVE ELDERS: INTEGRATING QUALITATIVE AND QUANTITATIVE RESEARCH METHODS

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The experience of illness among older adults may vary widely as a consequence of the cultural contexts in which they live. This includes not only the phenomenological aspects of being sick, but the ways in which such experiences are expressed, assumptions about their cause, situations of perceived risk, attendant psychological and social processes, and recognized treatment options. Past inquiry in this area has proceeded in terms of two distinct investigative traditions: one quantitatively oriented, typically survey-based, the other qualitative, ethnographic in nature. Unfortunately, the two approaches seldom intersect, resulting in partial views of the subject at hand. This presentation demonstrates how, through a Congressionally mandated replication of the National Vietnam Veterans Readjustment Study with American Indian Vietnam combat veterans (n=621), qualitative and quantitative research methods were integrated to address questions about the prevalence of PTSD and other psychiatric disorders as well as service utilization among this aging population. Special attention is given to adapting measures from the former, to generating new, culturally appropriate constructs, to enlarging inventories of relevant help-seeking behavior, and to the interpretation of results.

DO STANDARDIZED HEALTH MEASURES WORK FOR MINORITY ELDERS?

M. Ford, S. Havstad, and C. Kart. Henry Ford Health System, Resource Center for African American Aging Research, 1 Ford Place, 3E, Detroit, MI 48202.

There is growing awareness among researchers that racial/ethnic group differences may exist in the measurement of health outcomes. This paper examines the reliability of the SF-12, the IADL and ADL scales of the National Chronic Care Consortium Scale, and the Multidimensional Health Locus of Control Scale among 214 older (aged 50+ years) adults. Confirmatory factor analysis of the SF-12 showed that the reliabilities of the physical health and mental health components were 0.87 and 0.84 in the combined racial/ethnic group, 0.86 and 0.87 among the African Americans (AAs) (n=106), and 0.87 and 0.81 among the Caucasians (Cs) (n=108), as measured by Cronbach's alpha. Exploratory factor analysis of the IADL scale showed a reliability of 0.81 in the combined racial/ethnic group and among the AAs and Cs. Exploratory factor analysis showed that the reliability of the ADL scale was 0.78 in the combined racial/ethnic group and 0.81 among the Cs. The ADL items did not scale among the AAs. For the Multidimensional Health Locus of Control Scale, confirmatory factor analysis of the Internal subscale showed reliabilities of 0.68 in the combined racial/ethnic group and among the AAs and Cs. For the Chance subscale, reliabilities were 0.64 in the combined racial/ethnic group, 0.65 among the AAs, and 0.63 among the Cs. For the Belief in Powerful Others subscale, reliabilities were 0.64 in the combined racial/ethnic group and among the AAs and Cs. These findings demonstrate that while most of the assessed health measures showed fairly high levels of internal consistency for older AAs and Cs, the ADL scale requires further refinement.

MEASURES OF INTERPERSONAL PROCESSES OF CARE IN THREE RACIAL/ETHNIC GROUPS

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Interpersonal processes of care (IPC) are social-psychological aspects of patient-physician interactions that could partially explain disparities in outcomes of care between minorities and their counterparts. We tested the measurement adequacy in 3 racial/ethnic groups of an IPC instrument that included constructs and items salient to diverse ethnic and socioeconomic groups. The sample was 603 primary care patients from a public health hospital ages 21-87 years (M=54, SD=13); 33% were African American, 39% Latino, and 28% non-Latino white. Separate multitrait scaling analyses were performed for each group using items that met scaling criteria in the total sample.

Four of 13 scales assessing 3 dimensions—Communication, Decision-making, and Interpersonal Style—

required modification to perform satisfactorily across all groups. 37 of 43 items were retained to yield an adequate solution for all three groups. Instrument modifications resulted in some loss of content validity for the 4 scales, to maximize internal consistency and discriminant validity in the 3 groups. Results demonstrate methods for assessing the comparability of measures to allow for valid comparisons across population groups in health care processes that may affect outcomes of care. (Supported by NIA Grant #1P30 AG15272.)

USE OF ITEM RESPONSE THEORY TO EXAMINE DIFFERENTIAL ITEM FUNCTIONING OF A COGNITIVE SCREENING SCALE.

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Cognitive screening data from the North Manhattan Aging Project were analyzed using item response theory (IRT). The item set investigated is the CARE Diagnostic Scale, which was the screening scale used in several major epidemiological studies comparing rates of dementia among different minority groups. Data with respect to 866 Latino, 620 African-American and 360 White, non-Hispanic elderly were examined for differential item functioning (DIF). Additionally DIF analyses were conducted with respect to educational subgroups: 0-4 years (n=429), 5-8 years (n=560), 9-12 years (n=565) and 13 years and over (n=266).

A unidimensional two-parameter IRT model was fit; tests of model assumptions were met. Several items showed modest DIF, however, one item, relating to difficulty shopping due to memory problems, was most affected by DIF; large differences in model-based likelihoods were observed for several group comparisons. Additionally, another memory item had low discrimination parameters for all groups. The use of IRT in the evaluation and development of scales is discussed.

254

NARRATIVE GERONTOLOGY: METHODS AND APPLICATIONS

Gary M. Kenyon, Director of Gerontology, St. Thomas University, Fredericton, NB, Canada E3B 5G3.

Participants:

B. de Vries, P. Southard & C. Bubeck, Gerontology Program, San Francisco State University, 1600 Holloway Avenue, HSS 242, San Francisco, CA 94132. Time and the Lifestory.

R. Vota, Gerontology, San Francisco State University, 1600 Holloway Avenue, HSS 242, San Francisco, CA 94132. Guided Autobiography in Cyberspace.

J. Webster, Psychology Department, Langara College, 100 West 49th Avenue, Vancouver, BC, Canada, V5Y 2Z6. Neglected Domains in Reminiscence Research: Implications for Narrative Gerontology.

Discussant: Gary M. Kenyon.

As outlined in the just published Handbook of Theories of Aging, Narrative Gerontology is an emerging perspective that emphasizes the entailments of the "life as story" metaphor for the study of aging. This symposium presents three papers that explicate new contributions of narrative gerontology. The first paper demonstrates the differences between clock or calendar time, and storytime, the latter being the way that people experience time. The second paper examines outcomes of an application of a particular form of biographical encounter to the internet world. The third paper considers important aspects of the process of storytelling in reminiscence research that require further attention such as age, family, and ethnicity. The discussion will place the findings of these paper in the broader context of narrative gerontology concepts and themes. BSS: 18

TIME AND THE LIFE STORY.

B. de Vries, P. Southard, and C. Bubeck. Gerontology Program, San Francisco State University, 1600 Holloway Avenue, HSS 242, San Francisco, CA 94132.

A life story is the representation of the self through time--the self as recalled in the past, as experienced in the present, and as anticipated in the future. Research typically has focused on understanding the self in life story analyses; little attention has been paid to the understanding of time. The study examined the use and perception of time in the context of life stories as reported by 60 adults from across the adult life course. These men and women completed a time line, indicating their perceived position between "birth" and "death," identified the significant events of their past and anticipated future (including corresponding ages), identified in units of time what they perceived to be the near past, the present, and the near future. Results indicated that chronological age and measured distance from birth were highly correlated; further, there was a linear decrease in number of future events by age (older individuals had an average of fewer than one future event) and a linear increase in number of past events. For older adults, the near past was just under 20 years (and twenty-fold greater than that of the younger participants); the present and the future were both just over 4 years (again, many times larger than that of younger persons). These surprising results offer an often neglected view of the context within which life stories are constructed and reported.

GUIDED AUTOBIOGRAPHY IN CYBERSPACE.

Robin Vota, Gerontology, San Francisco State University, 1600 Holloway Ave., HSS 242, San Francisco, CA 94132.

Unprecedented numbers of older adults are utilizing the Internet for communication and socialization purposes. This study explored the suitability of J.E. Birren's Guided Autobiography Group (GAB) technique as a means of facilitating life review and enhancing the psychosocial well-being (attitudes toward life and self-acceptance) of elderly participants in an Internet environment. Four groups of participants, an Internet GAB and an Internet control group, a traditional face-to-face GAB and a senior center control group (SC control) were pre- and post-tested using an Attitudes Toward Life Questionnaire and self-descriptive word lists. Members of the Internet GAB and non-participating Internet control group were sampled from online newsgroups and web sites of interest to older adults. Participants in the traditional face-to-face GAB and the SC control group were sampled from a senior center in San Francisco. Results revealed few differences between the two GAB groups over time, however, participants in the Internet GAB evidenced different motivations for and issues in participation (e.g., greater disclosure and discord) than did the traditional GAB group members. These results are interpreted in terms of the experiences of aging in a technological environment.

Neglected Domains in Reminiscence Research: Implications for Narrative Gerontology.

Jeffrey Dean Webster, Psychology Department, Langara College, 100 West 49th Avenue, Vancouver, British Colombia, Canada, V5Y 2Z6.

The association between reminiscence and narrative is an intimate, although not necessary, one. Gerontological researchers have employed both primarily for clinical reasons with some success. Nevertheless, there remain several under investigated areas in reminiscence research which have the potential to address theoretical, conceptual, and empirical limitations. This presentation addresses several such areas (e. g., age, ethnicity, family dynamics) which have been neglected to date in reminiscence research. Illustrations from recent empirical research highlight the advantages of including such dimensions and concludes by extrapolating these results to the broader area of narrative gerontology.

255

EMPLOYMENT DECISIONS AND OLDER WORKERS: EMPLOYEE AND EMPLOYER PERSPECTIVES

K. S. Shultz, Department of Psychology, California State University, 5500 University Parkway, San Bernardino, CA 92407.

Participants:

M. H. Huyck (Institute of Psychology, Illinois Institute of Technology, Chicago, IL 60616) Balancing Work and Leisure 40 Years After High School: Two Groups of American Women.

M. Ware-Hargis (Department of Child and Family Studies, University of Tennessee, Knoxville, Knoxville, TN 37919) Women, Work, and Retirement: A Survey of Business and Professional Women in Midlife and Beyond.

K. S. Shultz and M. Silverstein (Department of Psychology, California State University, San Bernardino, CA 92407 and Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089). Gender, Eldercare Responsibilities, and Intention to Change Jobs.

D. L. Wagner (Department of Gerontology, Towson University, Towson, MD 21252). Older Workers: Changing the Work Environment to Support Improved Opportunities.

Discussants:

H. Sterns (Institute for Life-Span Development and Gerontology, University of Akron, Akron OH 44325-4307)

P. Moen (Brofenbrenner Life Course Center, Cornell University, Ithaca, NY 14853)

This symposium (*sponsored by the Business and Aging Interest Group*) presents three papers which focus on a variety of issues older workers (in particular women) face and how these issues affect their employment related decisions. The fourth paper will then provide the employer's perspective regarding older workers. These will include both the important employment related issues employers have regarding older workers as well as the employer's perceived needs of older workers.

In the first paper, Huyck examines women's employment and leisure decisions in two samples of American Women. Huyck compared a cohort of women who graduated from a mid-west high school in 1957, to 1961 graduates of an all women's college in the northeast. Differences in post-college education, as well as job status, retirement, employment, and family care patterns were observed. Next, Ware-Hargis will discuss her study of business and professional women and the employment and retirement issues they are facing. Shultz and Silverstein will then discuss their analysis of data from 40,000 federal government employees regarding elder care responsibilities and employment outcomes. They will focus their discussion on the elder care responsibilities of workers (almost 15% of the sample) and the gender differences observed regarding intentions to change jobs. Finally, Wagner will present the employer's perspective by discussing her 1998 survey of employers which focused on the structural changes necessary to remove disincentives to work for older Americans.

BALANCING WORK AND LEISURE 40 YEARS AFTER HIGH SCHOOL: TWO GROUPS OF AMERICAN WOMEN

M. H. Huyck, Institute of Psychology, Illinois Institute of Technology, Chicago IL

Attitudes about current and future employment, volunteer work, family responsibilities and personal development were explored in two convenience samples of women who had graduated from high school in 1957. One group responded to a mailed questionnaire in 1996 as part of their 35th Reunion at "Ivy Sister" college (IS); the other group, "Midwest High," (MH) responded to a very similar questionnaire in 1997 as part of their 40th High School Reunion. The graduating class of IS in 1961 included some 300 students; 120 returned questionnaires for this study. MH is a public high school in the mid-west; 67 women (out of perhaps 150 women graduating in 1957) returned the questionnaire for this study.

As expected, the women from IS were more likely to have post-college education (55% vs 22%), and somewhat more likely to have been employed full time in higher-status jobs. The MH women were more likely to be already retired (32% vs 17%), or to anticipate retirement within five years (23% vs 17%). The most popular anticipated activity in the next decade is continuing education. Both groups report more volunteer work than the national average for women of similar age and education groups.

While personal development and social involvement are major themes, some participants are still involved in family care. 57% of IS and 32% of MH women say they provide "substantial" physical, emotional or financial care to a family member. About half of the IS and 31% of the MH women feel moderately or substantially burdened by the care. These patterns suggest that paid employment at this phase of life reflects more financial need than career commitment, and that efforts to retain skilled employees must recognize the rewards offered by volunteer and personal development opportunities. Other implications of the findings will be discussed in terms of larger data sets.

WOMEN, WORK, AND RETIREMENT: A SURVEY OF BUSINESS AND PROFESSIONAL WOMEN IN MIDLIFE AND BEYOND

M. Ware-Hargis, Department of Child and Family Studies, University of Tennessee, Knoxville, Knoxville, TN.

Women now represent almost half of our country's labor force and their mid- and later-life career choices and challanges have far-reaching social and economic implications. The extent to which working women stay in, or leave, the labor force as they age; changes in their work/family needs and concerns; and issues facing older working women will have an impact on macro and micro level social changes in the coming decades.

Based on a Work and Retirement survey of business and professional women ages 35 and older, this paper focuses on how working women conceptualize their work and family roles, and the relationship of these roles to retirement preferences and work-related issues.

Questions addressed include how women define their work and family roles in mid-career and beyond; how baby boomers conceptualize retirement compared to older women in the workforce; and what work options mature career women identify as important to the future of their work lives. Relationships between personal, family, and employment variables and continued work participation preferences are examined. Implications of the findings for social, economic, human resources, labor, and policy concerns will be discussed.

GENDER, ELDERCARE RESPONSIBILITIES, AND INTENTION TO CHANGE JOBS

K. S. Shultz and M. Silverstein, Department of Psychology, California State University, San Bernardino, CA and Andrus Gerontology Center, University of Southern California, Los Angeles, CA

Research over the last two decades has established that anywhere from 5 to 25 percent of older workers have eldercare responsibilities for aging parents or other "older relatives" (e.g., spouses, neighbors, friends). Recent trends indicate that these numbers are increasing dramatically as the workforce ages and life expectancy continues to grow. Moreover, women appear to be more than twice as likely to be the ones providing such care, especially personal care related to ADLs.

In addition, recent research has documented the effects of eldercare responsibilities on lost productivity, absences, work interruptions and excessive phone use, lost promotions and career interruptions. Few researchers though have compared those who provide care and those who don't in terms of their work commitment and intention to change jobs.

Therefore, we used data from a 1992 survey of over 42,000 federal government employees to examine these issues. We found that, overall, approximately 30% of workers said they intended to change jobs in the next year. Of those employees who cared for at least one elderly parent (about 10% of the sample, 14% of those age 50-59), 30% expressed they intended to change jobs in the next year. But, when this data is broken down by sex, and number of hours of care provided per week, clear sex differences emerge. Specifically, men's intentions to leave their current job jumps dramatically after providing 10 hours or more of care per week, whereas women's intentions to leave their job are strongest in the 1-3 hours of care per week category. Possible moderators of this relationship for women (e.g., having other dependents or being married) were explored and will be discussed.

OLDER WORKERS: CHANGING THE WORK ENVIRONMENT TO SUPPORT IMPROVED OPPORTUNITIES

D. L. Wagner, Department of Gerontology, Towson University, Towson, MD

With low unemployment rates and a strong economy, more options for older workers have become available. Demographic shifts projected for the future suggest that older workers will be an important component of continued economic strength. Research suggests that many employers do not anticipate increasing the involvement of older workers, nor have they planned for the aging of their own workforce.

This paper will focus on the attitudes of employers regarding older workers and their use in the future based upon a 1998 survey of employers and the structural changes necessary to remove disincentives to work for the older American worker.

Topics to be discussed include the need to plan for an aging workforce, components of the planning process, increasing the opportunities for older workers by educating employers, and modifying the out-dated structural disincentives to work now limiting the options for older workers. Policy proposals presented to the US Senate Committee on Aging and other groups relating to the older worker will be outlined and incorporated into a blueprint for action to better support our aging workforce.

256

IS APOLIPOPROTEIN E A RISK FACTOR FOR COGNITIVE IMPAIRMENT IN NORMAL AGING?

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Although the presence of the ε4 allele of Apolipoprotein E (APOE) conveys a risk for developing Alzheimer's disease, relatively little is known about the impact of this genotype on the cognitive functioning in normal aging. In the present study, we sought to determine whether cognitive performance was influenced by the presence of the ε4 allele. Participants consisted of 93 APOE-ε4 (13 ε2/ ε4, 71 ε3/ε4, 9 ε4/ε4) and 316 non-ε4 (60 ε2/ε3, 256 ε3/ε3) adults (M = 72.74 years) taken from the Charlotte County Healthy Aging Study, a population-based sample of older adults. Cognition was indexed by tests of episodic memory, implicit memory, executive functioning, and Stroop performance. Mean-level analyses revealed no APOE group differences in cognitive functioning. Age differences were observed across all tests except implicit memory. Overall, the results indicate that the ε4 allele may not exert a direct impact on cognitive functioning in normal aging. This pattern of results has implications for the use of cognitive functioning and APOE as risk factors in Alzheimer's disease.

RELATIONSHIPS OF COGNITIVE ABILITY MEASURES AND PILOT AGE TO FLIGHT SIMULATOR PERFORMANCE

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Methods: 100 aircraft pilots aged 50 to 69 performed the CogScreen-Aeromedical Edition battery and flew in a flight simulator, where they were assessed in terms of (1) staying on course, (2) dialing in communication frequencies, (3) avoiding conflicting traffic, (4) monitoring cockpit instruments and (5) executing an approach. A flight summary score, the mean of these scores, was also computed. The CogScreen predictor variables were derived from 9 factor scores proposed by G. Kay (1995; CogScreen Manual). Based on a PCA, we further reduced the number of predictors to 5 composite CogScreen scores: Speed/Working Memory(WM), Visual Associative Memory, Motor Coordination, Tracking, and Attribute Identification. Results: Speed/WM scores were most strongly correlated with flight summary scores, $r_{rho} = .57$, yet Speed/WM did not explain all of the age-related variance. Age remained a significant predictor after controlling for Speed/WM. We also document specific ability relationships between certain flight component scores and CogScreen scores, such as approach performance and tracking errors.

REDUCED USEFUL FIELD OF VIEW IS EXPLAINED BY SPATIAL BUT NOT VERBAL WORKING MEMORY SCORES

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Useful field of view (UFOV) is a measure of visual attention comprised of a composite score of perceptual speed, divided attention, and selective attention. Ball and colleagues report that greater than 50% UFOV reduction predicts car crashes in older individuals, independent of general cognitive measures (MMSE and MOMSSE). However, the cognitive process mediating UFOV performance remains unclear. The purpose of this project was to determine group differences in verbal and spatial working memory to describe cognitive processes used in visual attention measured by UFOV. Seventy-seven community-dwelling elders aged 70 to 89 (76 +/- 4.8) participated in the study. Verbal working memory (VW was measured using backward digit recall. Spatial working memory (SWM) was assessed using the spatial span sub-task of the WAIS-R. UFOV was measured using the attention analyzer to describe UFOV as a percent reduction. Forty subjects had UFOV scores greater than 50% (70.8 +/- 12.4) and 37 subjects scored less than a 50% reduction (38.7 +/- 7.6). The two groups differed on SWM ($t=-2.5$, 75 df, $p=.016$) but not on VWM ($t=-.13$, 75 df, $p=.199$). A significant p value with Bonferroni correction is 0.025. The results suggest that individuals with reduced UFOV scores have limitations in SWM but not necessarily VWM, validating UFOV as a measure of spatial processing. Future studies will investigate using SWM to predict immobility and SWM training to affect immobility in older individuals.

IMPACT OF SUBJECT'S NATIVE TONGUE ON THEIR ABILITY TO RECALL DIGITS.

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The present study compared the performance of normal and demented older adults on two tasks of attention and concentration, Digit Span of the Wechsler Adult Intelligence Test-Revised (WAIS-R) and a similar task (grouped differently) the Chunking Task. The study examined at 100 normal controls (50 English speakers and 50 Spanish speakers) and 150 who had been diagnosed with dementia get a memory disorders clinic.

Subjects demonstrated a superior performance on the chunking task independent of group. Indeed, there were no ethnicity effects found on the Chunking Task in contrast with Digit Span, where the Performance of Spanish speakers was found to be inferior to those of their English-speaking counterparts across all groups and tasks.

This study discusses the potential advantages of administering the Chunking as an alternate task to Digit Span when dealing with non-English speaking older adults. Issues such as syllable length, memorization strategies, and other linguistic differences that may vary across languages and cohorts will be discussed.

ETHICAL PERSPECTIVES: RESEARCH RESULTS AND CLINICAL PRACTICE ISSUES

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While much of health behavioral science research has emphasized normative ethics, dealing with what should be done as well as why; at present there is a dearth of descriptively oriented research that addresses the state of ethics as it exists, and as it is practiced today. To advance health behavioral science research in the field of descriptive ethics, this study examined the relationship between certain personal variables, a normative ethical stance and realistic ethical choice. Implications of the findings for health behavioral science, nursing practice, education, and research are addressed.

The study examined the correlates of self-esteem and normative ethical/realistic ethical choice among registered professional nurses. Findings were based on data obtained from responses to mailed questionnaires by 305 registered nurses.

The Judgments About Nursing Decisions (JAND) model of analyzing ethical stance developed by Dr. Shake Ketefian, RN, PhD, FAAN, provided a framework for examining normative ethical stance/realistic ethical choice in nursing dilemmas. Self-esteem was examined using the model developed by Dr. Paul Secord, PhD, and Dr. Sidney Jourard, PhD.

A sample of 800 RNs was randomly selected from a list of 4,483 RNs in Washington state currently licensed to practice and current members of districts 2 and 4 of the Washington State Nurses Association. Given a medium effect size of the variables at the .05 level of confidence, the sample size of 800 was selected to result in a return of at least two hundred questionnaires needed to assure adequate power for the study.

Findings of the study indicated that self-esteem may be related to normative ethical stance but is not related to realistic ethical choice. However, because the magnitude of the correlation between self-esteem and normative ethical stance is weak, any implications drawn need to be viewed cautiously and tentatively.

Contrary to some of the views espoused in the lay press, there were no significant differences in ethical stance related to selected background variables including religious practice and prior course work in ethics. Additionally personal experience with a given ethical dilemma in nursing practice did not seem related to ethical stance except in one situation involving an under staffing issue. There was a statistically significant difference between nurses' perception of their normative ethical stance and perception of realistic ethical choice.

HEARING AND PERFORMANCE ON A VISUALLY PRESENTED MEMORY TEST IN OLDER ADULTS

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Sensory functioning has been suggested as a mediator in age differences in cognition in the elderly. Three hundred fifty one older adults ages 55-93 years were measured on auditory acuity and on a visually presented serial word recall task. An analysis of variance was performed to examine the relationship between age, hearing, and serial word recall. The results revealed: (a) significant differences between young-old and old-old adults on the serial word recall test and (b) within age groups, the differences on the dependent measure were significantly associated with differences in hearing impairment in the higher frequencies (2000, 4000 and 8000 Hz). Possible explanations and implications for future research are discussed.

PREDICTORS OF MEMORY STRATEGY USE IN MEDICATION ADHERENCE AMONG THE ELDERLY

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Research has shown that older adults use memory strategies in medication adherence as compensatory mechanisms for coping with age-related declines in cognitive functioning. Internal memory strategies involve mental activities to improve the quality of encoding or the search for previously encoded information, while external memory strategies involve physical changes in the environment. The purpose of this research was to investigate the influence of social support, health status, and depression on medication adherence strategy use among the elderly. Community resident older adults (n=190) taking at least one prescription medication were administered the SF-36, the 15-item Geriatric Depression Scale, and a self-designed memory strategy questionnaire. Older adults reported significantly greater use of external memory strategies than internal memory strategies and a preference for event-based rather than time-based medication instructions ($p<.01$). Use of pillbox was the most frequently used external memory strategy, while relating the taking of medication to one's routine was the most frequently used internal memory strategy. Depression and memory anxiety were significant predictors of type of medication adherence strategy used. Health status and social support were not major determinants of type of medication adherence strategy used. Social, emotional, and health status factors can have an influence on the type of memory strategy recommended by healthcare professionals, social workers, and caregivers to encourage medication compliance among the elderly.

PERFORMANCE OF OLDER ADULTS ON TASKS OF AUTOMATIC AND EFFORTFUL PERCEPTION

Gordon C. Baylis and Christopher C. Gore, University of South Carolina, and Leslie L. Baylis, Presbyterian College, South Carolina.

Many simple perceptual acts, such as judgment of symmetry about a vertical axis are automatic and effortless, while similar judgments of symmetry may require effort (Baylis & Driver, Visual Cognit., 1994).

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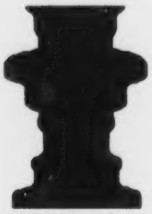
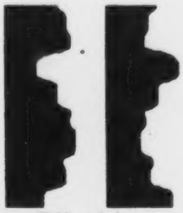


Automatic



Effortful

We compared the performance of young and normal aged adults on both tasks. Older adults show only a modest slowing on automatic perceptual judgments, and a much larger slowing of effortful perception. We also manipulated the perceptual complexity of the objects to be judged. In young observers, this has very little effect on automatic symmetry judgments, but increases the reaction time to make effortful judgments, due to increased demand on executive function (Baylis and Driver, JEP:HPP, 1995). The slowing of older adults becomes more pronounced with this greater demand on executive resources. These results support the view that normal aging leads to a reduction in executive resources.

GENDER DIFFERENCES AND CHANGE IN COGNITIVE ABILITIES ACROSS THE ADULT LIFE SPAN

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Gender differences in the covariance structure and latent means of cognitive abilities across the adult life span were explored. A multiply marked six-factor model, examining 982 subjects from the Seattle Longitudinal Study, tested gender and longitudinal invariance over 7 years. Longitudinal results indicated the best fit was a partial invariance solution supporting time and gender invariance. Younger and middle age groups demonstrated metric invariance of all factor loadings as well as time and gender invariance of factor correlations. A metric model also fit best for the older group, although factor intercorrelations only demonstrated gender invariance. Latent factor means revealed gender differences favoring women for Verbal Recall, and in younger and middle age groups Perceptual Speed, whereas men consistently outperformed women for Spatial Orientation across the adult life span.

PROVERBS AS TEXTUAL SUMMARIES: TRANS-GENERATIONAL DIFFERENCES IN FREQUENCY AND FORM OF EXPRESSION

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Proverbs, morals, and other didactic mini-texts are carriers of cultural values, often used to summarize larger texts or situations, although they may be realized with different forms and frequencies in different generations. A cross-generational sample of 48 educationally similar adults were administered an experimental summarization task for 8 traditionally didactic and 8 modern stories; a questionnaire on the rationale behind their responses on the experimental task; and a questionnaire on their daily exposure to and use of proverbs, morals, and fables. Older adults provided a larger proportion of didactically based summaries (morals/proverbs) as compared to younger adults, and even when didactic responses were provided by younger adults, they were often non-traditional or story-specific. The majority of subjects in all age groups reported infrequent use of and exposure to these forms in their everyday life, although some elderly adults reported that they actively attempt not to use these forms. Results contribute to our understanding of global processing of textual material across the life span, changes in the form of didactic expressions across generations, and potential shifts in the values these didactic forms represent.

CHANGE OF COGNITIVE FUNCTION AND ITS PROGNOSIS INDICATION AMONG THE ELDERLY PEOPLE IN BEIJING

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The purpose of this analysis is to study the cognitive status and the change of the cognitive function among the elderly in China. Method The data used for this analysis were derived from a representative sample of 2047 noninstitutionalized persons aged 55 years and older in Beijing, China. The participants were first tested in 1992. The survivals were followed-up five years later in 1997. We compared the MMSE performances of the participants at two time points. Result: About 12% of the elderly were found abnormal in cognitive function according to the education-based cutoff in 1992. Five years later, 19.8% of 1225 cognitive intact people at baseline died. The death rate was much lower than that for cognitive impaired person, which is 42.9%. The difference on mortality between different cognitive groups remained significant after controlling for morbidity and age. Among 1335 survivals, the mean score of MMSE decreased by 0.41 from 1992 to 1997. About half (51.9%) of the individuals remained unchanged on MMSE score from 1992 to 1997, 31.2% scored lower, and 34.7% scored higher. The demographic predictors of cognitive impaired individuals are advanced age, female, lower educational attainment, and rural residents. Conclusion: The status of cognitive function for the noninstitutionalizd elderly is stable and the decline is slow. The findings also suggest that the MMSE performance test is a useful assessment tool of cognitive impairment among Chinese elderly.

INDIVIDUAL VERSUS GROUP COGNITIVE TRAINING: A MEMORY BOOK APPROACH WITH COMMUNITY-DWELLING OLDER ADULTS

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This study attempted to instruct older adults with self-reported memory difficulties in a new method to improve memory performance. Fifteen nondemented, community-dwelling older adults (M age=73.7) were taught to use the memory book approach in both experimental (testing) and naturalistic (grocery store) settings. The approach, originally designed for cognitively-impaired clinical populations by Sohlberg and Mateer (1989), was adapted for this study. The memory book has eight, notebook-like sections which together serve as an external aid or reference guide for memory-required tasks. To evaluate the potential advantage for cost-effective intervention, two conditions, individual (n=7) and group (n=8) training were tested, where each served as the other's comparison condition. Repeated measures analysis of variance revealed a statistically significant difference on the objective measure for testing occasion (pre to post testing), regardless of condition. No significant differences were found between training conditions, yet the individual condition means were slightly higher than the group condition means at post test. There is some indication that the memory book approach was objectively successful using these investigator-designed functional assessments. Participants' self-reports on memory ability after using the memory book approach were overwhelming positive, particularly when trying to remember the order of events and the names of people they had just met.

AGE AND ITEM-RELATED INFLUENCES ON LIST LEARNING: RESULTS FROM A 3-COHORT SAMPLE FROM THE SEATTLE LONGITUDINAL STUDY.

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252 middle-aged (M = 39.91), 486 young-old (M = 60.77), and 137 old-old (M =74.42) participants in the Seattle Longitudinal Study were tested on 2 occasions on their ability to memorize a 20-item word list. Proportions of participants correctly recalling each word-unit within the list served as the dependent measure. First, word-unit scores obtained in 1991 were regressed on those from 1984, yielding slope and intercept values that varied by age-group; these are discussed. Then, each set of word-unit scores (3 groups on 2 occasions) was regressed on measures of word familiarity, imageability, primacy, and recency. The relative influence of each of these variables on memorability was then compared, both between cohorts, and within cohorts over 2 occasions. Primacy and familiarity were consistently strong in their predictive capacity. Imageability and recency were predictive of memorability in the middle-aged group, but less so in the young-old, and not at all in the old-old group. Results and possible implications are discussed.

RELATION OF COGNITIVE ABILITIES TO PERFORMANCE ON REAL-LIFE COMPUTER TASKS IN YOUNG AND OLDER ADULTS

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Neuropsychological measures are often used to assess individuals' ability to perform other, more salient tasks in the real world. The validity of these measures for this purpose is difficult to establish. In this study, we examined the utility of commonly-used neuropsychological measures to predict the ability of young and old adults to perform on several computer tasks that are actually used in industry. A battery of measures, including subtests of the WAIS-R, the California Verbal Learning Test, the Wechsler Memory Scale, Trail Making Test, and the Grooved Pegboard were administered to 441 persons aged 19 to 77. Demographic data and experience with computers were also assessed. One hundred twenty-nine of these persons were aged 65 years or older. They were then trained on three computer tasks that required data entry and database search. The relation of neuropsychological measures to persons' performance on these tasks was assessed via multiple regression and structural equation modeling. Results show that neuropsychological measures including tests of vocabulary, visual memory, psychomotor speed, and manual dexterity were related to performance on the computer tasks; different sets of measures were related to data entry and database search tasks. While age was significantly related to performance on the tasks, it was not related to whether persons successfully finished the tasks. Results show that neuropsychological measures may be useful in assessing older individuals' ability to perform vocationally relevant tasks.

FACTORS OF THE MINI-MENTAL STATE EXAM PREDICT CLINICAL DEMENTIA RATING

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The Mini-mental State Exam (MMSE) is widely used to assess cognitive function in elderly patients with dementia. It has previously been shown to have adequate construct validity based on its relations with other cognitive measures. This investigated the ability of MMSE factor scores to predict Clinical Dementia Rating Scale (CDR) ratings. Two hundred eighty-two patients assessed at an outpatient memory disorders clinic were administered the MMSE; independent ratings on the CDR were available for 91 of these patients. Factor analysis of the MMSE resulted in two factors reflecting language and attention/concentration, consistent with previous studies. Factor scores based on this analysis were used to predict CDR scores via multiple regression. Results of the regression (see Table, below) showed that only the factor score for language predicted CDR score ($p < 0.001$). These results show that only the language and not the attention/concentration cognitive construct of the MMSE is probably related to global ratings of dementia.

Factor	B	Beta	*t*	Sig.
Language	-4.02	-.74	-10.18	<.001
Att'n/Conc'n	-0.94	-.09	-1.25	.21

UTILITY OF THE MINI-MENTAL STATE EXAM IN LONGITUDINAL STUDY OF COGNITIVE DECLINE

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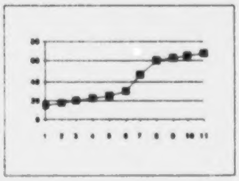
The Mini-mental State Exam (MMSE) is widely used to assess cognitive functioning in elderly patients with dementia.

Many researchers have used changes in the MMSE over time to measure the course of illness in Alzheimer's disease (AD); studies may implicitly assume that the MMSE measures cognition at an interval level, i.e., the change in scores from 30 to 25 represents a similar change as does a change from 15 to 10. We investigated via Kaplan-Meier analysis the median times to multiple endpoints defined by declining scores on the MMSE for a sample of 207 patients. Patients were seen at a memory disorders clinic and were assessed from two to nine times over intervals up to five years. Results show that decline in MMSE scores was linear over the range from 30 to 17(see Figure). The slope of decline in scores in the range from 17 to 13 changed abruptly, then was followed by a linear course for scores less than nine. Results thus show that changes in MMSE score for this group of patients were not linear, and that MMSE scores over the entire range of the measure should not be considered a metric for cognitive change in AD. The use of the measure in studies of mildly affected patients, with MMSE scores greater than 17, however, may be appropriate.



EXPLORING ETHNIC VARIATION IN THE PREDICTORS OF INDIVIDUAL DIFFERENCES IN COGNITION

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In previous research, indicators of socioeconomic status and sensory functioning have been shown to be effective predictors of elders' cognitive functioning. These two classes of predictors represent, to some extent, the influence of "culture" and "biology" on elders' cognition (Baltes, 1998; Horn & Cattell, 1967). To date, few reported studies have investigated whether these predictors might function equally well in different racial/ ethnic groups. Some have argued that poor health and differential access to educational opportunity may be particularly important in accounting for individual differences in cognition among African American (AA; e.g., Whitfield & Miles, 1994). The current sample included 170 adults aged 60 and older, and included 54 AA (mean age = 70.9 years) and 116 White (W; mean age = 74.5 years) elders. The results showed that substantial variance was accounted for in six measures of basic and everyday cognitive functioning (R^2 ranged from .25 to .49). Significant interactions ($p < .05$) were found with race/ethnicity. Specifically, for measures of list memory and everyday reasoning, poorer hearing was associated with poorer cognitive performance for W only. For list memory, there was also a significant positive association with education for AA participants only. Finally, for measures of vocabulary, everyday memory, and everyday knowledge, education was a significant positive predictor for both W and AA elders, but it was a substantially better predictor for AA participants. Taken together, the findings suggest that access to educational opportunity may be a particularly important predictor of late life AA cognitive functioning. Discussion will focus on the interplay of ethnicity, culture, and health/biology in elders' cognition.

COMPREHENSION SPEED AND ACCURACY: INFLUENCES OF AGE, PASSAGE CHARACTERISTICS, AND COGNITIVE RESOURCES

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Comprehension speed is an important mediator of episodic memory performance (Hultsch et al., 1998). In the present study, we investigated selected factors underlying performance in the Search-for-Answer comprehension speed task. Fifteen task passages involving speeded search for target information varied as a function of passage length, sentence length, and syntactic complexity. The sample consisted of 97 younger (M_{age} = 23.35), 174 young-old (M_{age} = 60.36), 225 mid-old (M_{age} = 69.29), and 102 old-old (M_{age} = 78.50) adults. Younger adults performed faster and made fewer errors than older adults. Age group differences were magnified for longer and more syntactically complex passages. Hierarchical prediction models indicated that both task-specific semantic speed and general processing speed influenced Search-for-Answer latency and accuracy performance. These results suggest that performance differences associated with age and passage characteristics may be a function of available processing resources.

EXAMINING THE PATTERN OF CHANGE ON EVERYDAY PROBLEM SOLVING AMONG ALZHEIMER'S PATIENTS.

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Many early stage Alzheimer's patients remain community-dwelling. In order to sustain independence, the adult must be able to adequately carry out cognitively complex activities that are deemed necessary for daily living (e.g., taking medications, handling finances). Given the relevance of an adult's competence in this domain, research is needed to examine the pattern of change over time to understand the factors that either increase or serve to temporarily stabilize competence in everyday problem solving. The present research was an adjunct study to The Stanford Longitudinal Alzheimer's Project conducted at the Stanford Medical Center's Aging Clinical Research Center. Performance on everyday tasks was examined over four waves at six month intervals (T1: $n = 100$). Preliminary analyses revealed that overall, patient and caregiver self-reports (IADL), scores on global clinical assessments (i.e., MMSE, GDS, ADAS, BCRS), and executive function measures (i.e., Trails A & B, Fuld) were significantly associated with the objective measure of everyday competence (EPCCE) at all occasions. A repeated measures ANOVA indicated a significant main effect for time, with participants demonstrating the greatest rate of decline between T1 and T2 testing occasions (2 points; 12% decline). A significant decrease in average performance between T1 and T4 was also revealed (4 point; 24%). To further examine the pattern of change and to assess the predictors of heterogeneity on everyday problem solving trajectories, growth curve modeling is being utilized.

BRAIN VENTRICULAR VOLUMES AND NEUROPSYCHOLOGICAL PERFORMANCE IN NORMAL ELDERLY

E. Kramer-Ginsberg, J. Hu , B.S. Greenwald, H. Wu,

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M. Ashtari, M. Patel, B. Bogerts

Brain ventricular enlargement has regularly been reported as a correlate of psychopathology and cognitive performance in elderly patients with neuropsychiatric disorders, however limited data exists addressing the relationship between MRI-derived ventricular volumes and neuropsychological test performance in normal elderly. Seventy four normal elderly subjects (mean age = 72 +/- 5 years) participated in a brain MRI volumetric study, and also underwent a comprehensive neuropsychological test battery. Brain images were obtained in the coronal plane and input onto a SUN workstation. Volumetric measurements of ventricular system components (right and left temporal horn, frontal horn, occipital horn, and body of lateral ventricles; and third ventricle) were completed using a semi-automated computer mensuration system. Neuropsychological tests included the block design and digit symbol of the WAIS-R, attention and initiation/perseveration subscales of the Dementia Rating Scale (DRS), Boston Naming Test, Animal Naming Test, Controlled Oral Words Association Test, Wechsler Memory Scale-Revised, and overall DRS. Brain ventricular volumes did not significantly correlate with any neuropsychological test results. These findings suggest that the marked heterogeneity of brain ventricular size in the elderly is a normal phenomena that does not cross-sectionally discriminate cognitive performance decrements.

COGNITIVE COLLABORATION IN ACQUAINTED AND UNACQUAINTED DYADS.

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Cognitive collaboration has been offered as a possible compensatory mechanism to reduce age-related cognitive differences. In this study, sixty younger (M = 26 years) and sixty older (M = 67 years) adults worked consecutively with two different partners. Partner type was counterbalanced so that half of the participants worked first with their spouse, and second with a same-age, opposite-sex partner. In one task, partners worked together to recall a list of 40 words. Older men, but not older women, recalled fewer words than younger men and women. Familiarity did not affect recall performance on this task. In a second task, partners worked together to match series of abstract figures that each partner was given behind a screen. Both age groups clearly improved in efficiency across the four trials (as indicated by the total number of words needed to complete the task). However, younger partners accomplished the task in fewer words overall. Of particular interest was a strong trend ($p = .054$) indicating that the trial effect was different in younger than in older adults. Indeed, older partners seem to improve their efficiency of communication more gradually across trials than do younger adults. Again, married couples of either age did not perform significantly better on the task than did previously unacquainted dyads.

Neuropsychological Profiles of Outpatients with Dementia, Huntington's Disease, or Depression, and Normals

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Using a newly developed, quantitative neuropsychological battery (Cognitive Testing Battery, CBT) we examined three groups of outpatients and a group of normals. We validated the CBT on a confirmed diagnostic groups of Dementia, Huntington's Disease, and Depression, as well as Normals. We then applied internal validation procedures and provide correct classification ratios for the diagnostic groups. Each group was carefully diagnosed by medical procedures and multidisciplinary teams, and given the Cognitive testing Battery. Results show that the Cognitive Testing Battery has adequate external and internal validation. We discuss this in the light of brain/behavior patterns and neuropsychological theory.

INDIVIDUAL DIFFERENCES IN THE RATE OF CHANGE IN COGNITIVE ABILITIES DURING ADULTHOOD.

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Latent growth curve modeling was used to examine the average rate of decline in verbal ability, spatial ability, and inductive reasoning, and whether individuals vary significantly in the rate of decline. Cognitive abilities were measured with the Primary Mental Abilities Test in a sample of 1354 participants ($n = 620$ males, $n = 734$ females) from 11 cohorts of the Seattle Longitudinal Study (SLS). Utilizing a cohort-sequential growth model, data from different cohorts were combined over the adulthood period to study change in these abilities from age 25 to age 81, a longer range than it is typically possible to study. Significant linear decline was found for verbal ability, spatial ability, and inductive reasoning. Spatial ability and inductive reasoning also had significant rates of quadratic decline. Significant individual variation in linear decline for all abilities and in quadratic decline for spatial ability and inductive reasoning was observed. Linear decline in verbal and spatial abilities was related to earlier ability levels, and acceleration of spatial decline was related to earlier spatial ability.

LONGITUDINAL CHANGES IN SEMANTIC MEMORY PERFORMANCE OF OLDER ADULTS

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Although cross-sectional evidence has indicated that semantic memory may be relatively preserved in late life, little evidence charting actual changes in performance is available. We examined longitudinal changes in semantic memory performance of older adults. Participants, drawn from the Victoria Longitudinal Study, consisted of 85Young-Old (M_{T1} = 62.78; range = 55 to 66 years) and 92 Old-Old (M_{T1} = 71.71; range = 67 to 85 years) adults tested four times at 3-year intervals. Performance was indexed by measures of fact recall, vocabulary, and three indicators of verbal fluency (Opposites, Similarities, and Figures of Speech). Modest but significant decline was noted for three tasks (exceptions: Opposites and Similarities). The observed decrements were driven by the more rapidly declining performance of the Old-Old adults. Men and women performed similarly, although the former recalled more facts than the latter. Interpretations focus on aging-related profiles of change, differences across semantic tasks, and comparisons to changes in other memory systems.

EARLY PSYCHOMETRIC INDICATORS OF POSSIBLE DEMENTIA IN LATER LIFE: APO E GENOTYPES AND COGNITIVE PERFORMANCE AMONG MIDDLE-AGED AND OLDER COMMUNITY-DWELLING INDIVIDUALS.

J. Kennet & K.W. Schaie, Gerontology Center, 105 Henderson South, The Pennslyvania State University, University Park, PA 16802.

210 middle-aged (M = 47.3) and 242 older (M = 64.6) participants were tested for ApoE genotype, revealing distributions of allele-type pairings that were roughly equivalent in both age groups. Scores on the Test of Primary Mental Abilities (PMA; Thurstone & Thurstone, 1949), from these participants were available from the 1984, 1991, and 1998 testing waves of the Seattle Longitudinal Study. 334 individuals participated in 1984 and 1991, 250 participated in 1991 and 1998; of these, 132 participated in all 3 waves. Repeated-measures analyses of variance were applied to determine the extent to which allele types were related to cognitive decline within the 2 age groups. Significant age-group x allele-type x occasion interactions were obtained on the PMA subtests of inductive reasoning and numeric ability. For the ApoE epsilon 4/4 group, greater-than-average declines in inductive reasoning performance were apparent among the middle-aged as well as among the older participants. Differential performance patterns related to allele types are interpreted with respect to their possible utility in the pre-clinical assessment of the likelihood of later dementia.

COGNITIVE LOSS WITHOUT DEMENTIA: COMPARING CLINICIAN JUDGMENT TO COGNITIVE TEST PERFORMANCE.

H. Tuokko, R. Frerichs, E. Kristjansson. Centre on Aging, University of Victoria, P.O. Box 1700, Victoria, B.C. V8W 2Y2.

Accurate identification of persons in the early stages of dementia is of growing importance for providing appropriate care planning and early intervention. In this study, clinicians' judgment as to who was showing signs of cognitive decline (CD) was compared with cognitive test performance. As part of the Canadian Study of Health and Aging, a nation-wide study of cognitive functioning and health status of persons aged 65 and over, 10,263 persons were seen and followed 5 years later. Of the 588 persons who received clinical examinations and were not demented on either occasion, 383 were identified by clinicians as showing no CD and 205 were identified as showing CD. Clinicians' judgments were made without the benefit of exposure to the participant's cognitive test scores from the first assessment. Using repeated measures analysis of variance for a battery of 15 cognitive tests, it was apparent that the screening and memory measures had declined more over time for the 205 persons with CD than for the other participants. Thus, overall, there was a correspondence between change on test performance and clinicians' judgment as to who declined over a five year interval.

Cognitive training effects in normal, non-demented elderly: Associated variables and maintenance of training gains.

Saczynski, J.S., Willis, S.L., Schaie, K.W., Gerontology Center, The Pennsylvania State University, University Park, PA, 16802.

This study examined demographic and lifestyle variables as predictors of cognitive training gain and of seven-year maintenance of training gains. While there have been a number of cognitive intervention studies, there has been little focus on individual factors associated with gain.

Subjects were 407 older adults (male=183; female=224) who had been participants in the Seattle Longitudinal Study (SLS) since 1970 or earlier. The sample had a mean age of 73.1 years (range = 64-95). Subjects were classified as having declined or remained stable on the Thurstone (1949) Primary Mental Abilities (PMA) Inductive Reasoning and Spatial Orientation measures over the 14-year period prior to training. This study employs a pre-test post-test control group design with subjects trained on one ability serving as controls for subjects trained on the other ability.

Significant training intervention effects were shown both for remediating cognitive decline and enhancing performance in stable subjects on the target ability. Pre-post training gains did not differ by demographic variables (age, education, and marital status). Greater time spent in the communication activities was a significant predictor of training gains equal to or greater than one standard error of measurement on the reasoning ability. For subjects trained on reasoning, there was a training effect an everyday problems test (ETS basic skills) which was moderated by subjects' decline status.

Subjects trained on the target ability were more likely to show seven-year maintenance both abilities. The total number of hours per week subjects reported engaging in leisure activities was a significant predictor of maintenance of training gains for both abilities. That is, subjects reporting more hours of activity per week were more likely to show maintenance of cognitive ability. Maintenance findings were unaffected by demographic variables.

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PERCEIVED CHANGES IN COGNITION AND PILOTING SKILLS: A COMPARISON OF YOUNGER AND OLDER COMMERCIAL AVIATION PILOTS. G.W. Rebok, G. Li, S.P. Baker, J.G. Grabowski, S. Willoughby, Departments of Mental Hygiene, Health Policy and Management, and Emergency Medicine, The Johns Hopkins University, Baltimore, MD 21205.

The relationship of chronological age to perceived changes in cognition and piloting skills was examined in 1310 commercial aviation pilots (28-59 yrs, mean age = 45.5 yrs; mean total flight time = 11992.5 hrs). A 13-item Aviation Experience Survey (AES) was completed by each pilot, using 5-point likert ratings and yes/no responses comparing current skills and abilities with those of 10 years ago. Responses were analyzed for age-related differences using chi-square tests with pilots 39 years old and younger (n = 326), 40-49 years old (n = 517), and 50-59 years old (n = 463). Significant results were found on 11 of the 13 AES items. Cognitive abilities such as memory, concentration, mental acuity, and reaction speed were more likely to be perceived as "the same" or "worse" than 10 years ago by the two oldest age groups, whereas the younger pilots perceived their cognitive abilities as "better" or "much better." Piloting skills involving piloting in adverse weather, taking safety precautions, making decisions while flying, night flying, and working relationships with flight crews also were more likely to be rated as "the same" or "worse" than 10 years ago by the two oldest age groups. When the data were stratified by whether the pilot reported experiencing more anxiety during takeoffs and landings than 10 years ago, pilots with more anxiety reported more negative changes in cognitive abilities, piloting skills, and health status regardless of age. The implications of these survey results for studying aging and aviation safety will be considered.

257

SPECIAL ADVOCATES FOR ELDERS: A NEW TOOL FOR THE COURTS

Jerry P. Nims, (The Fielding Institute, 3066 Markridge Dr. Reno, NV 89509. Co-founder of SAFE)

Participants (all instrumental in founding of SAFE):

Judge Scott Jordan, (Second Judicial District, Reno, NV 89520) Crisis in the Courts.

Larry J. Weiss, (Sanford Center for Aging, Reno, NV 89547).

Mary Herzik, (Court Appointed Special Advocate Program, Washoe County, Reno, NV 89520) Stretching Court Services: CASA as a Model for Elder Advocacy.

Discussants:

Nicholas A. Cummings, (Pres. Cummings Foundation, Scottsdale, AZ.)

Donald MacIntyre, (Pres. The Fielding Institute, 2112 Santa Barbara St, Santa Barbara, CA 93105)

Courts and community agencies face a flood of elders who, are brought to court on a Petition to Appoint a Guardian. If found incompetent they become adult wards, usually of family members or the Public Guardian. The motivations and intent of persons bringing such cases is not always clear, and the services which follow range from exemplary to appalling. The best available estimates indicate that over ½ a million elders were abused in the U.S. in 1996, and that number is climbing rapidly.

Courts have limited tools to determine the facts in these cases, or to monitor the psychosocial needs and progress of a ward once the guardianship is established. Guardians appointed to protect these wards may have difficulty in properly serving them because of excessive case loads, in the public guardianships; and ignorance or indifference in the case of private guardians. This presents a major public policy problem in a time when the resources for social programs are already strained to the limit. The SAFE program, modeled upon the Court Appointed Special Advocate (services to the courts in regard to abused and neglected children) provides a volunteer service to elder wards. Plans for free national distribution and use of SAFE will be presented.

258

Helping Professionals Help Senior: The Role of the Center for Medicare Education

Robyn I. Stone, Ph.D., Center for Medicare Education, c/o International Longevity Center, 60 E. 86th Street, New York, NY 10028

Participants:

Steven C. Edelstein, J.D. (Center for Medicare Education, New York, NY 10028) Responses to the Growing Need for Informed Beneficiaries

Neal E. Cutler (National Council on the Aging, Washington, DC 20024) Mapping the Emerging Field of Medicare Education

Diane Archer, J.D. (Medicare Rights Center, New York, NY 10036) Building a Cadre of Medicare Educators

Beth Stevens, Ph.D. (Center for Medicare Education, New York, NY 10028) Special Issues in Educating Vulnerable Seniors

Discussant:

Shoshanna Sofaer, Ph.D. (School of Public Affairs, Baruch College, City University of New York, New York, NY)

The continuing evolution of the health care system, including the major changes in the Medicare program through the implementation of Medicare+Choice and expansion of managed care for the dual eligibles, has underscored the need for better education of the elderly and their families about how to make prudent choices and how to navigate the health care system. This symposium reports on some of the major activities undertaken by the RWJ-funded Center for Medicare Education during its inaugural year. Following an overview of the goals and scope of the project, presentations will highlight results from a national survey mapping the current capacity of organizations at the local level to engage in consumer education related to the Medicare program and health system changes, the issues related to designing and conducting "train the trainer" pilots in 10 communities, and innovations in educational material development and capacity building. The implications for further research and policy development will be discussed.

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Responses to the Growing Need for Informed Beneficiaries

Steven C. Edelstein, J.D., Center for Medicare Education, New York, N.Y. 10028

Medicare beneficiaries are increasingly caught up in a set of economic and policy changes that demand that beneficiaries make choices about their health care insurance and treatment. This includes the changes brought about by the Balanced Budget Act of 1997, the growth of managed care, and changes in the private supplemental Medicare market. Many public and private sector institutions are now trying to educate beneficiaries about the need for informed choice as well as the possible choices themselves. This presentation will explore the major types of efforts including education through the mass media, counseling, and use of the Internet. The implications of these efforts for future research and policy development will be discussed.

Mapping the Field of Medicare Educators

Neal E. Cutler, Ph.D., National Council on the Aging, Washington, DC 20024

The NCOA Development Corporation recently conducted for the Center for Medicare Education a study of organizations at the national and local levels that are willing and able to help seniors and their families make health care choices and navigate a system that is in great flux. These include aging organizations, health-related consumer organizations and other entities that are potential "information intermediaries" (e.g., financial planners, providers, pharmacies and grocery chains). This presentation will highlight selected findings from interviews with representatives from national organizations about willingness and capacity and a national survey of a sample of information intermediaries engaged in a range of consumer activities at the local level. Special attention will be paid to the infrastructure of these consumer education efforts (e.g., use of paid and volunteer staff, level of computer technology, degree of individual counseling, material development and dissemination capacity). This study provides the first environmental scan of our nation's willingness and capacity to help empower elderly consumers to make good health choices and the barriers to achieving that goal.

Building a Cadre of Medicare Educators

Diane Archer, J.D., Medicare Rights Center, New York, NY 10036

Medicare beneficiaries are faced with a constantly changing Medicare program and increasingly confusing array of health plan options. The Medicare Rights Center developed their "Training Outreach Program" to train a cadre professionals and volunteers on Medicare rights, benefits and options at ten regional sites across the country. The goal of the program was to insure that these Medicare educators have the tools to assist beneficiaries in making informed choices about health coverage and aid beneficiaries in navigating the health care system. This presentation will report on preliminary findings of the evaluation of the impact of the trainings on workshop participants and the extent of subsequent Medicare education efforts.

Special Issues in Educating Vulnerable Seniors

Beth Stevens, Ph.D., Center for Medicare Education, New York, NY 10028

Medicare beneficiaries reflect the diversity of American population with its many ethnic groups, different levels of education and income, and variety of medical conditions. No one set of educational activities will be able to reach all these diverse, and sometimes vulnerable, types of beneficiaries. This presentation will report the conclusions of an expert working panel convened by the Center for Medicare Education to build consensus on best practices in educating vulnerable seniors. The working group will explore techniques best used to educate the low literate, physically and cognitively challenged, and non-English speaking segments of the Medicare population.

259

THE HEALTHY AGING PROJECT

L.Z. Rubenstein. RAND-UCLA-Sepulveda GRECC. VA Medical Center (11E), Sepulveda. CA 91343

Participants:

E. Stone. (Cedars Sinai Medical Center, Los Angeles, CA) Increasing utilization of Medicare- funded preventive services

P. Shekelle. (RAND-UCLA-WLA VA Medical Center, Los Angeles, CA) Successful health behavior programs for older adults

J. Preston. (Qualidigm-University of Connecticut, Middletown, CT) Controlled Trials of Behavioral Risk Reduction Interventions for Seniors

J. Cooper. (HealthCare Financing Administration, Baltimore, MD) Barriers to Converting Evidence into Policy

Discussants:

R. Besdine (UConn Center on Aging, Farmington, CT)

P. Lapin (Health Care Financing Administration, Baltimore, MD)

Improvements in medical care, health habits, and preventive measures have contributed to dramatic increases in life expectancy. Still, the prevalence of chronic illness, impairments and disabilities have also increased with population aging. Further gains in health status are possible if existing, effective and commonly available preventive practices and services are implemented more widely. The Healthy Aging Project was developed to expertly identify effective interventions for promoting health in older populations and to make inferences relevant to Medicare. The five-year study is funded by the Health Care Financing Administration (HCFA). Phase one consists of two evidence reports analyzing health promotion/disease prevention interventions; phase two involves a pair of controlled clinical trials of behavioral risk factor reduction interventions.

INCREASING UTILIZATION OF MEDICARE FUNDED PREVENTIVE SERVICES: THE FIRST EVIDENCE REPORT.

E. Stone, P. Shekelle, M. Maglione, RAND-UCLA-Cedars-Sinai-VA Medical Centers, Los Angeles.

In this first Healthy Aging Project evidence report, the authors screened and reviewed articles on interventions intended to increase use by older adults of 5 preventive services currently funded by Medicare: mammograms, pap smears, colon cancer screening, influenza vaccines and pneumovax. Types of interventions included patient and provider reminders, physician feedback, patient education, financial incentives, regulatory and legislative mandates, organizational change, and media campaigns. More than half of the studies dealt with strategies for influenza vaccine. Most interventions were found to be effective, but to vastly different degrees. Multiple interventions were not consistently more effective than single interventions. Education was commonly used but had no clearly beneficial effect. Interventions that included standing orders were in general very effective.

SUCCESSFUL HEALTH BEHAVIOR PROGRAMS FOR OLDER ADULTS: THE SECOND EVIDENCE REPORT.

P. Shekelle, E. Stone, M. Maglione, RAND-UCLA-Cedars-Sinai-VA Medical Centers, Los Angeles.

In this second Healthy Aging Project evidence report, the authors thoroughly analyzed existing studies on the following interventions for seniors: physical activity / exercise, smoking cessation, falls prevention, self-management of chronic disease, and health risk appraisals. The most effective components of successful programs will be discussed. Among the most promising models, several are candidates for replication. Recommendations will be made regarding funding of new prevention benefits by Medicare.

CONTROLLED TRIALS OF BEHAVIORAL RISK REDUCTION INTERVENTIONS.

J.A. Preston Qualidigm, 100 Roscommon Drive, Middletown, CT 06457-UConn Center on Aging, Farmington, CT, S. Weingarten Cedars-Sinai Medical Center, Los Angeles, CA, L.Z. Rubenstein RAND-UCLA-Sepulveda VA GRECC, R.W. Besdine UConn Center on Aging, J. Barr, J. Grady, D. Mathur, J. Scinto, Qualidigm.

The purpose of the Healthy Aging Project's Phase II is to test two behavioral risk factor interventions in multicenter randomized controlled trials, one in fee-for-service and the other in managed care. The goals of both trials, which will be initiated in mid-2000, are to implement intervention strategies that are feasible as potential Medicare benefit packages, that establish or utilize existing links between provider settings and community organizations, and that are sensitive to racial diversity. Intervention effectiveness will be measured using health and behavioral-related outcomes as well as cost-effectiveness. It is anticipated that the results of Phase II will provide practical information to enhance the effectiveness of Medicare health promotion programs and policies.

BARRIERS TO CONVERTING EVIDENCE INTO POLICY

J.K. Cooper, P. Lapin, R. Murphy, Health Care Financing Administration, Baltimore MD.

Evidence suggests potential benefit for Medicare beneficiaries from specific clinical preventive services and from interventions to produce a healthier lifestyle. Converting these research findings into Medicare policy presents both predictable and unforeseen challenges. While Medicare legislation defines a perimeter of opportunity, legislative interpretation can be imprecise. Expert opinion as to what is "do-able" varies. Budget neutrality forces cost effective analysis with inadequate data. Safeguards to protect against overuse and fraud are necessary. Provider advocates influence decision making at several levels. Competing priorities, agency work agendas, and opportunity costs influence priorities. A case study, standing orders for immunization, illustrates these considerations.

260

INTEGRATION IS NOT THROUGH FINANCING ALONE: INTEGRATING MEDICARE AND MEDICAID IN CUTTING EDGE STATE PROGRAMS

Robert L. Kane, MD, Division of Health Services Research and Policy, University of Minnesota School of Public Health, D-351 Mayo (Box 197), 420 Delaware Street SE, Minneapolis, MN 55455

Participants:

Helena Temkin-Greener, PhD (Community Coalition for LTC), Jane Shukitis, RN (Unity Health System), and Katie Smeenk, MPA, (ViaHealth) Continuing Care Network Demonstration: Building a Disability-Based Payment Model

Pamela Parker (State of Minnesota) The Minnesota Senior Health Organization (MSHO) Program: From the Idea to the Reality

Edith G Walsh, PhD (Health Economics Research) Integration of Acute and Long-Term Care in Oregon

This symposium will describe the integration of Medicare and Medicaid benefits in four states and discuss their alternative approaches to integrating funding streams and delivery systems. In addition, we will discuss what these demonstrations tell us about the potential and the limits of payment design as a mechanism to promote individual level care coordination. Robert Kane, MD, will chair this symposium and comment on the three presentations in light of the HCFA evaluation of dual eligible demonstrations.

The Minnesota Senior Care Organization (MSHO) is the first dual eligible waiver in the country to become operational. This presentation will summarize the design of the program, highlight the operational decisions that needed to be made to implement the program and discuss early experience.

The New York State Department of Health, in a partnership with the Community Coalition for Long Term Care, Unity Health System, and ViaHealth is implementing a new demonstration program (CCN) which combines Medicare and Medicaid financing and a full gamut of primary, acute, and long term care services. Draft terms and conditions for the demonstration have been issued by the Health Care Financing Administration, and final waiver approval is forthcoming.

Oregon's 1115 waiver authorizing Medicaid managed care for the aged and disabled (including dually eligible beneficiaries) has been in place since 1995 and has been extensively evaluated. While there is no demonstration designed to integrate Medicare and Medicaid services for dually eligible beneficiaries, many dually eligible beneficiaries are enrolled in Medicare risk plans that also receive capitation payments to provide Medicaid benefits. Both the acute and long-term care systems provide forms of case management and are expected to coordinate with each other.

CONTINUING CARE NETWORK DEMONSTRATION: BUILDING A DISABILITY-BASED PAYMENT MODEL

Helena Temkin-Greener, PhD, Community Coalition for LTC; Jane Shukitis, RN Unity Health System, and Katie Smeenk, MPA, ViaHealth

The New York State Department of Health, in a partnership with the Community Coalition for Long Term Care, Unity Health System, and ViaHealth is implementing a new demonstration program (CCN) which combines Medicare and Medicaid financing and a full gamut of primary, acute, and long term care services. Draft terms and conditions for the demonstration have been issued by the Health Care Financing Administration, and final waiver approval is forthcoming.

Over the course of the demonstration the program expects to enroll at least 10,000 older (age 65+) persons in Monroe County and will serve as the test case for possible state-wide replication. Unlike other demonstrations, CCNs enroll both the Medicare-only and the dually eligible elderly who reside either in the community or in nursing homes. The CCN demonstration employs a risk adjusted payment model for Medicare and for Medicaid, based on enrollees functional status.

In this presentation we will discuss the development and the implementation of the demonstration with special emphasis on the payment and delivery models. The challenges of implementing a waiver-based demonstration program will also be discussed.

THE MINNESOTA SENIOR HEALTH ORGANIZATION (MSHO) PROGRAM: FROM THE IDEA TO THE REALITY

Pamela Parker, State of Minnesota

Dual eligibles comprise about 16% of Medicare beneficiaries and about 17% of Medicaid beneficiaries but are responsible for about 30% of Medicare costs and about 35% of Medicaid costs nationally. While this population has access to comprehensive health care coverage through the Medicare and Medicaid programs, there is evidence that they are not well served. Conflicting clinical and financial incentives and administrative duplication and overlap between Medicare and Medicaid produce inefficiencies in service delivery to this population. Minnesota is the first state to implement a demonstration which merges Medicare and Medicaid financing and administration and acute and long term care service delivery for dually eligible seniors in four metro area counties.

This presentation will sketch out the issues that arose from the first conception of this idea through the first year of operation. The presenter will describe the basic design of the MSHO program, the operational complexities of integrating Medicare and Medicaid, and the challenges of creating changes in acute-care and long-term care delivery that benefit the consumer.

INTEGRATION OF ACUTE AND LONG-TERM CARE IN OREGON

Edith G. Walsh, PhD, Health Economics Research, 411 Waverley Oaks Rd, Suite 330, Waltham, MA 02452

Oregon's 1115 waiver (the Oregon Health Plan) authorizing Medicaid managed care for the aged and disabled (including dually eligible beneficiaries) has been in place since 1995 and has been extensively evaluated. Long-term care users are included in Medicaid managed care, although long-term care services continue to be authorized and paid for by the state's Senior and Disabled Services Division. Oregon provides a de facto model of integration that lies between those states in which neither long-term care services nor the long-term care population are included in Medicaid managed care and demonstrations that fully integrate Medicare and Medicaid payments and services. Many dually eligible beneficiaries are enrolled in Medicare risk plans that also receive capitation payments to provide Medicaid benefits. Both the acute and long-term care systems provide forms of case management and are expected to coordinate with each other. This presentation will present findings from the HCFA and ASPE funded evaluation of the Oregon Health Plan.

261

PHYSICAL VIOLENCE IN OLD AGE A LOOK AT THE BURDEN OF WOMEN

C. VandeWeerd, G. Paveza, Department of Social Work, University of South Florida, Tampa, FL 33620.

In an effort to preserve the health security of our aging population, an awareness of the factors that contribute to elder abuse is vitally important. The study of elder abuse has typically been conducted in a broad manner complicating attempts to create effective policy and practice. This study represents an attempt to more precisely define the scope and characteristics of physical violence against the elderly in relation to other forms of abuse. Cases of abuse reported to the Hillsborough County Crimes Against the Elderly Unit (C.A.T.E.) for the years 1995-1996 (N=614) were examined and coded based on incident type and socio-demographic variables. Physical assault cases accounted for 37% of all incidents recorded. Logistic regression analyses indicated that victims of physical abuse were most likely to be women (p=.0279), aged 60-65 years (p=.0461), living with their spouse (p=.0002). Perpetrators were most likely to be related to their victims (p=.0166), and were primarily male spouses (p=.0001). Women were also more likely to suffer from other violent forms of abuse such as property damage (p=.0418), and robbery (p=.0351); though in these cases the perpetrator is most likely to be 18-29 years of age (p=.0002; p=.0001), and not related to their victim (p=.0404;p=.0032). Men by contrast were most likely to be victims of less violent crimes such as con-schemes ($p=.0382$), embezzlement ($p=.0319$), and self-neglect ($p=.-.0031$). Though this study is limited by the variables ascertained though the analysis of police records, this study exemplifies the double disadvantage of women in old age and makes an argument for the necessity of type-specific abuse research on a national level so that effective interventions can be developed to protect our nations' older population.

A POSITION OF TRUST GONE WRONG: FIDUCIARIES AND FINANCIAL ELDER ABUSE.

M. I. Ting, K. H. Wilber, Andrus Gerontology Center, University of Southern California, 3715 McClintock Avenue, Los Angeles, CA 90089-0191; N. Coleman, Commission on Legal Problems of the Elderly, American Bar Association, 740 Fifteenth Street, N.W., Washington, DC 20005-1022.

Elder abuse in domestic settings is a widespread problem affecting hundreds of thousands of individuals. Financial abuse represents one of the major types and one of the fastest growing areas of elder abuse. The problem is extremely acute among victims 75 years of age and older, found by the 1998 National Elder Abuse Incidence Study (NEAIS). Although a growing body of literature has emerged over the last two decades, financial elder abuse has received relatively little attention. An area that merits increased attention is the role of fiduciary representation, because financial elder abuse often involves breaching a fiduciary relationship. A fiduciary serves in a position of trust by giving professional advice to, making decisions for, and/or representing the interests of another individual. As such, the responsibility of the fiduciary is to serve the interests of the represented party. Because there exits a power differential, professional relationships that involve such areas as financial management, health care, and mental health involve ethical standards above those involved in reciprocal relationships. Moreover, a common defense in financial elder abuse cases is that the older adult gifted, exchanged, or authorized the transfer of assets. Therefore, it is important to understand and examine transactions that involve positions of trust. This paper defines fiduciary roles and responsibilities, explores the parameters of such relationships, and offers ethical guidelines and policy recommendations to help prevention and to address abuse.

THE VOLUNTEER CONUNDRUM: AN EVALUATION OF RURAL/URBAN PROGRAMS OF PUBLIC GUARDIANSHIP.

P.B. Teaster, Center for Gerontology (0426), Virginia Polytechnic Institute and State University, Blacksburg, VA 24061.

A public guardian is an official appointed by a state or local government or court who serves incompetent persons lacking relatives or friends appropriate to serve as a guardian. Explicit or implicit provisions for public guardianship exist in 42 states. Because the need for public guardians often eclipses funding, programs utilize volunteers to fill in gaps in service delivery. In this study, baseline data concerning two volunteer programs of public guardianship are examined regarding organizational structure, clients served, services provided, and costs incurred. Quantitative data are gathered from client assessments, care plans, and time logs. Qualitative data are gathered from interviews with volunteers and staff. Data on rural and urban programs of volunteer public guardianship are compared and illustrate that volunteers give important direct client client contact but require extensive support by paid staff through ongoing recruitment, selection, training, and monitoring. Further implications for public policy concern feasibility of the use of volunteers for provision of public guardianship and an assessment of program services provided.

Elder Abuse: Raising Awarness in Faith Communities.

Elizabeth Podnieks, Ed.D., RN. Ryerson Polytechnic University, 47 St. Clair Ave. W. Toronto, Ontario, M4V 3A5.

Research has shown that older men and women go to their faith community when they have been abused for guidance, comfort and support. It is not known what actions are taken by faith leaders in these situations. This pilot project seeks for the first time to examine the perceptions and responses to elder abuse in faith communities across Ontario, and on a national basis at a later stage. This paper presents findings obtained through telephone interviews, face-to-face interviews and focus groups with faith leaders on their understanding of elder abuse within the family, community and long term care. Actions taken by faith leaders in response to disclosed situations of elder abuse by members of their congregations as well as knowledge of resources/services available for elder abuse intervention will be presented and analyzed. The paper will describe appropriate research tools, barriers to collecting data on sensitive issues and accessing diverse ethnocultural faith groups. This study is funded by Health Canada.

262

MULTIDISCIPLINARY CARE IN A MULITCULTURAL WORLD: GERIATRIC CARE FOR REFUGEES FROM THE FORMER SOVIET UNION

D.Greenberg, Division of Geriatrics, Montefiore Medical Center , Bronx, New York 10467

Participants: P. Shlimovich,(Maimonides Medical Center, Brooklyn, NY) The Way They Were: Health Care Delivery In the Former Soviet Union

P. Cagan, M. Subar,(Montefiore Medical Center, Bronx, NY) I'll Take Two Valedol and Call You In the Morning, Geriatric Care In Translation

G. Kennedy,(Montefiore Medical Center, Bronx, NY) The Psychopharmacology Expectation Meets the Psychotherapy Model

D. Greenberg,(Montefiore Medical Center, Bronx, NY)
Resettlement:The Social Issues, From Welfare State To Welfare Reform
Discussants: S. Brangman(SUNY Health Science Center at Syracuse, Syracuse, NY)
M.Cantor, (Fordham University, New York, NY)

The United Nations High Commission on Refugees has identified older refugees as having pressing needs for adequate health care, particularly in the light of serious language and cultural barriers which mitigate against their integration into the mainstream culture in which they reside. The UN., in this, the International Year of the Older Person, has stressed the importance of providing health care that is accessible to this population of older adults. The Division of Geriatrics of Montefiore Medical Center has provided primary and subspecialty medical care and psychosocial services to older Jews from the Former Soviet Union since 1996. This occurs in the multidisciplinary setting of the ambulatory care practice, with the help of a dedicated translator. The symposium will present the research and practice findings based on this model of care including the challenge to providers and patients to bridge their differences in experience and expectations , in order to meet the health care needs of older immigrants

The symposium will present the dilemmas in providing care to older Jews from the former Soviet Union and the value of doing so in a multidisciplinary setting. The discussant will comment on this program and the delineate the larger issues of providing adequate geriatric medical and psychosocial care to the growing numbers of ethic minorities and immigrants in a foreign culture and country. Implications for policy, practice and research will be presented.

THE PSYCHOPHARMACOLOGICAL EXPECTATION MEETS THE PSYCHOTHERAPY MODEL.

G. Kennedy, (Montefiore Medical Center, Bronx, NY)

Psychiatric care in the former Soviet Union had a long history as one of the instruments of power and control in the authoritarian state. Social determinants of mental illness were sought. Psychotherapy was seen as "reactionary" , the works of Freud forbidden. The work of Pavlov was the only dialectical, materialistic psychiatry approved. Psychiatric treatment took place within a medical model of illness, stressing medication and learning new behaviors. It was not "process" or "growth" oriented and the relationship between patient and physician was more cautious. Trust, truth, and confidentiality as the basis of a psychotherapeutic relationship was not assumed. Therefore, providing psychiatric care for the older adult from the former Soviet Union, requires clarification of the patient's explanation for the cause of the symptoms of the mental disorder and the nature of the treatment expected. The patient's expectations of the therapist need to be made explicit and negotiated as treatment evolves. Adjustment to an insight oriented, non directive psychotherapeutic model of care is a challenge for the psychiatrist and the older immigrant patient.

THE WAY THEY WERE :HEALTH CARE DELIVERY IN THE FORMER SOVIET UNION

P.Shlimovich, Maimonides Medical Center, Brooklyn,NY

The delivery of health care and the nature of the patient physician relationships in the former Soviet Union (FSU) were very different than the structure of the health care system in the United States. Older Jews from the FSU and their health care providers here face many difficulties and misunderstandings based on their differing expectations of the roles of patients and physicians. In the Soviet system, patients had relatively easy access to family physicians in outpatient facilities where no advance scheduling of appointments was necessary. If the older person was self defined as acutely ill, home visits could be arranged on the same day. Ambulance physicians were also available to treat acute problems, as needed, and a hospital admission after an ambulance visit was not obligatory. Fewer laboratory tests were performed and often more personal communication occurred between physician and patient. There were more flexible indicators for a hospital admission as well as longer hospital stays. There was no multidisciplinary care model. Implications of this adjustment of older adults from the FSU to the health care model in the US for the patients and their providers will be discussed and recommendations to ease this transition will be made by the presenter/physician who has delivered health care in both systems.

The Challenges of Providing Culturally Competent Care,

S.Brangman ,SUNY Health Science Center at Syracuse, Syracuse, NY

The United States is currently experiencing the greatest increase in immigration in the last century. With the growing numbers of elders who are part of ethnic minority groups, geriatricians will be providing care to a culturally diverse group of older people. The multidisciplinary approach to providing care to a heterogeneous group of older adults is a great challenge. Ethnogeriatrics addresses the need to increase awareness of the differences in the presentation of symptoms, belief in causes of illness, attitude towards healers and treatment expectations of these diverse groups and their providers. For older adults from the former Soviet Union, there are issues with trust of authority figures which impact on the relationship with their physicians. These language differences and other cultural issues exist with other minority elders and highlight the importance of providing culturally competent care for an older adult population that will continue to be more diverse. Among the challenges of ethnogeriatrics are funding,research which creates a data base on the health status and care needs of a such a diverse population and offering medical education on delivering such care.

I'LL TAKE TWO VALEDOL AND CALL YOU IN THE MORNING. P.Cagan, M.Subar ,Montefiore Medical Center, Bronx, New York

In June, 1996, the ambulatory practice of the Division of Geriatrics at Montefiore Medical Center began to provide primary care to older Jews from the former Soviet Union (FSU). This multidisciplinary setting is served by a dedicated individual providing translation for non English speakers. In addition to enabling diagnosis and treatment of medical conditions, it was anticipated that someone with a similar cultural background might assist in navigating a distinct health care system and in integrating the patients into this system making care more accessible and acceptable to this older immigrant population. Recurrent dilemmas seem to arise, in part from prior patient experience with the health care system in the former Soviet Union and in part from our inexperience in eliciting and predicting patient expectations. Specifically noted are differing perceptions of the nature of chronic illness, timeliness of health seeking behaviors and determination of the provision of care. Current goals include improving the understanding by patients of the availability and limitation of health services in the US and the improved understanding by providers of patients' experience in the FSU.

RESETTLEMENT: THE SOCIAL ISSUES FROM WELFARE STATE TO WELFARE REFORM
D. Greenberg, Montefiore Medical Center, Bronx, NY

There are over 30,000 older Jews from the former Soviet Union (FSU) who have immigrated to the US (HIAS, 1996) since the collapse of the USSR and are ending their days in a foreign country. These older adults, raised in a social welfare system that guaranteed all health care and a pension as rights, face many challenges in adjusting to the US social service and health systems that stigmatize those who are in need of such services. Providers in the US are treating an ethnic minority they have not previously cared for and are challenged by a population who are well educated, articulate and demanding. These older adults are unfamiliar with a multidisciplinary model of health care.

They negotiated for care through their informal network in the USSR and they are uncomfortable with the professionalized, bureaucratic response they feel they receive from the Jewish community agencies that are involved with the resettlement efforts. The struggle for acculturation is far greater for older immigrants who have lost more social status that they will ever regain. Heightened awareness of cultural differences by both the older adults and their health care providers will assist in the successful use of the health and social service system.

263

PATHWAYS TO LIFE QUALITY: RESIDENTIAL ARRANGEMENTS AND WELL-BEING
J. A. Krout, Gerontology Institute, Ithaca College, Ithaca, NY 14850 and P. Moen, Bronfenbrenner Life Course Center, Cornell University, G21 MVR Hall, Ithaca, NY 14853

Participants:

J. A. Krout (Gerontology Institute, Ithaca College) Anticipated Living Arrangements of Community Dwelling Older Adults.

P. Moen & M.A. Erickson (Bronfenbrenner Life Course Institute, Cornell University) Social Integration in Different Housing Arrangements.

E. Wethington & G. Evans (Departments of Human Development and Design & Environmental Analysis, Cornell University) Chronic Stressors as a Risk During Late-Life Transitions.

G. Evans & P. Eshelman (Department of Design & Environmental Analysis, Cornell University) Physical and Psychological Health in Relation to Housing Quality among Elderly Living Independently in the Community.

P. Eshelman & G. Evans (Department of Design & Environmental Analysis, Cornell University) Housing Features as Predictors of Housing Satisfaction among Retirement Community Residents.

Discussant:

M. Perkinson (Washington University School of Medicine, 4444 Forest Park Blvd., St. Louis, MO 63108).

Housing is of critical importance to older individuals, yet little is known about the diverse ways in which housing arrangements may be related to well-being in later life. Pathways to Life Quality, a collaborative research project of Ithaca College and Cornell University, is a long-term study of residential change and adjustment in adults ages 60 and over. Papers in the symposium use data from a study of 868 individuals living in various housing arrangements interviewed in 1997/1998. The symposium examines the diverse ways in which housing arrangements impact older individuals – their expectations for future housing, their social integration and social roles, and their physical and psychological well-being. Discussion will focus on policy implications and directions for future project research using longitudinal data.

ANTICIPATED LIVING ARRANGEMENTS OF COMMUNITY DWELLING OLDER ADULTS
J. A. Krout, Gerontology Institute, Ithaca College, Ithaca, NY 14850.

This paper reports data on anticipated living arrangements for a random sample of 457 community dwelling older adults living in central New York. Responses are based on a scale of 0 (no chance) to 100 (certain). The likelihood of living in various arrangements is: stay in present house without modifications (x=70) or with modifications (x=58); move into a retirement community (x=33); move in with family (x=15); and move in with unrelated individuals (x=10). Crosstabulations reveal that age, education and income, but not gender or marital status, are associated with anticipated housing situations. However, multiple regressions with demographic characteristics,

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housing satisfaction, kin and neighbor contact, health, and measures of psychological well-being find few significant predictors of anticipated living arrangements. The analysis suggests older adults anticipate remaining in their current home and not moving in with family. Moving into a retirement community is more anticipated than one might expect.

SOCIAL INTEGRATION OF OLDER ADULTS IN DIFFERENT HOUSING ARRANGEMENTS

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Relocation to a senior housing facility is a fairly common transition in later life, but few researchers have studied the experiences of adults moving into different types of housing arrangements. We examine the social resources of four groups of older adults living in upstate New York: community residents (N=559), recent movers to a continuing care retirement community (CCRC) (N=152), recent movers into other senior housing (N=42), and longer-term residents of senior housing (N=105). We find that recent movers to other senior housing have significantly lower levels on 4 subscales of the Cutrona Social Provisions Scale, even when controlling for age, gender and marital status. These recent movers also are the least likely to volunteer, work, or belong to clubs, and their deficits on the Social Provisions Scales remain even when accounting for social participation. Individuals moving to the CCRC do not experience the same deficits, nor do longer-term residents of senior housing.

CHRONIC STRESSORS AS A RISK DURING LATE-LIFE TRANSITIONS

E. Wethington, Departments of Human Development and of Sociology, Cornell U., Ithaca, NY 14853.
G. Evans, Department of Design and Environmental Analysis, Cornell U., Ithaca, NY 14853.

This study tests the hypothesis that exposure to long-term, chronic stressors associated with persistently negative aspects of life will have more deleterious effects on psychological adjustment to transitions in later life than exposure to more intermittent stressors and life events. It also tests the hypothesis that discrete events arising from long-term chronic stressors will have more negative psychological effects than events that are independent of ongoing negative situations. The study utilizes the Pathways to Life Quality Study, a sample of 773 small town and rural elderly residing in continuing care facilities, retirement centers, and the community. The chronic stressors and events analyzed span health, health of spouse, recent network losses, financial situations, housing problems, and interpersonal difficulties. Analyses take into account differing residential settings and differing levels of reported social integration and support.

PHYSICAL AND PSYCHOLOGICAL HEALTH IN RELATION TO HOUSING QUALITY AMONG ELDERLY LIVING INDEPENDENTLY IN THE COMMUNITY

G. W. Evans, P. Eshelman Department of Design and Environmental Analysis, College of Human Ecology, Cornell University, Ithaca, NY 14853-4401.

A valid and reliable observer-based index of physical housing quality was applied in a large (n=559) community sample of elderly (X=72 years, 39% male) living independently in small towns and rural areas in upstate New York. The associations between housing quality and physical and mental health, respectively are explored with statistical controls for income. The moderating roles of current health status (mobility, perceptual, cognitive) are examined as well. Underlying psychosocial processes for the main and interactive housing effects are discussed.

HOUSING FEATURES AS PREDICTORS OF HOUSING SATISFACTION AMONG RETIRED COMMUNITY RESIDENTS

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To help inform decision making by administrators and designers of senior housing relative to the perceived benefit of different housing features, this paper reports findings from an eleven facility (n=) study. Housing features including such items as living unit size, opportunities for personalization, adequacy of storage, lighting conditions, are analyzed as predictors of housing satisfaction. The moderating role of frailty is used to explain the findings.

264

ADEQUACY OF DISCHARGE PLANS AND RE-HOSPITALIZATION AMONG DEMENTIA PATIENTS

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Decreasing length of hospital stays necessitate a heightened focus on the adequacy of discharge plans to ensure patients' post-hospital recuperation. Little is known, however, about discharge plans developed for cognitively impaired patients. This study examined the nature and adequacy of discharge plans developed for elderly dementia patients and investigated factors related to inadequate plan development and patient readmission. Adequacy of discharge plans developed for dementia patients (n=131) and patient, family and resource-related barriers to plan development were evaluated by discharge planners the day of discharge. Primary caregivers were contacted one month after discharge and asked about patient's readmission status and about changes in patient's cognitive, functional, and behaviors levels. Study patients were primarily female, Caucasian and widowed. Patients' discharge destinations included nursing homes (68.7%),

own/family's homes (22.1%), and personal care homes (9.2%). Stepwise multiple regression techniques were used to determine factors influencing discharge planners' ratings of plan adequacy. The final model included discharge to a non-dementia specific nursing home, caregiver's denial of patient's diagnosis, length of stay, and needed resources not available ($R^2 = .496$, $p < .0001$). Logistic regression analysis was computed to determine factors predictive of readmission. Discharge planner adequacy ratings ($p < .01$), patient sex ($p < .01$) and insufficient caregiver support ($p < .05$) were all included in the final model. SRPP-9

INEQUALITY IN DELIVERY OF ELDERLY HEALTH CARE: DISPARITY BETWEEN HOSPITALS AND RESIDENCE

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An elderly peson is not limited only by his or her personal resources but also by available hospitals and services in the local area. Another limiting factor is transportation to services. The purpose of this study was to examine hospital locations and locations of older persons to determine if there was disparity between them. A *Health Care Facilities Directory* (1999) was developed for locations of hospitals and other facilities for elderly care in the region. Data on residences of the elderly were elicited from projections of census data. Overlapping hospital service areas -- hinterlands -- are shown by data from each hospital by utilizing Geographic Information Systems (GIS). Gaps in service to seniors is illustrated by GIS overlays of hospital hinterlands with elderly residences. Analysis demonstrates that gaps in services exist and that they are associated with under-utilization of managed medicare. Finally, GIS overlays of transportation routes also shows a major problem associated with inequities in delivery of health care to older persons, as well as for other, services, e.g., nutrition sites.

THE STRUCTURE AND RANKING OF PSYCHOSOCIAL PREFERENCES: OLDER GERONTOLOGISTS DIFFER FROM LAY ELDERS

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Twenty professional gerontologists and 20 lay elders, all over age 65, completed a concept mapping exercise regarding psychosocial preferences. Participants were asked to sort questions about psychosocial preferences into categories and rank questions in terms of their importance to everyday life. Multidimensional scaling and hierarchical cluster analysis were used to construct schematic maps of preference categories.

Although cluster analysis for both groups suggested six general categories of preferences, the content of those categories was dramatically different between groups. For the entire set of items the groups demonstrated similar rankings of item importance (Spearman's rho = .50, $p < .01$). However, there was substantial disagreement when examining the 25 most highly ranked items (Spearman's rho = .14, $p = .16$ with gerontologists as the reference group, Spearman's rho = .15, $p = .14$ with lay elders as the reference group). Gerontologists emphasized the importance of abstract preferences related to personal growth, achievement, and autonomy, while the lay elders emphasized the importance of more pragmatic concerns surrounding self-care and self-maintenance.

Gerontologists may have a conceptual framework about preferences for everyday living that differs from the perspective of the older adults they study.

ACUTE CARE HOSPITAL UTILIZATION BY PERSONS WITH VISUAL IMPAIRMENT

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The contribution of visual impairment (VI) to acute care inpatient average length of stay (ALOS) has, until now, not been studied. This study assesses whether VI contributes to ALOS in hospitals by analyzing ALOS of persons with VI compared to ALOS of non-VI patients. The New York State Department of Health's Statewide Planning and Research Cooperative Set (SPARCS) data for one year, for approximately 2.6 million hospital discharges, was used. The ALOS differences between sighted and VI patients were compared. Eye Pathology (EP) is included in the analysis because an acute eye condition requiring hospitalization affects vision, even if on a temporary basis, and such vision loss contributes to excess ALOS. The ALOS for the VI population was 13.5 days (N=5,764) and for the population with either EP or VI (N=60,085) was 11.9 days compared to ALOS for the non-VI population of 8.2 (N=2,546,586). Using as series of multivariate models controlling for the variables of age, gender, payer source, as well as disease, disorders and ophthalmology procedures, the existence of a visual impairment added 2.4 days to an inpatient stay ($P<.0001$). VI is a factor that contributes significantly to ALOS. A better understanding of the functional care needs of VI patients at time of discharge may contribute to reducing ALOS and its related costs, while improving quality of patient care. (SRPP-9)

STATE PHARMACY ASSISTANCE PROGRAMS

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The cost of prescription drugs can create financial burdens for many older Americans, particularly those with low incomes. To ease the financial burden of prescription drugs for this population, a number of states have implemented pharmacy assistance programs that are designed to help the non-Medicaid low income population obtain the medications they need but cannot afford. We conducted a nationwide survey and found pharmacy assistance programs in 14 states. Together, these programs assisted about 700,000 people in 1997. For each state that has a drug assistance program, we gathered information on: (1) target population and income eligibility; (2) coverage levels; (3) reimbursement policies; and (4) enrollment. Following the description of the 14 state programs, the poster briefly describes other programs that offer sources of free or discounted drugs for persons with low incomes.

We hope to garner input regarding the utility of the information in the poster, use that input to improve the survey, and update the information on a regular basis. SRPP(10)

HOSPITALIZATION RATES OF DUALLY-ELIGIBLE NURSING HOME RESIDENTS: PATIENT, FACILITY, AND MARKET FACTORS

Mary E. Whelan, Gerontology Center, University of Massachusetts Boston; Boston, MA, 02125. Research supported by Health Care Financing Grant No. 30-P91009/1-01.

National pressure to limit raising health care costs along with rapidly increasing Medicaid expenditures stemming from costly nursing home stays have sparked considerable interest in the health service utilization patterns of those beneficiaries who qualify for both Medicare and Medicaid benefits. However, few studies to date have focused on the complicated care continuum involving transfers from nursing homes to hospitals, but instead have largely studied the service use of dually-eligible beneficiaries in the community and subsequent entry into nursing homes. This respresents a significant gap in our knowledge base for developing cost containment strategies associated with nursing home residents' health care utilization patterns. This paper reports upon an empirical investigation of the relative contribution of individual patient risk factors, facility-level structural factors, and area market health delivery factors in explaining variations in acute hospitalization rates among dually-eligible, nursing home residents from the state of Massachusetts. Quarterly Medicaid case-mix reimbursement data were linked with Medicare MedPAR hospital claims and nursing facility attribute data over the years 1991-1994 to produce an analytical file of more than 100,000 person-quarter-hospitalization observations. Multivariate regression analyses of these data suggest that there are substantial variations in the hospitalization rates of dually-eligibles among nursing homes. A significant proportion of this variation is associated with contextual factors related to facility attributes. These empirical results have implications for the risk adjustment of capitation rates for dually-eligible nursing home residents.

"TEAMS DON'T LIE": QUALITATIVE VS. QUANTITATIVE OBSERVATIONS OF INTERDISCIPLINARY TEAM PERFORMANCE.

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As part of the ongoing national evaluation of the John A. Hartford Foundation Geriatric Interdisciplinary Team Training (GITT) initiative, three established team consultants crafted a comprehensive Team Observation Scale (TOS) to capture critical elements of team performance. During the first year of a three-year evaluation protocol, all three raters observed and coded 9 interdisciplinary teams at 8 varied sites around the country. The TOS was useful in establishing that the interdisciplinary care plans, the tangible and enduring products of team meetings, were often found to be lacking in patient goals that were behavioral and interdisciplinary in scope and in indicating a responsible discipline and clear time frames for follow-up. However, efforts to delineate useful relationships between team structure and process indicators proved futile due to "floor" and "ceiling" effects on key process variables. For example, there was close to 100% adherence to positive process indicators such as sharing of leadership functions, active listening, making "integrative" or bridging comments, addressing outside members, making suggestions of goals, and "body language" and "physical positioning in the meeting" conveying active involvement. Moreover, on 7 negative process indicators across all nine teams there were only 3 out of 63 (4.8%) possible elements coded, which included the presence of disruptive interrupting, "side bar" conversations, and leaving the group to answer a page. In contrast to the quantitative data, the narrative summaries that were generated by the raters for each of the 9 teams provided more penetrating assessments that was useful for program directors and managers in their formative evaluations. Despite the observers' concerted attempts to remain unobtrusive, teams clearly were "putting their best foot forward," an anticipated reaction for which there was no correction on the TOS. Conversely, the qualitative summaries of three team observers indicated that they could factor out the "impression management" influences in interdisciplinary teamwork and gauge the impact of organizational problems on the day-to-day operation of the clinically based interdisciplinary teams. The relative merits of nomothetical data collection and ethnographic observation techniques will be discussed.

SRPP-2

THE URBAN/RURAL LOCATION INFLUENCES OF HEALTH CARE DELIVERY ON CHANGES IN DISABILITY STATUS OVER TIME IN MEDICARE PATIENTS WITH CHRONIC CONDITIONS

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Disability in elderly persons is related to deteriorating health status secondary to chronic diseases. Knowledge of the relationships between Medicare service utilization and the rate at which elders with various chronic conditions make transitions between states of functional independent disability over time has implications for health care policy. Most previous research has not determined the significance of residence location on the ability to maintain their functional capabilities over time. A study using five years (1991-1996) of data from the Medicare Current Beneficiary Survey(MCBS) of the Health Care Financing Administration was conducted to identify individual risks factors and geographic health delivery system attributes associated with the likelihood that elders with various chronic conditions become functionally limited over time. The MCBS is unique from other databases that have been used in this area of study secondary to the data being collected annually and new diseases being accounted for on a periodic basis. This study is also unique in that this particular database has not been used before to assess the relationship between chronic disease and functional status. Multinomial Logistic Regression Models were estimated to determine the likelihood of functional status changes over time relative to residence location. The extent to which these geographic differences relate to access of care, practice patterns and the likelihood of disablement over time were determined. Understanding the significance of residence location differences in Medicare health care claims relative to functional status has numerous and important policy implications for providing adequate and cost effective health care to elders.

AGING VETERANS' AND NONVETERANS' UTILIZATION OF HEALCH CARE SERVICES.

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The Veteran population aged 65 and older will increase from 8.3 million to 9.9 million from 1990 to 2000. The veteran cohort age 85 and older will also grow from 154,000 in 1990 to 1.26 million in 2010. In the past, the veteran population has been portrayed as aging faster than the general population and encountering illnesses more frequently with increased severity. This purpose of this study is to analyze health care utilization patterns of community-dwelling aging veterans and non-veterans using the first wave of the Assets and Health Dynamics of the Oldest Old (AHEAD) database. The domains include access to care, both personal and community support mechanisms, sociodemographics, and need characteristics such as self-reported health and professional diagnoses.

Veterans rated their health as better than non-veterans and experienced fewer ADLs and IADLs than their counterparts. Veterans were more likely to have had psychiatric problems, and were more often current or former smokers. Veterans and non-veterans used health care services at similar rates. Non-veterans were slightly more likely to have visited a doctor in the last 12 months, and had visited a dentist more often than veterans. More research should be conducted exploring aging veterans' patterns of health care utilization in specific health care delivery systems specifically focusing on the potential impact this population will have on these systems as they continue to grow old.

DO HIGH MEDICAID HOSPICE EXPENDITURES IN FLORIDA PORTEND A NATIONAL TREND?

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Florida has the most expensive Medicare and Medicaid hospice programs in the nation. The purpose of this paper is to identify factors that are associated with this high cost of hospice to Medicaid. Using descriptive statistics and correlational analysis, the author constructs a profile of hospice recipients from Medicaid claims data for SFY1997-98 and compares the characteristics of Florida's Medicaid hospice recipients to the characteristics identified in other hospice study populations. The descriptors include eligibility group, demographic characteristics, hospice diagnosis, length-of-stay in hospice, place of residence (institutional vs. community-residing), hospice provider and rates of utilization of services by service type. Compared to Medicare hospice patients, Florida's Medicaid hospice patients are younger, have a higher male/female ratio, are less likely to have cancer as a diagnosis, have a longer stay in hospice, and are more likely to reside in a nursing home. Most of these features were expected because Medicaid serves a different population from Medicare. However, the relatively large portion of Medicaid hospice patients residing in nursing homes and their longer average length-of-stay in hospice was not expected and contributes to the high cost of Florida's Medicaid hospice program. The author raises questions about the appropriateness of hospice care for long-term residents in nursing homes.

MEASUREMENT ISSUES IN THE EVALUATION OF CONSUMER-DIRECTED LONG-TERM SERVICES

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Research challenges accompany the evaluation of any service or program. Consumer direction introduces additional measurement questions, including which outcomes to assess and whom to ask. Giving priority to consumer voices and preferences calls for creative alternatives to standardized measures of program effectiveness. Additional challenges in evaluating consumer direction include: defining who the consumer is (the older person receiving direct service and/or the family members who help to manage those services), dealing with differential attrition from the program, and measuring outcomes that address program goals as well as regulatory standards. This paper presents the evaluation design, measurement instruments, and initial findings from a project funded by the Robert Wood Johnson Independent Choices Initiative which introduced consumer choice and self-direction to a Medicaid-waiver program for home and community based care.

IMPLEMENTATION OF HEALTH OUTCOMES MANAGEMENT AND EVALUATION (HOME©) PLAN FOR PATIENT WITH DIABETES.

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The purpose of the diabetes mellitus (DM) HOME© Plan study is to determine if a nurse-coordinated intervention – consisting of a specialized care plan, a medication adherence tool, and a telephone support component – will lead to improved medication adherence and glycemic control in older patients with DM. A randomly selected group of home health care nurses were trained in the use of a special patient assessment form that helps to identify barriers to patients' medication adherence and prompts the selection of one or two major medication goals to achieve over a three-month period. Intervention group nurses work with their patients to establish strategies for adhering to prescribed diabetes medication schedules and telephone support is offered for twelve weeks to reinforce these strategies. Control group nurses provide usual care. All eligible patients who consent to participate complete a baseline assessment and a 12 week follow up interview. To date, baseline demographic and medical characteristics have been collected on 336 patients 65 years of age or older with DM as a primary or secondary diagnosis: 151 in the Intervention Group and 185 in the Control Group. The accrual goal is 185 for each group. Sixty-six percent of the sample are female, 37% are older than 79 years of age; 34% are black; 13% are Hispanic. Follow up data is currently being collected. The intervention and control groups will be compared on clinical outcomes (self-report and hemoglobin A1C results), service utilization (nursing visits, home health care, hospitalizations), and costs.

PILOT TEST OF AN EXTENDED CARE PATHWAY (ECP) FOR ELDERS WITH HIP FRACTURE

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Problems occur in continuity of care for elders with hip fracture, particularly once they are discharged from the hospital. Recent studies indicate that effective discharge planning can lead to better long-term outcomes for patients with a variety of acute and chronic conditions. This study was a pilot test of an Extended Care Pathway (ECP) developed by a mulitidisciplinary team to guide care of elders with hip fracture over six months. The ECP is outcome-driven and specifies interventions in four phases of recovery including acute, subacute, mobility and wellness regardless of setting. The design was longitudinal, repeated measures; results were analyzed using ANCOVA. Data included measures of health, mood, and functional status of elders at four time points. A survey of staff in acute care, subacute and home care settings was also done to determine the usefulness of the ECP. Results led to improvement of the ECP and subsequent funding for a clinical trial of a model based on the ECP designed to improve outcomes after hip fracture.

INTEGRATED HOME CARE SERVICES AND HOSPITAL UTILIZATION: THE SILVER NETWORK PROJECT

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Home care is the fastest growing segment in the health care industry, and it is acquiring greater relevance in the management of frail elderly. The present study was undertaken to examine the impact on hospital use/cost of a home care program based on comprehensive geriatric assessment and case management, and also taking advantage of a new internationally validated assessment instrument, the Minimum Data Set for Home Care (MDS-HC) (2).Patients identified as eligible to the home care (n=115), between January 1997 and March 1998 in Vittorio-Veneto (Italy), received case management and care planning by the community geriatric evaluation unit and general practitioners. During the 6 months following the implementation of the integrated home care program, 15% of patients died and 7% entered in nursing home. Following the implementation of this program, there was a significant reduction of the number of hospitalizations (46% vs. 56%, p<0.001), associated to a reduction of hospital days at the individual patient-level (18±15 vs. 28±23 days, p<0.01) and for each admission (12±8 vs. 18±13 days, p<0.01). This resulted in a 27% cost reduction with an estimated saving of $1,200 for each patient. The results of the present study support the hypothesis that home care based on full integration and case management as well as on the use of an innovative and comprehensive assessment instrument can achieve cost savings in long-term care of frail elderly individuals.

SUBJECTIVE OVERALL PHYSICAL HEALTH (SOPH) AS A PREDICTOR OF HOSPITAL USE

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In this research project, we sought to determine the association of SOPH with hospital use in an elderly (60+), rural, community-dwelling HMO Medicare risk plan enrollee population (N=607). The SOPH variable was recoded into a dichotomous variable (1=exc./very good; 0=good/fair/poor). A binary logistic regression model indicated that SOPH alone was significantly associated with hospital use (OR=0.36; 95% CI=0.20-0.92). Next, hierarchical logistic regression was used to assess the effects of SOPH combined with the sequential effects of the behavioral model on the outcome variable. First, predisposing variables were entered into the model (age, marital status, and gender); SOPH was the only significant predictor (OR=0.35; 95% CI= -0.24-0.94). Second, enabling variables were added to the model (social support and income); SOPH again was the only significant predictor (OR=0.49; 95% CI= -0.20-1.18). Finally, need variables were entered into the model (ADLs, IADLs, # of diagnosed conditions, and presence of more than 3 conditions), in this final model, only number of diagnoses was significant (OR=1.15; 95% CI= 1.04-1.26). Results from this study provide further evidence that subjective health is an important determinant of hospital use (more so than predisposing or enabling factors), but number of diagnoses is ultimately the best predictor of hospital use.

THE ROLE OF INFORMAL SUPPORT FOR PATIENTS ADMITTED TO A SHORT AND MEDIUM-STAY ACUTE-CARE HOSPITAL IN SPAIN.

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The purpose of this study was to evaluate the role of family support as a relevant predictor of discharge from an acute-care short and medium-stay hospital. The sample included 1,420 patients who were admitted during 1997. About half of the patients were men and more than 80% were over 65 years old. Functional status was measured with the Karnofsky Performance Status scale (mean at admission = 43.8 (SD=17), and the Katz scale (mean at admission = 9.6 (SD=4.1). Cognitive level was measured using the Pfeiffer scale (mean at admission=2.5 (SD=1.3). Other predictors included: number of medications (mean at admission = 5.3; SD=2.4), number of risk factors, social support, diagnosis and unit (palliative care). Logistic regressions were preformed to evaluate the impact of family support on several medical outcomes (discharge, nursing home placement, and death), controlling for demographic and functional-level variables. The results indicated that family support is associated with the patients' likelihood to return to their homes; length in the hospital was positively associated with discharge, and negatively with death of the patient. These patterns suggest that patients and families need accurate information about the nature and length of a chronic phase of an illness in order to plan for and make the best use of time. Health professionals and administrators also need a better understanding of social support options in order to make appropriate clinical decisions, manage other support services, and plan long-term resource allocation.

Edward A. Miller, William G. Weissert, Michael Chernew, Richard Hirth, Michelle Rosenberg, Maria Estigarribia, Acham Gebremariam. ***Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Decline, and Mortality: A Comparative Review and Analysis.*** Department of HMP, The University of Michigan SPH, 109 S. Observatory, Ann Arbor MI 48109-2029.

State governments are increasingly concerned with the growing proportion of their budgets being devoted to long-term care. We believe that State long-term care resources would be allocated more cost-effectively with the establishment of a more scientific basis for making care planning decisions. A first step toward doing so is to recognize that elderly people living in the community are at risk for a variety of adverse outcomes, including nursing home placement, hospitalization, functional decline and mortality. We therefore review the literature that empirically assesses the predictors of each outcome. But unlike past researchers who examined them in isolation, we undertake a comparative review and analysis that allows us to account for how these competing hazards interact. In particular, we base our study on a unique database containing more than 200 multivariate analyses abstracted from close to 100 journal articles published between 1985 and 1998. Across outcomes we find interesting similarities and differences in the direction and significance of the predictors studied. These findings remain even after controlling for study design. We also evaluate the relative impact of immutable factors (age, sex, disease) and mutable factors (social support, care setting, income) across the outcomes studied. It is our contention that mutable factors and their impact on elderly people's risk for adverse outcomes should be emphasized more when allocating long-term care resources, especially during care planning. SRPP-2

AGE, LENGTH OF STAY, AND FUNCTIONAL OUTCOMES

P. S. Ho, A. K. Beam, J. M. Ennis,
Medlantic Research Institute, MedStar Health, 108 Irving Street, N. W., Annex 5, Washington, DC 20010

Length of stay in acute rehabilitation facilities has declined substantially in the last decade. A number of critical issues have been raised about the impact that decreasing length of stay has on elderly rehabilitation patients. Specifically, one can question whether elderly patients achieve the same outcome as non-elderly patients and question whether this difference translates into justification for longer lengths of stay for the elderly.

The purpose of this study is to explore the inter-relationship among age, length of stay, and functional gain. A retrospective, observational study design was used. Data were obtained from an urban, 160-bed rehabilitation hospital. The inter-relationships among patient's age, length of stay, and functional gain were examined using Pearson's correlation, t-test, multiple regression analysis, and analysis of covariance. Most of the analyses were performed for four impairment groups: Stroke, spinal cord injury, arthroplasty, and orthopedic.

The findings show that the older the orthopedic patients the longer the length of stay. However, the older the spinal cord injury patients the shorter the length of stay. No significant difference in length of stay was found between elderly and non-elderly patients to achieve the same functional gain in all impairment groups. Although patients having longer lengths of stay tend to have higher functional gain, the gain in functioning per day decreases per additional hospital day.

Differences in Patient Characteristics in Long Term Care and Rehabilitation Hospitals and Skilled Nursing Facilities

P. Belleville-Taylor, John N. Morris, Hebrew Rehabilitation Center for Aged, Boston MA 02131
Sue Nonemaker, Health Care Finance Administration, Baltimore, MD 21244

Rehabilitation hospitals (RH), Long term care hospitals (LTCH), and SNF subacute care units (SNF) provide post acute care. Our study examined patient characteristics in these settings. We obtained access to the federally mandated Minimum Data Set 2.0 data collected from SNFs in Mississippi and Vermont in 1996. Comparable data for patients in LCTH and RH did not exist. In 1998, Minimum Data Set 2.0 data were collected for 480 patients in 26 LTCH and 614 patients in 27 RH. The SNF residents were categorized based on the expectation of discharge: discharge expected (N= 977, SNF-D), discharge not expected (N=358). Some key findings were: 1.) patients in LTCH are most likely to be fully dependent in ADLs, more likely to display symptoms of delirium, and more likely to receive respiratory therapy, suctioning, and tracheostomy care 2.) patients in RH and SNF-D have similar cognitive distributions, and minor differences in ADL profile; 3.) RH patients have higher prevalence of daily, unsteady gait, use of bed rails and trunk restraints; 4.) SNF-D patients were more at risk for cardiovascular disease, dementias other than Alzheimer's, and hip fractures. 5.) The majority of patients in these three settings are in the rehabilitation category of the RUG-III system: 56.9% for LTCH, 94.9% for RH, and 59.4% for SNF-D.

AN INTEGRATED COMMUNITY-BASED HEALTH CARE MANAGEMENT REPLICATION MODEL.

J.W. Campbell and L.W. Kaye, Bryn Mawr Graduate School of Social Work & Social Research, Bryn Mawr, PA 19010.

A series of phased, multi-method, program evaluations of an integrated care management home care program in Section 8 housing has led to a national best-practices replication model. The Continuum of Independent Living Program (CILP) is a Pew-funded demonstration operated by Jefferson and Main Line Health Systems.

The national replication model drew data from a series of in-depth interviews and focus groups with program stakeholders combined with case record and document analysis and field shadowing. The final phase process assessment resulted in preferred methods for using assistive technology, fundraising, personnel management and training, marketing and publicity, and information management. Techniques for performing nontraditional (peer-centered) supervision of geographically dispersed personnel are highlighted, as are approaches to maintaining practice consistency and conceptual integrity. The model emphasizes an orientation to program design that will insure community-based health initiatives remain neighborhood-centered even in a period of health care system transition.

Access to Care, Chronic Conditions, and Disability Transitions Over Time: A Longitudinal Analysis of Medicare Beneficiaries

Helen Miltiades, Frank Porell, Clare Safron Norton Gerontology Center, University of Massachusetts/Boston, 100 Morrissey Blvd., Boston MA

This study examines whether conventional subjective measures of access to care and supplementary insurance coverage affect the rate at which elder Medicare beneficiaries with chronic conditions make transitions between functional independence and disability over time. The longitudinal data used is the Medicare Current Beneficiary Survey for the years 1991-1996, and Medicare claims. Annual Markov transition probabilities among five functional states (functional independence, functional limitation, IADL disability, moderate ADL disability, and severe ADL disability) and a death outcome state are modeled from pooled data over six years. In addition to conventional risk factors of disablement and mortality, (demographics, health and lifestyle attributes, and chronic diseases), this study employs information about supplementary health insurance coverage, Medicaid coverage, access to care, and provider satisfaction. In contrast to research using national databases such as the LSOA, diagnostic codes from Medicare claims data and self-reports were used to distinguish prevalent and incident chronic conditions. Medicare claims were also used to identify recent major acute episodes of illness resulting in hospitalization. The empirical results indicate a complex set of factors contributing to transitions among functional states, including both long-term prevalent chronic conditions and recent major acute care illnesses resulting in hospitalization. While medical illness and chronic disease were the main factors contributing to disablement, the empirical results were supportive of the study hypothesis that better access to medical care increases the likelihood of delaying or avoiding disablement.

A RISK-ADJUSTED MODEL FOR HOSPITAL MORTALITY AMONG ELDERLY PATIENTS WITH CONGESTIVE HEART FAILURE

S.J. Yeh, PhD, W. Lee, PhD, RN, B. Chang, ScD, Center for Health Quality, Outcomes, & Economic Research (CHQOER), VA Medical Center, 200 Springs Road (152), Bedford, MA 01730. Phone: 781-687-3255. Fax: 781-687-3106. E-mail: syeh@bu.edu

Background: Congestive heart failure (CHF) has remained the leading cause of hospitalization among people aged 65 years or older. To improve the quality of care for CHF, it is important to understand factors associated with the outcomes of CHF in hospital settings. Therefore, the purpose of this study was to derive a risk-adjusted model for CHF patients.

Methods: All patients with CHF (ICD-9-CM codes: 398.91, 402.01, 402.11, 428.0, 428.1, and 428.9) aged 65 years or older discharged from Veterans Affairs hospitals in FY 97 and FY 98 were evaluated using administrative databases as data sources (N=28,811). Multiple logistic regression analysis was used to predict the likelihood of the inpatient death rates while adjusting for several factors, including age, race, marital status, complication, comorbidity, length of stay, readmission within 1 year, and came from nursing homes.

Results: Average age of the CHF patients is 74 years with a mean length of stay 9.6 days. Approximately 3% came from nursing homes and 46.5% has been readmitted within one year. 59% of the CHF patients have Charlson Index score 1-2 and about 2% have complications during hospitalization. Average crude death rate is 17.79%. Older patients were more likely to have higher mortality rates (adjusted odds ratio (OR)=1.04, 95% confidence interval (CI)=1.04-1.05) than younger patients. Also, patients who came from nursing homes were more likely to have higher mortality rate (OR=4.01, CI=3.48-4.62). Compared with non-readmission, readmitted patients were more likely to have higher mortality rate (OR=1.21, CI=1.14-1.29). The higher a patient's Charlson index score, the higher the mortality rate was (OR=1.16, CI=1.13-1.18). Patients with longer length of stay were more likely to have a higher mortality rate (OR=1.02, CI=1.01-1.02). White and married patients also showed statistical significance. Complication did not have a statistical significance when predicting mortality.

Conclusions: Using administrative databases, researchers need to adjust the following factors to predict hospital mortality: age, race, marital status, comorbidity, length of stay, readmission within 1 year, and came from nursing homes.

INCAPACITY AS A MARKER OF INCREASED LOS AND COST

DL Miller, DO; C Petrick; LA Wall, ART; S Arcona, PhD. St. Luke's Health Network, 801 Ostrum Street, Bethlehem, PA 18015.

Incapacitated elderly without decision-makers present ethical and financial challenges to hospitals. Chart review of 12 patients referred for emergency guardians over 6 months from a 418-bed community hospital analyzed patient factors and system processes influencing LOS. One had a DPA; 92% had known family, mean age 78.6. Half were active AAA cases. Only 1/3 of admit notes documented dementia. Capacity was not questioned until mean hospital day 10 (range 1-46). Five had neuropsych testing (mean day 15); 67% psychiatric consultation (mean day 8), 50% geriatrics consultation (mean day 6). Time to first social work note was 1-9 days (mean 3). If no suitable family guardian was found, 15 days (mean) elapsed before AAA contact. County response time averaged 2.4 days. Up to 35 days (mean 18.7) passed before guardianship hearing. Emergency guardians took 3.3 days to respond with 8.5 more days (median) until discharge. Two died awaiting placement; 67% went to LTC. LOS was 9-199 days (mean 48.9), 8 times higher than DRG allowed LOS of 5.6days. (p<.003) Total costs ($6,235-128,284 mean 42,884) were 6 times higher than mean DRG payment for primary diagnosis of $7,431. (p<.003)

This data exposes multiple needs: increased use of AD, earlier recognition of incapacity, AAA accountability, and responsible guardians. A focused team effort (hospital SW, geriatrician, AAA, court) may best serve vulnerable elderly and reduce unwarranted long, costly hospitalizations.

COMMUNITY DWELLING WELL ELDERS BELIEFS AND UNDERSTNDING OF MEDICARE MANAGED CARE: SELECTED *CAHPS* QUESTION.

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A 1993 study by Mathematica Policy Research, Inc., found that the costs of providing health care in a Medicare HMO model was 10.5% lower than traditional Medicare. All parties that presently finance the cost of healthcare—government, corporations, and seniors themselves—benefit from reduced costs. The Balance Budget Act of 1997 provides seniors with choices as to the type of delivery system they receive their Medicare benefits from. Are seniors savvy enough consumers of Medicare HMO's?

It is currently well known that seniors choose an HMO based on three main points: their employer offers Medicare HMO as an alternative to traditional Medigap Medicare, the availability of benefits not usually covered by traditional Medicare, such as prescription plans, and whether or not their well established primary care provider is in the plan. Expected outcome was that these community dwelling well elders would have at least the same three reasons for considering a change to a Medicare HMO.

Forty-four community-dwelling well elders gathered for a lecture on Medicare Managed Care. Each participant completed selected Consumer Assessment of Health Plans (CAHPS) questions prior to the lecture. CAHPS is a collaborative effort of public and private research that advances the field of health care consumer assessment and reporting.

Attendees were 88% female, 34% were > 75 years old, 17 % reported poor-fair health, 98% had at least a High School education, 34% had computer access, and a full 18% had internet access. Eighty seven percent had traditional Medicare while 20% were contemplating change to an HMO (p=.043).

No consumer factors were statistically significant; for instance, nearly 20% of the respondents did not consider choice of primary care provider, prescription benefits, and/or DME provider, as important when choosing an HMO.

This group of elders was contemplating change of their Medicare delivery system but 20% were not clear how they would choose a quality HMO. This group did not even follow the national trend of changing to an HMO based on primary care provider, service

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benefits, or cost. Statistical significance may be achieved with a larger number of respondents. This information is concerning as it shows a trend that seniors are less prepared as consumers of HMO's and that further research, education, and consumer protections is needed.

"Making Sense of Medicare"
This presentation will examine both enacted and proposed policy changes to the Medicare program. This review begins with the Balanced Budget Act of 1997, includes the work of the National Bi-Partisan Commission on Medicare, and ends with proposals that will be discussed during 1999.

Although the possibility of any comprehensive reform to our nation's health care system is a distant reality, the trend away from traditional fee for service to managed care systems continues to escalate. The potential for shifting Medicare beneficiaries into HMOs and other managed care plans cannot be underestimated. The Health Care Financing Administration reports 17% of all Medicare beneficiaries are now enrolled in some type of managed care plan - a number that is increasing at a rate of 80,000 a month.

From a policy perspective, it will examine how legislative initiatives and emerging regulations have changed the face of the Medicare program. The session will review the impact of managed care and other new plans on the quality of care for Medicare beneficiaries. This includes issues such as: the inexperience of managed care in treating chronic health care needs; the impact of managed care plans withdrawal from Medicare; and whether or not managed care can realize anticipated savings in health care costs.

EFFECTIVENESS OF INTEGRATIVE MECHANISMS ON THE RESOURCE EXCHANGE PATTERNS OF COMMUNITY-BASED SYSTEMS OF CARE.

Judy Y. Yip, M.A. & Kathleen H. Wilber, Ph.D. Leonard Davis School of Gerontology, University of Southern California, Los Angeles, CA 90089-0191.

Over the years, various integrative strategies to restructure community-based systems of care have been introduced by states and local communities. Although the impact of these strategies on older adults' health and functioning outcomes have been examined to some extent in national demonstration programs such as PACE and S/HMO, information is still limited on how strategies to develop better care systems have influenced service delivery development at the community level. Using a network perspective, this paper evaluates the relative importance of four integrative mechanisms (centralized top down, market, coordination, and integration) on exchange patterns of community-based service delivery resources (clients, funds, information, and staff) in four communities in California. Results from Multiple Regression Quadratic Assignment Procedure (MRQAP) show that each resource exchange pattern is influenced differently by these integrative mechanisms. Results suggest that the effects of each strategy vary according to the type of resource that is examined and that efforts to improve service delivery should consider the dynamics of different integrative mechanisms on community-based systems of care.

265

A DELICATE BALANCE: CAREGIVING IN RURAL SETTINGS

Presenter: **Clifton E. Barber, Ph.D. Dept. of Human Development and Family Studies, Colorado State Univ., Ft. Collins, CO 80523. (970) 491-5558.**
Type of Media: **A 30-minute color ½" VHS videotape**
Produced: **1996 by Colo. State Cooperative Extension.**
Intended Audience: **Both the video and accompanying printed materials were designed for use by gerontology professionals and agency volunteers in presenting programs to families in rural areas.**

Description: **With towns and services spread far and wide on the plains of northeastern Colorado, caring for an elderly loved one who is frail and/or ill can be both stressful and lonely. Caregivers need information and education on how to deal with caregiving stress, and how to locate and utilize community services and resources in rural settings. To help caregivers, a 30-minute video, A Delicate Balance, was produced. The video is designed to increase awareness of resources available to help elderly family members maintain independence and reduce the stress of family caregiving. The video also highlights positive caregiving situations and the formal and informal resources that caregiving families can use. This video was the national winner for an educational videotape, National Extension Association of Family and Consumer Sciences, and a Telly Award Finalist, an international competition honoring non-network television programs and non-broadcast video and film productions.**

267

Oxidative Stress, Gene Expression and Aging

Chair: Raj Sohal, Southern Methodist University

The main theme of this session will be to review the genetic basis of oxidative stress and the mechanisms by which oxidative damage may cause lossessin cellular functions during aging. Dr. Davies will discuss the patterns of gene expression under conditions of oxidative stress and how such altered expressions may be reflective of the cellular adaptations to this stress. Dr. Ward will address the issue whether prolongation of longevity in single gene mutants of C elegans can be explained on the basis of lowered oxidative stress. R. Sohal will present evidence indicating protein oxidative damage during aging is targeted rather than a random phenomenon and suggest that genes encoding such proteins may play a key role in governing the rate of aging. S. Melov will discuss the effects of underexpression of antioxidative genes on aging of the transgenic mice.

Altogether, it is hoped that this session will generate a better appreciation of the genetic basis of oxidative stress-related changes during aging.

Kelvin K.J.A. Davies, Andres Gerontology Center, USC
"Gene expression during oxidative stress"

Samuel Ward, University of Arizona
"Metabolism, genes and aging in the nematode, C. elegans"

Raj Sohal, Southern Methodist University
"Protein oxidative damage during aging is not random"

Simon Melov, Emory University School of Medicine
"Oxidative stress and transgenic mouse models"

268

VITAMINS, HERBS, AND SUPPLEMENTS: A PRACTICAL OVERVIEW OF USE AND MISUSE IN THE ELDERLY

T. W. Jackson, MD, Center for Senior Health, Medical College of Georgia, 2818 Hillcreek Dr., Augusta, GA 30907

A growing reality in medical care is the use of alternative treatments for medical problems. Some of the most commonly used alternative treatments are vitamins, herbs and supplements. Thirty percent of patients from all socioeconomic levels commonly use these treatments for their problems. Patients with chronic problems for which conventional medical treatment may not be sufficient are particularly likely to seek alternatives. Many older persons fall into this category.

Many patients don't discuss their supplemental treatment strategies with their health care providers. This can lead to problems with toxicity or drug interactions that may be inexplicable to the medical practitioner who doesn't know about or understand the alternative treatment.

Most medical practitioners have not had formal training in the use of vitamins, herbs and supplements, and may not be comfortable advising their patients on the safe use of these substances. Part of the lack of formal training is due to the paucity of good research on the effectiveness and safety of these treatments.

This symposium will review the adequacy of research on commonly used vitamins, herbs and supplements. The NIH consensus on research in alternative medicine will be reviewed. Generally accepted uses and benefits of these treatments will be discussed, along with known toxicity and interactions, so that the medical practitioner will be better able to help their patient deal with the confusing deluge of conflicting claims made for these substances.

269

The Minnesota Cognitive Acuity Screen: A new telephonic screening instrument. D. Knopman, M.Yoes, D. Weiss, D. Knudson, C. Hedlund, P. Levine. University of Minnesota, and Nations CareLink. Supported by Nations CareLink.

There is increasing need for more streamlined approaches to cognitive assessment in the elderly. A telephone interview of cognitive function was administered to 99 subjects (age 82.4 yrs) with diagnoses of dementia and 129 community residing subjects (age 73.8 yrs) who scored in the normal range on a face to face assessment given prior to the telephone assessment. The telephone interview included 9 sections on orientation, a version of the 10-word delayed word recall test, arithmetic, comprehension, repetition, naming, judgment and verbal fluency (category). Of the subjects who were interviewed by phone, 210 subjects (96.3%) completed the entire assessment. Linear discriminant function analysis showed that at 100% specificity, the sensitivity of the telephone assessment was 90.1%. Inspection of the receiver operating characteristic curve indicated that a small adjustment in the discriminant score cutoff point yielded an optimal classification (98.1% overall) with sensitivity of 97.5% and specificity of 98.4%. The telephone screen of cognitive function had excellent accuracy for predicting group membership based on diagnostic status. Despite potential quality control problems with telephone interviews, our data showed that classification accuracy was very high. This telephonic interview tool provides the potential for large-scale screening of at-risk elderly populations.

D. Knopman, Neurology, Box 295, University of Minnesota Med School, Mpls MN 55455

EFFECTS OF A COGNITIVE AND PHYSICAL CHALLENGE ON CEREBRAL BLOOD FLOW. B. Marks, L. Katz, V. Neelon, J. Albo, B. Carlson, Dept. of Phys. Educ., Exercise, & Sport Science, and Schools of Medicine and Nursing, Univ. of N. Carolina, CB#8700, Chapel Hill, NC 27599.

Decreased cognitive function and physical activity has been associated with aging. The purpose of this study was to determine the difference in cerebral flood flow (CBF) with cognitive challenges (CC) in young (Y, 26 ± 3 yr) vs. old (O, 73 ± 7 yr) healthy, college-educated adults. The relationship between functional mobility and CBF in the O was also examined. Thirteen subjects ($Y = 5$; $O = 8$) participated in bilateral transcranial doppler (TCD) testing of the middle cerebral artery (MCA). MCA mean velocity (Vm) was measured during rest and verbal/spatial CC. The TCD trials had high test:retest reliability (Intraclass $R = 0.88 \pm 0.22$). There were significantly greater Vm's for the Y vs. O under all conditions (Y: $Vm = 64.5 \pm 18$ cm/s; O: $Vm = 42.7 \pm 5.7$ cm/s; ANOVA, $p < 0.05$). In the O, left CBF was inversely related to walk times (20 ft. walk: $r = -0.80$; $p = 0.05$; ½ mile walk: $r = -0.72$, p = 0.10). In conclusion, CBF is significantly decreased in O vs. Y and CBF correlated with functional mobility.

Support: CRCI, IRSS, and Jr. Faculty Award, UNC-CH.

JOG YOUR MEMORY: A COMMUNITY SCREENING.

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Cognitive impairment is estimated to affect 1 to 5 million Americans. It is currently not an established part of routine health practice for the elderly. Detection of potential cognitive problems in this population needs to be improved.

Five community sites were selected to conduct the screening in a Midwest city of 120,000. Data were collected on 264 older adults who sought screening. The older adults completed the MMSE, the GDS (abbreviated), a clock drawing and qualitative questions about their activities and behaviors. Educational information about memory loss was given after the screening.

The participants were Caucasian except for one. Ages ranged from 57 to 98 years old. Females accounted for 77% of the sample. The education level was higher than expected. Results showed 23% of the older adults had a score on the MMSE which indicated potential problems with cognitive impairment and approximately 14% had an abnormal score on the GDS. Chi-square test were preformed on selected variables. Follow-up calls determined if they had sought health care.

DIMENSIONS OF DECREASED PSYCHOLOGICAL WELL BEING IN ADVANCED DEMENTIA

L. Volicer, L. Camberg, A. C. Hurley, J. Ashley, P. Woods, W. L. Ooi, K. McIntyre.
E.N. Rogers Mem. Vet. Hosp., Bedford, MA 01730, Brockton -West Roxbury VAMC, Boston, MA,, Harvard Med. School, Boston, MA, Boston Coll. School of Nursing, Chestnut Hill, MA, Northeastern Univ. Coll. of Nursing, Boston, MA, Hebrew Rehab. Center for Aged, Boston, MA.

Evaluation of psychological well being among persons with advanced dementia is primarily dependent on verbal and non-verbal cues and behaviors that are observed and interpreted by others. The purpose of this research was to determine how many components of psychological well being can be measured. Fifty seven individuals who were institutionalized for advanced dementia, and exhibited agitation or withdrawal, were evaluated by direct observations and by interviews with nursing home staff. Engagement was measured by Lawton's Positive Affect scale, by a visual analog scale and by reported degree of patient's interest in the environment. Mood was measured by a global indicator of mood interpreted from facial expression and by two mood items from the Multidimensional Observation Scale for Elderly Subjects. Agitation was measured by a visual analog scale and by the Short form of the Cohen-Mansfield Agitation Inventory. Correlation analyses and multidimensional scaling provided evidence for three dimensions of psychological well being: engagement - apathy, happy - sad mood, and calm - agitation. Evaluation of these [illegible] for measuring quality of care in long-term care settings and for determining effectiveness of therapeutic interventions. (Supported by the Department of Veterans Affairs and by USPHS P30AG13846).

Establishing the Diagnosis of Neurosyphilis in the Dementia Patients

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Since Neurosyphilis is a recognized reversible cause of dementia, tests for Neurosyphilis are routinely recommended for the complete workup of patients with suspected dementia. Although the FTA-ABS test has a high positive predictive value, in seropositive patients lumbar puncture and examination of cerebro spinal fluid (CSF) is necessary for establishing the diagnosis of neurosyphilis. In a 400 bed academically affiliated nursing home, we decided to look into the practice of management of seropositive dementia patients. A total of 13 patients were noted to be seropositive over the past 2 years. It was found that only 5 (38.5%) patients had undergone CSF examination, 1 of 5 patients was diagnosed to have neurosyphilis, based on the CSF exam, and had accordingly received 14 days of penicillin therapy. The remaining 4 patients, after CSF examination, were found to have latent syphilis and were thus appropriately treated with once weekly injection of penicillin for 3 weeks. Of the remaining 8 (61.5%) patients none had undergone lumbar puncture. While 6 of these 8 patients had been treated with once weekly injections of penicillin for 3 weeks, the remaining 2 patients had received no penicillin therapy. It is recommended that CSF exam must be performed in all seropositive dementia patients to establish the precise diagnosis of neurosyphilis and treat them appropriately.

270

RACE/ETHNICITY, SOCIAL CLASS AND THEIR RELATION TO ESTROGEN USE IN OLDER AMERICAN WOMEN: RESULTS FROM NHANES III

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Division of Geriatric Medicine, Johns Hopkins University, Baltimore, MD 21224 and American University, DC.

Estrogen replacement therapy is believed to reduce morbidity and mortality in postmenopausal women. Between 1988 and 1994 3,479 women aged 60-90+ years were examined as part of the National Health and Nutrition Examination Survey III. The purpose of this study was to examine the prevalence of estrogen use in non-Hispanic white (WH), non-Hispanic black (BL) and Mexican American (MA) women over the age of 60 years using nationally-representative sample. We also examined

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differences in estrogen use across different markers of social class. Estrogen was used by 31% of all women over the age 60 years and by 34%, 18%, and 20% of WH, BL, and MA women, respectively. Estrogen therapy is used by 37% of 60-70 year olds, 31% of 71-80 year olds, and 16% of women over 80 years. We found that estrogen use was lowest among women who did not complete high school. Estrogen use was higher among WH women than their BL counterparts in almost every category of educational attainment. Among women over the age of 60 years who reported having a hysterectomy 51% reported using estrogen therapy, whereas, only 20% of those who had a natural menopause did so. More research is needed to examine the implications of racial differences in compliance, patient and physician attitudes toward therapy, and possible environmental barriers to estrogen therapy.

RHEUMATOLOGIC SYMPTOMS IN AFRICAN AMERICANS, HISPANIC AMERICANS, AND NON-HISPANIC WHITE AMERICANS AGED 75 AND OLDER

L.Postigo, L Ray S Satish, J Goodwin. Center on Aging. University of Texas Medical Branch, Galveston, TX 77555-0460

The purpose of this study is to assess the prevalence of rheumatologic symptoms in a community based tri-ethnic sample of 507 men and women aged 75 and older. An in-home interview collected data on demographics, rheumatologic symptoms, cognitive and functional status. Twelve percent of all subjects (16% African American, 7% Hispanic and 12% Non-Hispanic White) reported bilateral morning stiffness either on upper or lower girdle, lasting 30 minutes or more almost every day during the last month. These subjects compared to those without rheumatalogic symptoms were more likely to have depressive symptoms (27% vs. 14%) and high anxiety scores (43% vs. 18%). Logistic regression analysis adjusted for demographic, health and functional variables show that these subjects with bilateral morning stiffness were more likely to die at 3 years (OR 1.7, 95% CI 1.4,2.1) compared to the rest of the subjects. High prevalence of rheumatologic symptomatology in this older population could be a marker for underlying depression, and anxiety.

ANTHROPOMETRIC, EXERCISE AND LIPID MEASURES VARY BY ETHNIC STATUS IN AN AUSTRALIAN ELDERLY FREE LIVING POPULATION

KE Brock[1], MA Bermingham[2] Tran Dinh[2], School of Behavioural and Community Health Sciencesand Department of Biomedical Sciences, University of Sydney, Sydney, Australia.

As the Australian population ages, the risk of obesity increases as do the risks for Coronary Heart Disease(CHD). In a cross sectional study of 192 elderly attending a respite day care centre in the Western Suburbs, anthropometric measures of total body mass (BMI) and Body Fat Distribution (Waist/Hip=WHR) were recorded and calculated as well as Total % Body Fat (TBF) measured by bioelectrical impedance. Fasting blood samples were used to measure plasma total cholesterol (TC), triglyceride (TG) and high density lipoprotein (HDL) by a Reflotron analyser. BMI differed by ethnicity with those of European descent being 5* times more likely, and those born in the Middle East 3* times more likely, to be obese (BMI>30) compared with Australian born. In contrast, Vietnamese elderly (4% with BMI>30), were a third* less likely to be obese than their Australian counterparts. Surprisingly, these differences were not reflected in either measures of abdominal obesity WHR or TBF %. Furthermore, no differences by ethnic origin were seen in parallel measures of plasma TC and LDL; however, Middle Eastern born elderly were 3* times more likely to have low levels of HDL(<1.0) than their Australian counterparts. This may reflect the differences in their exercise patterns as only 13% of Middle Eastern people reported daily exercise compared to 40% of Australian born and Vietnamese elderly. No other behavioural or nutritional factors appeared to affect these differences. Such data indicate the potential for health promotion to increase regular exercise in "at risk" elderly. *(p<0.001)

Nutrient Intake and Physical Disability in a Biracial Population of Older Persons, M.C. Morris, C. Mendes de Leon, C.C.Tangney, D.A. Evans, J.L. Bienias. Rush Institute for Healthy Aging, Rush-Presbyterian-St. Luke's Medical Center, Chicago, Il 60612.

Little information exists on the dietary intake of disabled older persons living in the community, yet such knowledge is helpful for health policy, and for generating hypotheses of dietary risk factors for disability. We examined dietary composition and physical disability among participants of the Chicago Health and Aging Project, a community study of persons 65 years and older. A total of 5,000 participants completed food frequency questionnaires in addition to interviews about their health (61% black, 39% white). Physical disability was measured using the Katz Activities of Daily Living Index and the Rosow-Breslau mobility index. We examined associations of disability and 28 nutrients through stratified and multivariate analyses. Persons with disability had lower mean total and dietary intake of vitamins E and C, folate and vitamin B6, that were statistically significant in ANCOVA models adjusted for age, race, gender and education. Other dietary components, including other micronutrients, protein, carbohydrate and fats did not differ by disability status. Further study is required to verify and examine the importance of these dietary differences in the treatment and prevention of disability among older persons.

HEALTH PROMOTION ACTIVITIES OF AFRICAN AMERICAN AND WHITE ELDERS

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As the proportion of elders grows, their ability to maintain health becomes increasingly important. The purpose of the study was to compare the specific health promotion behaviors and perceptions of the self-care abilities of black and white elders. A convenience sample of senior center attendees were asked to complete a questionnaire that measured perceptions of their self-care abilities and their specific health promotion behaviors. The questionnaire was completed by 179 elders. The average age of subjects was 73.89 (±7.9). Our findings indicated that elders' perception of their ability to provide self-care was high. There was no difference between blacks and whites in terms of their perceptions of their self-care abilities. Health promotion activities were rated on Likert scales of almost never to almost always for specific behaviors. There were significant differences between blacks and whites in their health promotion scores (t=3.98, p<.01).The differences were related to smoking behaviors and use of preventive medical care. A larger proportion of whites (.70) never smoked, compared to .61 of blacks. Similarly, .16 of whites always smoked while only.07 of blacks always smoked. Health promotion scores were also related to car ownership and SES. Health promotion activities of diverse elders differ, suggesting that a variety of factors need to be explored in order to understand the dynamics of elders' self-care.

IMPACT OF STRESS AND RACISM ON OLDER AFRICAN-AMERICANS WITH TYPE II DIABETES MELLITUS

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It has been consistently demonstrated that chronic diseases disproportionately affect African Americans, yet little research addresses the impact of stress and perceptions of and responses to racism on health. The research hypothesis we address is whether stress in response to perceived racism is associated with glycemic control, measured by glycosylated hemoglobin. Coping strategies and responses to racism were also studied.

A prospective cohort study was undertaken of 43 African-Americans, age 50 and above with Type II diabetes mellitus. Patients were recruited between June 1997 and February 1998. Variables assessed through interviews and medical record review included demographic factors, glycosylated hemoglobin, glucose, and adherence to medical regimen, and psychosocial measures. Results substantiated the major hypothesis that stress in response to racism is related to worse glycemic control (r=.535, p=.002). Poorer glycemic control was also associated with younger age (r=-.438, p=.001), more passive coping styles such as denial (r=.468, p=.007), and passive ways of dealing with racism such as "keeping it to my yourself" (r=.439, p=.013), "avoiding it" (r=.365, p=.043), and "forgetting it" (r=.400, p=.026). There was no association with education (r=.439,p=.992) or income (r=.007,p=.969).

The results suggest that psychological stress, in this case stress in response to perceived racism, and how people cope influence glycemic control in older African-American diabetics. Using race (and SES) to explain health differentials without giving attention to the negative implications of race ignores an important health effect. However, given our small sample size further study is needed.

271

IMPLEMENTATION OF A MULTIDISCIPLINARY DELIRIUM PROTOCOL IN THE MANAGEMENT OF OLDER PATIENTS WITH DELIRIUM

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Delirium is a major clinical problem in the course of hospitalization of many older adults, and affects a significant proportion of older patients. The Purpose of this study was to 1) implement a multidisciplinary protocol for the investigation and management of delirium and 2) determine the protocol's impact on 1) length of hospital stay and 2) discharge placement/outcome. Sample The study included 549 delirious patients over 60 years of age in a tertiary care hospital, divided into 3 groups. Method: The first group of patients was identified in 1996 as having a delirium and were managed as per standard of care. A second group of patients, identified as delirious in 1997 and 1998 to assess for temporal changes, were managed according to standard of care. The third group of patients, identified in the same time period as the second group, was managed according to the multidisciplinary protocol. Results: The study found that patients managed with the multidisciplinary protocol had a significantly shorter duration of stay (p<0.001). Involvement of geriatrician in the care of patients was found to reduce the level of dependence on institutional care after discharge (p<0.012). Conclusions Use of the multidisciplinary delirium protocol has potential to reduce hospital stays and institutional dependence, and thereby the costs directly attributable to delirium in older adults.

COMMUNITY MANAGEMENT OF DELIRIUM IN THE ELDERLY

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Delirium has a prevalence of 25-46% in the elderly. This prospective, observational study evaluates the potential for safe out-patient management of this syndrome in seniors. The objectives are i) to promote a standardized method of assessing delirium; and ii) to develop guidelines for patients who could be managed as out-patients. Patients were screened for delirium using a Confusion Assessment Method (CAM) and a Mini-Mental State Examination (MMSE). Those with delirium were investigated to identify the possible cause. Those with an identifiable cause were considered for management as out-patients but had to have 24-hour care from family or an agency. Those not fulfilling these criteria or where the delirium was complicated (i.e. poor mobility) were admitted to hospital. There were 27 participants (21F:6M) with an average age of 84. Most common cause of delirium was urinary tract infections (10), poor medication compliance (8). MMSE scores were 10 to 29 on admission and 15 to 30 post-delirium. Of 27 patients, 20 were discharged home. 12 of them lived alone but had 24-hour care. One week later, 13 remained at home, improving. 4 required admission, 2 of these for delirium and 2 for other reasons. The 2 with persisting delirium had no documented previous cognitive problems but post-delirium had an MMSE score in the demented range. This study shows delirium can be managed on an out-patient basis. Patients with all four delirium features (CAM) and >5 medications should be in-patients.

PROPOXYPHENE-INDUCED DELIRIUM: A CASE SERIES REPORT

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Objective: Preventable drug-induced delirium is a common occurrence in many hospitalized elderly patients. Propoxyphene, an opiod-like analgesic, has been reported in several studies to have various negative consequences including hepatotoxicity, addiction, and over-dose related death. We present a series of case reports of propoxyphene-induced delirium in elderly patients. This is an adverse side effect seldom cited in the literature.

Case Reports: We describe three elderly patients who were treated with propoxyphene for pain. Though all three had a clear sensorium prior to starting propoxyphene, all developed delirium within 24 hours of beginning regular doses of the medication. Twenty-four to 48 hours after stopping the propoxyphene, their delirium cleared.

Discussion: Many older patients report pain for which they are given analgesic medication. Physicians have a large range of analgesics available depending on the type and amount of a patient's pain. Given the propensity of propoxyphene to induce delirium, and the lack of consistent data showing propoxyphene any better than aspirin, we recommend that physicians avoid the use of propoxyphene in elderly patients.

IS ELEVATED SERUM ANTICHOLINERGIC ACTIVITY ASSOCIATED WITH MANIFESTATIONS OF DELIRIUM?

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PURPOSE: The reasons for different manifestations of delirium in different patients is not clear. Elevated serum anticholinergic activity (SACA) has previously been associated with the occurrence of delirium. We studied which delirium manifestations are associated with elevated SACA.

METHODS: 20 delirious non-ICU medical inpatients aged >= 75 years old had blood drawn for SACA level on hospital day 2. Delirium was diagnosed by the Confusion Assessment Method, and symptoms of delirium were identified by the Delirium Symptom Interview (DSI). SACA level was assessed by a radionuclide competitive binding assay by investigators blinded to subjects' clinical state.

RESULTS: Using multivariate logistic regression to adjust for age and gender, elevated SACA (in nM Atropine equivalents/200µL sample) was associated with incoherent speech (OR=2.4; 95%CI=1.1-5.3; p=0.03), and abnormal psychomotor activity (OR=2.2; 95%CI=1.0-4.9; p=0.05). A marginally significant association with disturbance of consciousness (OR=1.7, 95%CI=0.9-3.9; p=0.09) was also found. Elevated SACA was not associated with disorientation, fluctuating behavior, perceptual disturbance, or sleep disturbance.

CONCLUSION: Elevated SACA appears to be associated with some, but not all major symptoms of delirium on the DSI. This suggests that differences in specific manifestations of delirium may partly result from different neuropathophyisiologies.

DELIRIUM AT ADMISSION IN AGED HIP FRACTURE PATIENTS: TWO-YEAR FUNCTIONAL OUTCOMES

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Delirium, or acute confusional state, is a common and medically serious condition in hospitalized older adults, with an estimated 10-56% of elderly experiencing this syndrome. Traumatic injury, such as hip fracture, places older adults at heightened risk for confusion, and the prevalence of delirium may be as high as 61% in this group. Episodes of delirium may place patients at risk for poor outcomes, such as longer hospital stays, institutionalization, and ADL decline. To date, most studies have failed to distinguish between delirium present at admission and new onset delirium, and few have examined long-term outcomes. The present research expands previous work by isolating hip fracture patients who were confused at the time of admission, but who had no known history of cognitive dysfunction, and by following patients for 2-years to assess long-term outcomes. The sample included 682 hip fracture patients aged 65 and older recruited from 8 Baltimore hospitals. In-hospital assessments, as well as 2, 6, 12, 18, and 24 month follow-ups post-fracture, were obtained. Delirium was identified via a modified Confusion Assessment Method administered to a family member and/or a medical chart note of confusion. Confused patients were older, and had a higher number of comorbid illnesses and functional impairments. Longitudinal mixed models indicated significantly greater ADL impairment, more depressive symptoms, decreased cognitive status and reduced mobility over 2-years for the delirium group. Time by delirium interactions were observed for ADLs, depression, and mobility, with confused patients exhibiting less recovery, while non-confused patients exhibited early recovery and then relative stability across time.

272

COMMON RISK FACTORS FOR HIP FRACTURES IN ELDERLY MEN AND WOMEN.

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Various risk factors for hip fracture, including low bone mineral density (BMD), have been identified in women, but it is not clear whether similar risk factors operate in men. In order to address this question, we examined data from 1026 women and 730 men, aged 60+ years, who were participants in the Dubbo Osteoporosis Epidemiology Study (Australia). BMD at the femoral neck (FN) was measured by dual energy X-ray absorptiometry. Postural sway was measured by a swaymeter. During an average duration of follow-up of 5.6 years, approximately one-third of hip fractures (assessed and confirmed by X-ray) occurred in men (26/81). In both sexes, FNBMD (relative risk (RR) = 2.4 in men and 2.1 in women) and a history of falls (RR = 3.9 in men and 2.4 in women) were common predictors of hip fracture risk. The combination of these two risk factors with increased body sway in women or advancing age in men together accounted for more than 90% of the attributable hip fracture risk.

In conclusion, men and women largely share common risk factors for hip fracture including to bone mass and falls. These data suggest that therapeutic strategies focusing on bone mass alone may be sub-optimal rather they should simultaneously aim at reducing falls, particularly in elderly men.

Examining Individual Functional Recovery Among Elderly with Subcapital Fractures. Yuchi Young, Larry J. Brant, Pearl S. German, John E. Kenzora, Lisa L. Klein, Jay Magaziner. The Johns Hopkins University, School of Hygiene and Public Health. 624 N. Broadway, Baltimore, MD 21205.

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Objective. This study examined individual differences in functional recovery among community-dwelling elderly with subcaptial fracture and to demonstrate the limitation in use of group averages in assessing recovery. **Methods.** The sample consisted of 312 community-dwelling elderly admitted to one of the seven Baltimore area hospitals with a subcapital fracture and who received either internal fixation or hemiarthroplasty. Information was obtained through interviews following surgery and at two, six, and twelve months after hospital discharge. Functional status was assessed using physical activities of daily living (PADLs) and instrumental activities of daily living (IADLs). **Results.** The longitudinal data analysis using mixed-effects regression demonstrated that functional recovery of some individual hip fracture patients were very different from the group as a whole. Patient 154 and 357 had not experienced any PADL functional recovery after surgery, instead their function continued to deteriorate over the course of one year; their PADL function was much worse than the group recovery. In IADL, patient 168 and 357 both had some recovery at six months, after that, their function deteriorate throughout the year and their IADL function was worse than the group average. On the contrary, patient 131 had a better IADL function recovery than the group individuals and continued to improve through the year of follow-up, and returned to his prefracture IADL functional status. **Conclusions.** The heterogeneity of postsurgical function recovery among individual elderly hip fracture patients was demonstrated. Prediction of individual response using population averages can be inaccurate and misleading. These individualized random effect estimates can be used to provide guidance for restoring physical function of the individual hip fracture patients.

Rates of Delirium in Demented and Non-Demented Patients on an Orthogeriatric Hip Fracture Service

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Background: Delirium is common in hospitalized elderly patients and is associated with increased length of stay and patient care costs. The purpose of this study is to identify risk factors for delirium and investigate the influence of a joint Orthopedic and Geriatric Hip Fracture Service on rates of delirium.

Methods: We reviewed charts for patient age, comorbid medical conditions, baseline cognitive function, time interval from admission to surgery, pre-surgical risk assessment, length of surgery, type of fracture repair, postoperative complications and development of delirium for patients admitted before and after institution of a Hip Fracture Service.

Results: A total of 267 patients were admitted for hip fractures (N=186 before, N=81 after Hip Fracture Service). Delirium was diagnosed in 49 (18%) of these patients. Risk for developing delirium was independently associated with patient age and baseline cognitive impairment ($P<0.05$). Before initiation of the Hip Fracture Service, diagnosis of delirium was significantly higher in patients with cognitive impairment compared with patients without baseline dementia (37% vs 11.6%, $P<0.001$). However, with the initiation of the Hip Fracture Service delirium in patients with diagnosed dementia was not different from patients without dementia (23% vs 16%, P=NS). The incidence of delirium in patients with normal cognitive function was similar before and after initiation of the Hip Fracture Service.

Conclusion: Involving a geriatrician in management of patients with dementia presenting with hip fracture may reduce the incidence of delirium.

A RANDOMIZED TRIAL OF INTERDISCIPLINARY CARE ON AN ORTHOPEDIC-GERIATRIC UNIT FOR ELDERLY HIP FRACTURE PATIENTS

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The objective of this study was to evaluate the effectiveness of interdisciplinary postoperative care on an orthopedic-geriatric unit (OGU) for elderly hip fracture patients. 262 patients ≥ 70 years were randomized to interdisciplinary care (n=133) or to usual care (n=129). At 6 months there were 15 deaths (11.3%) in the intervention group and 19 deaths (14.7%) in the usual care group (p=0.52). For patients surviving 6 months, 57 intervention patients (48.3%) and 54 usual care patients (49.1%) had a deterioration in ambulation (p=0.91); 41 intervention patients (34.7%) and 41 usual care patients (37.3%) had a deterioration in chair/bed transfers (p=0.69); and, 22 intervention patients (18.6%) and 22 usual care patients (20.0%) had a change in place of residence (p=0.80). At 6 months, there was no significant difference between the groups in basic or instrumental activities of daily living, or in the timed 'up and go' test. The initial hospital length of stay and 6-month health care utilization was greater in the intervention group. All 3-month outcomes and subgroup analyses based on age and initial place of residence failed to demonstrate any benefits from the intervention.

Post-operative interdisciplinary care on an OGU does not result in improved 3 or 6 month clinic outcomes in elderly hip fracture patients. We have to rethink why these patients do so poorly and come up with new approaches to improve long-term outcomes.

Choosing and rejecting hip protectors – the STAPH study

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Background hip protectors (HP) are a very efficacious method for the prevention of hip fractures in high risk populations. The most critical issue is to enhance acceptance and adherence by residents and nursing staff.

Methods STAPH is a population-based multifactorial intervention trial in a mid-size industrial town including 800 residents in six nursing homes. It is a stratified RCT with a waiting list control group. The offered interventions consist of HP, counseling, enviromental adaptations and training interventions. All nursing home residents are regarded at risk for falls, if they can least stand, ambulate or transfer assisted. This information is obtained using the MDS-RAI (2.0). HP are distributed free under supervision of a study nurse. Two different HP types (energy shunting and absorbing model) are offered.

Results In the intervention group 352 residents met the inclusion criteria, 116 (33 %) residents decided to wear HP. The preference for the shock absorbing vs. the energy shunting model was 57.8 % vs. 42.2 %. The drop out rate after 3 month was 8.6 %.
The main reasons for residents to reject HP were discomfort, appearance, coping strategies, and HP induced toiletting and dressing difficulties. Nurses preferred the shock absorbing HP. Cognitively intact residents more often chose the energy shunting HP.

Conclusions preference and adherence are dependent on attitude and counseling. In contrast to previous studies we observed considerable side effects with the use of hip protectors. Design and handling should be further developed to minimize side effects and improve adherence.

273

USING PRESSURE ULCERS AS A QUALITY OUTCOME MEASURE IN LONG-TERM CARE

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Participants:
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of Prevention Strategies for Pressure Ulcers. David Thomas, St. Louis University Medical Center, St. Louis, MO 63104. Using Pressure Ulcer Occurrence to Define Quality of Care. Rita Frantz, University of Iowa College of Nursing, Iowa City, IA. Strategies to Insure Quality in Pressure Ulcer Care.

Discussant: Bruce Ferrell, Sepulveda VAMC, Sepulveda, CA 91343

Pressure ulcers (PU) constitute one of five HCFA- targeted determinants of quality of care in long-term care facilities. Stringent review of PU occurrence by regulators and increasingly litiginous conflicts represent concerns for facilities. Poor prevention implementation strategies, faulty understanding of quality assessment data, and poor educational interventions limit quality improvement interventions for PU. Underutilization of known prevention measures occurs across health care settings. The importance of case-mix adjustment, facility-specific factors, and random variation must be addressed in interpreting quality data. The use of clinical practice guidelines and protocols has been shown to be both clinically effective and cost-effective in improving care. Strategies to improve the educational culture of facilities advances utilization of prevention measures. To improve outcome for PU, quality managers must address known interventions, manage facility-specific data, and implement targeted education strategies.

THE USE OF PREVENTION STRATEGIES FOR PRESSURE ULCERS

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Care of persons at-risk for pressure ulcers requires a multidimensional process involving individual patient care activities as well as organizational structures. Provision of pressure ulcer (PU) preventive care at the patient level is fragmented and frequently not linked to risk factors of the individual. Acute hospital PU risk assessment in 545 California Medicare recipients was preformed in only 44% of subjects with hip fracture. Retrospective inter-rater reliability was poor, at 40%. 64% of subjects were identified at risk and PU developed in 19%. Similar findings have been reported in long-term care.

Organizational structures across care settings are potential barriers to the delivery of care. These organizational barriers often interact with individual care to negatively impact the quality of PU preventive care that is provided. This raises the critical issue of whether pressure ulcers are a valid measure of quality of care in the absence of the contextual aspects of care delivery.

STRATEGIES TO INSURE QUALITY IN PRESSURE ULCER CARE

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Quality pressure ulcer care requires consistent implementation of optimal practices across the continuum of care. Although guidelines for pressure ulcer care have provided a template for facilitating optimal practices, cultural, structural, and technical barriers inherent in the long-term care environment have limited their transfer within practice settings.

To overcome these barriers, care delivery systems must focus on processes of care that are guideline-based and capable of being individualized to specific patient risk factors. Integration of these practices in long-term care requires care management systems that provide staff education on pressure ulcer care combined with ongoing performance monitoring and feedback to care providers and training for nurses in leadership and management processes. Implementation of these strategies can decrease barriers to clinical integration of guideline-based practices and result in quality, cost-effective care.

USING PRESSURE ULCER OCCURRENCE TO DEFINE QUALITY OF CARE

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Pressure ulcers (PU) constitute one of five HCFA-targeted determinants for quality of care in long-term care facilities. That past performance predicts future performance constitutes a basic tenet of quality assessment (QA). However, unobservable resident-specific risk factors may invalidate certain outcome measures. Simple data for incidence and prevalence obscures whether a high rate is caused by poor quality of care or by care of a frailer, more functionally impaired population QA should distinguish adverse outcomes due to quality of care from those due to the natural course of disease Comparisons based on unadjusted casemix rates unfairly target facilities with complex residents and furthers complacency among facilities performing poorly with low-risk residents Poor correlation exists between PU rates and citations of deficiencies. When providers have few cases and outcome events are rare, random variation may affect observed rates of PU incidence more than either quality of care or casemix

274

Differing Patterns of Medical Care for Nursing Home Residents Associated with Their Dementia Status

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Background: Our earlier work showed that residents with dementia compared to others have fewer doctor visits and hospitalizations, similar lengths of stay in hospital and similar emergency room use, controlling for age, physical function, and number of comorbid conditions. **Objectives**: To extend this work by comparing the number of visits by support clinicians (social workers, physical and occupational therapists, dietary/nutritionists, speech pathology / audiologist) by dementia status. **Methods**: The study population was 209 residents randomly selected for an extensive review of their service use from an admission cohort of 2153 residents admitted to one of 59 nursing homes in Maryland. Dementia was ascertained by record review by an expert panel of neurologists and psychiatrists Two year follow up data on service use were compared by dementia status, controlling for age, functional status, and number of comorbid conditions. **Results:** Residents with dementia, compared to those without dementia, had fewer social work contacts per year (13 vs 21, $p = .03$), less physical therapy (63 vs 100, $p = .03$), fewer dietary/nutritionist services (10 vs 15, $p = .02$) and more speech pathology/audiologist visits (16 vs 3, $p = .10$). **Conclusions**: Supportive clinical services are generally lower for nursing home residents with a diagnosis of dementia, following a pattern of less use of medical services documented earlier Further work is needed to explain whether this variation in service use relates to need

DELIRIUM: PREVALENCE AND IMPACT ON OUTCOMES IN HOSPITALIZED GERIATRIC PATIENTS

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Objective: To study the prevalence of delirium and its impact on outcomes in hospitalized geriatric (≥ 65 years) patients.

Methods: A retrospective chart review study of 281 consecutive geriatric admissions to a teaching community hospital.

Results: Delirium was present in 32% of patients on admission. The incidence of delirium related significantly to sex (38% male vs. 27% female, $p<0.05$), but not to race. Patients with delirium were more likely to have dementia (28% vs. 15%, $p<0.05$), falls (36% vs. 9%, $p<0.001$), urinary incontinence (17% vs. 7%, $p<0.05$), and to need assistance with their activities of daily living (61% vs. 39%, $p<0.001$). In-hospital mortality was greater in patient with delirium (20% vs. 6%, $p<0.05$). Similarly, length of hospital stay was longer in patients with delirium (10 ± 3 vs 8 ± 3 days), with the difference being insignificant. Patients with delirium were more likely to be discharged to a nursing home compared to those without delirium (34% vs 20%, $p<0.05$)

Conclusion: Delirium is a common condition in hospitalized geriatric patients, and its presence is associated with poor hospitalization outcomes.

USING LITERATURE TO EXPLORE CONFLICTS IN RESIDENCY TRAINING

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Exposed early in their training to the ever-increasing pressure to see more patients in less time, shorten length-of-stay, and negotiate the managed care maze, housestaff are often distracted from the more compassionate and humanistic side of medicine. During a required 4-week Home Visit Rotation (3-4 residents per rotation), our residents have an opportunity to spend more time with older patients, appreciate their struggles, and see them as human beings. These patients are homebound because of advanced age and frailty, dementia, terminal illness, end-stage cardio-pulmonary disease, and psychiatric disorders. With such a disenfranchised, often indigent patient population, residents need to develop new ways of seeing and understanding what is happening to their patients, as well as new ways of seeing and understanding themselves as physicians. Each week we assign a variety of short stories, novels, poetry, and/or nonfiction to stimulate a one-hour unstructured discussion that addresses some of these issues. This non-clinical, non-judgmental forum has allowed residents to confront inner conflicts and emotions that they harbor but too often try to ignore, including making mistakes and truth-telling; whistle-blowing; dealing with death; difficult patients/families; ethics and the pharmaceutical industry; informed consent; professionalism in medicine; and commitment to research vs. community medicine. The creative projects (e.g., poem, short story, art work) assigned and shared by residents at the end of the rotation demonstrate the extent to which these sessions provoke reflection and help residents gain self-awareness and make sense of their feelings and experiences.

ACTIVE LEARNING, MULTIPLE DISCIPLINES AND CONTINUING EDUCATION: DOES THE MIX WORK?

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It has been predicted that the "greying" of the American population will lead to changes in the patterns of need and demand for health care by seniors. Because older adults belong to a heterogeneous population, there is a need for development of educational programs, with diverse bio-psychosocial characteristics that affect health, and there is a need to develop educational programs that train health care providers to function as an interdisciplinary team. The aim of this study was to evaluate the effectiveness and efficiency of an interdisciplinary, case-based teaching approach, which highlighted using small multidisciplinary teams in an active learning educational session. Participants from multiple disciplines engaged in small group discussion offering different perspectives of case vignettes. These symposia, Successful Aging: An Interdisciplinary Approach, was jointly sponsored by the Schools of Dentistry, Gerontology, Pharmacy, and the Departments of Biokinesiology/Physical Therapy, Occupational Science/ Occupational Therapy, and Nursing from the University of Southern California. Ordinal-scaled symposia post surveys were used to provide feedback for a total of 76 session evaluations from 65% of the participants. Results indicate that a majority of the participants agreed or strongly agreed that they now had a better appreciation of the interdisciplinary team (86.5%), an expanded understanding of other health care professions (82.4%), and greater interest in seeking interdisciplinary consultation and referral (88.8%). We conclude that the active learning approach we studied can be valuable in teaching interdisciplinary concepts to experienced health professionals from a variety of disciplines.

NURSING HOME ACQUIRED INFECTIONS: ASSESSING QUALITY OF CARE.

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Each year more than 25% of nursing home (NH) patients are transferred to the emergency department or hospitalized for the evaluation and treatment of infections. These transfers may have an adverse impact on the quality and the cost of patient care. We examined the frequency of these transfers and physician involvement in the care of NH acquired infections. This study presents data for a sample of dually eligible older people in Ohio, which were pre-admission reviewed during the period December 1993 through January 1995. Using both Medicare and Medicaid claims data we identified patients receiving antibiotic prescriptions in NH for a 36 months period (beginning with January 1993) and measured the frequency of NH physician care and the hospital transfer rate. Among the study sample (n= 1,892) almost half (46%) experienced a total of 3,685 episodes of infections. Fewer than 5% of the episodes led to hospitalization. In one-third of the episodes physicians saw the resident in-person in a 10 day period before or after the initiation of the medication. The hospital transfer rate was slightly higher (7% vs. 3.5%) for those patients directly evaluated by a physician before receiving the prescription. That a majority of prescriptions were written without direct physician examination raises key questions about practice patterns and the effect on patient care and costs.

DIFFERENCES IN WANDERING BEHAVIOR BETWEEN SEVERELY COGNITIVELY IMPAIRED INDEPENDENT AND SUPPORTED WALKERS.

E.R.A. Beattie & D.L. Algase. School of Nursing, The University of Michigan, Ann Arbor, MI, 48109.

Wandering behavior in demented nursing home residents is receiving more study. However there is little documentation of differences in wandering behavior observed in independently mobile nursing home residents versus those who use mobility aids. This study, utilizing the Need-Driven Behavior (NDB) model, was a descriptive multiple case design with repeated measures. The study purpose was to determine the stability of wandering within and across cases with similar levels of cognitive and functional ability. Four theoretically similar cases (two independent walkers/two using mobility aids) were observed for 3 three-hour time blocks per week for 4 weeks. Three parameters of the dependent variable were quantified: 1) wandering cycle frequency 2) total time spent wandering and 3) wandering pattern (direct, pacing, lapping, random).

Within-case analyses indicated cases using mobility aids had significantly fewer wandering cycles. No significant differences were found in mean length of wandering or in wandering patterns. These results suggest 1) mode of locomotion does not alter the overall duration and pattern of wandering and 2) further investigation is warranted to evaluate wandering behavior in residents who use mobility aids.

INTERDISCIPLINARY EDUCATION IN GRANT WRITING FOR ALZHEIMER'S DISEASE RESEARCH

A. Hurley, L. Volicer, M. Gauthier, N. Wells,
GRECC, VA Bedford, Northeastern University, Boston University, MA; Vanderbilt University, TN

This poster describes a workshop, Interdisciplinary Education in Grant Writing for Alzheimer's Disease Research (IDEAR). Our team: (1) provided 30 clinicians, junior faculty and researchers an intensive one week exposure to the state of the science in Alzheimer's disease research (what we know, question, need to discover) and future basic and applied science directions, (2) gave suggestions for collaborative interdisciplinary research projects, and (3) socialized participants from different disciplines to the research questions and methods of other paradigms with a focus on conducting research with underserved urban elders. Participants learned interdisciplinary research team-work and how to write a grant application avoiding "fatal flaws" and maximizing appeal to funding sources. The 6-month evaluations identified successful outcomes of submitted, approved, and funded projects as well as barriers that need to be overcome to help junior researchers succeed.

(Supported by Department of Veterans Affairs and NIH grants NIH R25NR04735 and P30AG13846)

WHERE IS RESEARCH THAT SHOULD CHANGE CLINICAL PRACTICE PUBLISHED? RP Soriano, MD, CK Cassel, MD, and RM Leipzig, MD, PhD Mount Sinai Medical Center, New York, NY

Are high quality studies about outcomes important to patients published in so many different journals that clinical geriatricians and gerontologists need a journal of secondary publication like the American College of

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Physicians-Journal Club (ACP-JC)? To explore this,a questionnaire was sent to all Gerontological Society of America (GSA) and American Geriatrics Society (AGS) members to identify journals: 1) where they submit gerontologic research, 2) where their research is published, and 3) that clinicians read to "keep up".

As of 3/31/99, 1,295 responses were received from GSA members (response rate= 32.5%); 58% (n=750) have thus far been analyzed. Of the 182 research areas represented, the most common were: long-term care (13.2%), psychology (11%), sociology (6%), nursing (5.6%), geropsychiatry (5.3%), social work (4.9%), and public health (1.6%). Research was published in: Journal of Gerontology (JOG) (10%), Gerontologist (9%), Journal of the American Geriatrics Society (JAGS) (9%) and 444 other journals, some of which were not indexed in MEDLINE. Clinicians read: JAGS (12%), JOG (11%), Gerontologist (11%), New England Journal of Medicine (7%), and 347 other journals. Most clinicians were physicians (35.8%), nurses (12.8%), and psychologists (12.8%). The concordance between journals where researchers publish and those that clinicians read is far from 100%. The AGS and a 2nd GSA mailing are in progress.

The 400 journals identified by these self-identified gerontologists may underestimate the number important to clinicians if certain researchers, e.g., surgeons or physical therapists, are unlikely to join GSA or AGS. These data will be used to identify journals whose articles will be evaluated by ACP-JC quality criteria to determine the "yield" of such articles/ issue; to develop electronic search strategies to retrieve these articles more efficiently; and to determine whether a "summary journal" for high quality studies in clinical geriatrics and gerontology is warranted.

GRECCs CONTRIBUTE TO CHANGE IN VA CULTURE THROUGH PERFORMANCE MEASURE TRAINING

B. Josea Kramer, VA Sepulveda GRECC, 16111 Plummer St., Sepulveda CA 91343, J.R. Connelly, VA Salt Lake City GREC S. G. Cooley, VA G/EC Strategic Healthcare Group, J.Harker, VA Sepulveda GRECC.

Background: In 1995, as part of the culture change to emphasize performance standards in Veterans Health Administration facilities, a set of geriatric and extended care (G/EC) program performance measures was developed by VA staff; these measures were recommended to the field by the VA's Under Secretary for Health. A national training program was designed to implement this initiative. The 1997 2-day training program combined didactic education with small group activities to develop action plans for implementing performance measures; thereafter for one year, monthly telephone conferences provided assistance and networking to further implementation activities. VA's Geriatric Research Education Clinical Centers (GRECC) staff facilitated the training and follow-up. **Results:** Preliminary results indicate that the training program had a positive impact on the VA system. The recommended measures were adapted to local conditions. At the 6-8 month follow-up, recommended G/EC measures were used in 171 clinical settings, in 96 medical centers across 15 VA networks. The most frequent (37%) setting in which the measures were applied was nursing home care units. While designed to be adapted for use at individual medical centers, the recommended G/EC measures were applied to network-wide evaluation in 16/22 networks. In the first year, quality of care measures were more likely to be selected than satisfaction, access to care, cost effectiveness or organizational development.

HEALTH RISKS OF LONG-TERM CARE STAFF

Phyllis Gaspar, K. Swenson, A. Syverson, K. Tu, D. Wilson, Winona State University, Winona, MN 55987

Purpose of this study was to identify health risks of employees of two community long-term care facilities located in the Midwest. The sample consisted of 96 employees with 12 RNs, 12 LPNs, 24 CNAs, and 42 other (dietary, maintenance, etc.) participating. Mean age was 37.2 years (SD=11.7). The LifeScan TM Evaluation (available on-line) was used to determine health risks. Nine additional questions, adapted from a screening developed by Warshaw, were used to determine risk for domestic violence. Subjects completed the questionnaire at a staff meeting. Each employee's questionnaire was analyzed and an individual printout was generated identifying health risks and approaches to reduce chances of illness or death. The 3 most frequent health risks of the subjects were 1) cardiovascular disease, 2) motor vehicle accident, and 3) diabetes. These results reflect the age and gender distribution of the sample. The at-risk status of the sample for domestic violence was alarming with 81 subjects (84%) indicating the presence of at least one risk factor. Sixty-five (67.7%) subjects were still at-risk for domestic abuse with the elimination of the one question that queried the presence of a gun in the home (hunting was a popular sport in the community). Fifteen subjects had 3 or more at-risk factors present. The CNA staff were found to be at a greater risk of domestic abuse than any other staff group (contingency coeffient=.331, $p<.05$). Individual health risk reports were provided to each subject. A list of resources addressing the identified health risks were compiled and distributed to all staff with instructions to contact the appropriate agencies. Identification of health risks is the first step of intervention to promote the health of long-term care employees.

Delayed Recall Tests Predict Cognitive Impairment in High Functioning Community-Dwelling Older Persons:

J Chodosh, MD; DB Reuben, MD; TE Seeman, PhD; Division of General Internal Medicine, Division of Geriatrics, UCLA School of Medicine, Los Angeles, CA 90095

Purpose: To identify simple cognitive tests that predict subsequent cognitive impairment.

Methods: We used data from The MacArthur Successful Aging Study, a longitudinal cohort study of high functioning persons 70-79 years of age at baseline to identify mental status measures which predict subsequent cognitive impairment. In 1988, 1135 subjects scored ≥ 7 on a 9-point short portable mini-mental status questionnaire (SPMSQ). We defined subsequent cognitive impairment as a score of < 7 on the SPMSQ measured in 1991 or 1995. Baseline 1988 measures of health, functional, and socioeconomic status were included as covariates in multivariate analyses.

Results: Of the 1135, 233 died and 218 were lost to follow up or were without complete data. Of the remaining 684, 173 (25%) met criteria for cognitive impairment. Multivariate logistic regression identified poor performance at baseline in 2 measures of delayed recall as significant predictors of imparment: recall of less than 7 of 18 items used in the Boston Naming (Adjusted Odds Ratio [AOR]=3.73, 95%CI: 2.03-6.85) and recall of 3 or fewer of 6 items from a brief story, (AOR=2.48, 95%CI: 1.62-3.79). Depression was also a significant independent predictor of cognitive impairment; (AOR=3.21, 95%CI:1.36-7.58).

Conclusions: This study identifies measures of delayed recall as specific predictors of future cognitive impairment. Screening instruments can be developed for risk stratification for early intervention as therapies become available.

HOME WORK: EVALUATION OF A MEDICAL STUDENT HOUSE CALL ROTATION.

A.Fox, E.Granieri, R.Schaffner, Division of Geriatric Medicine, University of Pittsburgh School of Medicine, Pittsburgh VAHCS GRECC, Pittsburgh, PA 15213

House call medicine is slowly ascending as a viable venue of care. But opportunities are few for trainees to learn from experienced clinicians. With a faculty of 2 geriatricians, a CRNP and home care experts, we established a week long 3rd year house call rotation with emphasis on both medicine and psychiatry. Students participate in house calls, interdisciplinary meetings, group discussions and article and case presentations. We surveyed the initial group of students (n=35) to assess the acceptability of the components of the rotation. Using a 5 point Likert scale, the value of the house calls was rated a 4.6. Group and case presentations received a 4.3, article reviews a 3.9. Team meetings were seen as a less useful experience with a score of 2.6. Upon completion, students could articulate salient points. Comments revealed students wanted to do more house calls though some felt insecure about venturing outside the security of the office and hospital room. 94% felt they had met the goals for the rotation. Thus, even a short course can be an acceptable and effective way of introducing students to the concepts and actualization of housecall medicine.

275

MEASURING RELIGION AND SPIRITUALITY IN LATE LIFE: A PROGRESS REPORT

Organizers:

J.C. Hays, Dept. of Psychiatry, Duke University Medical Center, Durham, NC 27710.

J.C. Stuckey, University Alzheimer Center, Cleveland, OH 44120.

Participants:

L.S. Mitteness (Medical Anthropology Program, University of California, San Francisco, San Francisco, CA 94143-0850) *Dilemmas in Creating Research Tools for Studying Compassion.*

E. Bowman (Dept. of Psychiatry, Indiana Univ., Indianapolis, IN 46202), C. Koopman (Dept. of Psychiatry & Behavioral Science, Stanford Univ., Stanford CA 94305), J. Beitman, J. Bryan (Dept. of Psychiatry, Indiana Univ., Indianapolis, IN 46202), & A. Richards (Dept. of Medicine, Univ. of California – San Francisco, San Francisco, CA 94143) *Measuring Interactions with God in Older Cancer Patients.*

V.A. Reidhead, M.A. Reidhead, & M. Hurwicz (Dept. of Anthropology, University of Missouri-St Louis, St Louis, MO 63121). *Spiritual Integration: Cognitive and Behavioral Attributes of Nuns and Monks.*

J.C. Hays, L.K. George, & K.G. Meador (Depts. of Psychiatry & Sociology, Duke University Medical Center, Durham, NC 27710) *The Spiritual History Scale: Preliminary Psychometrics.*

Discussant:

R.C. Atchley (Naropa Institute, Boulder, CO, 80302).

The Consensus Report on Scientific Research on Spirituality and Health (NIHR/Templeton Foundation) has placed a high priority on removing methodological barriers to research on religion/spirituality and health. This symposium will present new opportunities for the assessment of religion and spirituality in health-related research. The presentations will describe four new scales that measure religious/spiritual domains not previously well developed, including progress to-date on describing their psychometric properties in elderly populations. The projects received support from the Fetzer Foundation for pilot-testing during 1998-99. The symposium is supported by the Templeton Foundation, through the Center for the Study of Religion/Spirituality and Health at Duke University, and sponsored by the GSA Informal Interest Group on Religion and Aging.

DILEMMAS IN CREATING RESEARCH TOOLS FOR STUDYING COMPASSION

L.S. Mitteness, Medical Anthropology, University of California, San Francisco.

The research reported here focuses on the process of developing tools for studying compassion. The study focuses on identifying commonalities and differences among three of the great traditions (Mahayana Buddhism, Christianity and Judaism) and on how compassion is experienced by people within those traditions. Each tradition has spiritual practices and scriptural or doctrinal guidelines for the proper life. One common thread is that compassion is seen to be inherently social or relational, not intra-psychic. Compassion is not simply an attitude; it is an action. Furthermore, the intention of the action is crucial to identifying it as compassion. Research tools that focus on attitudes will not suffice – they must focus on social relations and interactions in the world. Compassion is learned, with the traditions varying on the difficulty of such learning. "Maturity" as a spiritual concept is intricately interwoven with compassion and must be dealt with in any research strategy. The roots and the motivations for compassion also differ among the traditions. The paper will present progress to date in constructing a research tool for understanding compassion, with a discussion of more and less appropriate and effective strategies.

MEASURING INTERACTIONS WITH GOD IN OLDER CANCER PATIENTS

E. Bowman (Dept. of Psychiatry, Indiana Univ., Indianapolis, IN 46202), C. Koopman (Dept. of Psychiatry & Behavioral Science, Stanford Univ., Stanford CA 94305), J. Beitman, J. Bryan (Dept. of Psychiatry, Indiana Univ., Indianapolis, IN 46202), & A. Richards (Dept. of Medicine, Univ. of

California – San Francisco, San Francisco, CA 94143)

Postulating that experiencing an available and benevolent God/Deity will ameliorate distress among older persons with cancer, we developed a measure to assess interactions with God/Deity. Our self-report scale measures aspects of God's image via Likert scale responses of agreement or disagreement regarding four domains of human-Deity interactions: 1. The constancy of God's presence, 2. God's responsiveness to the subject, 3. God's benevolence toward the subject, 4. God's perceived power. Domains and items for the scale were drawn from software analysis of information on Deity interactions gathered from focus groups of breast and prostate cancer patients over age 50 and from clergy. We selected items to ensure adequate representation across the above four domains. Content validity was supported by ratings of the content domains of items by independent judges and clergy. We are testing the deity interactions scale by administering it twice three months apart to 80 breast and prostate cancer outpatients age 55 and older. Convergent and discriminant validity of interactions with God are being analyzed by correlations with the Religious Coping Scale and the Spiritual Well-being Scale and with measurements of religious and spiritual practices. Test-retest reliability and internal consistency of domains are also being evaluated.

SPIRITUAL INTEGRATION: COGNITIVE AND BEHAVIORAL ATTRIBUTES OF NUNS AND MONKS

V.A. Reidhead, M.A. Reidhead, M. Hurwicz, Dept. of Anthropology, U. of Missouri-St. Louis, St. Louis, MO 63121.

The objective of this research is to develop a measure of *spiritual integration*. The Phase I focus is on mature spiritual integration as understood, developed, and practiced by senior nuns and monks in the Benedictine and Cistercian orders. In preliminary work with 29 nuns and monks, we have identified and described how spiritual integration is understood and manifest in 3 contemplative communities. Informants were asked to list 1) synonyms for spiritual integration and 2) [illegible] adjectives and phrases describing a) characteristics and b) behaviors of people who manifest spiritual integration. Data were collected using a recall method to generate free lists of synonyms, adjectives, and phrases. These data were coded into mutually exclusive attribute categories and recorded in informant-by-attribute matrices. Consensus Analysis of the matrices was used to assess underlying cognitive agreement. Consensus was significant for 5 definitional criteria of spiritual integration: 1) balanced attitude to life, 2) contemplative attitude, 3) personal freedom and responsibility for actions, 4) God-centeredness, and 5) reconciliation of inner contradictions. Analysis also indicates the likelihood of consensus on several behavioral attributes, including: 1) charitable, 2) empowers others, 3) generous, 4) nonjudging acceptance of others, and 5) prayerful. Preliminary results suggest the possibility of a spirituality integration scale for nuns and monks.

THE SPIRITUAL HISTORY SCALE: PRELIMINARY PSYCHOMETRICS

J.C Hays, L.K George, K.G Meador, Depts. of Psychiatry and Sociology, Box 3875, Duke University Medical Center, Durham, NC 27710.

Measures of the impact of religious life course on health have been confined to the assessment of religious conversion experiences. The Spiritual History Project examined the overall shape of religious practice and salience during 70-90 years, spiritual turning points and crises, earliest religious memories and influences, and selected religious life course themes, e.g., legacy, investment, resilience, and regret. Building on qualitative, narrative methodologies, the authors administered a multi-dimensional, quantitative instrument to 150 elders from a 10-year prospective, epidemiological study. In this symposium, they will present the results of that scale development protocol, including the factor structure of a 10-minute and a 30-minute scale, item-specific estimates of test-retest reliability, and associations of these scales with established psychosocial measures. Assessment of spiritual life history should provide greater sensitivity to religious particularity in studies of health and well-being.

276

Presidential Symposium: Genomic Geriatrics and Gerontology: Science, Practice, Policy and Ethics

Chair: Marshall B. Kapp, JD, Wright State University, Dayton, Ohio
Science: Olivia Smith, PhD, Huffington Center on Aging, Baylor College of Medicine, Houston, Texas
Practice: Steven H. Miles, MD, University of Minnesota, Minneapolis, Minnesota
Policy: Robert Friedland, Ph.D., National Academy on an Aging Society, Wasshington, DC
Ethics: Laurence B. McCullough, PhD, Center for Medical Ethics and Health Policy and Huffington Center on Aging, Baylor College of Medicine, Houston, Texas

Recent years have witnessed an explosion of research on the molecular biology of aging. As a result, the scientific fund of knowledge about the role of genes and environment in the regulation of normal and abnormal senescence has grown rapidly. We are poised on the brink of the applications of this scientific knowledge in the clinical setting, which has heretofore largely unexplored clinical, health care policy, and ethical implications. The clinical applications of this new scientific knowledge may significantly increase life span. Some of these applications may reduce the incidence of chronic and other debilitating diseases, thus adding quality to the years gained, while other applications may add a mounting iatrogenic load of morbidity and disability. None of these applications will be without risk and the trade-offs between disease prevention and management, on the one hand, and iatrogenic morbidity, on the other, will be challenging for geriatric patients, their family members, and geriatricians and gerontologists to navigate reliably. These applications will inevitably be expensive, creating further, perhaps unmanageable, strain on both public payment systems (Medicare, Veterans Health Affairs, TRICARE), the cost of supplementary insurance for Medicare beneficiaries, out-of-pocket expenses for elders and their children, and managed care organizations caring for the geriatric population.

This symposium will begin with an overview of the recent accomplishments and expected directions of research in the

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molecular biology of aging. There will then follow a commentary on the clinical implications of introducing the results of these scientific advances into geriatric patient care. The third presenter will address such policy implications as priorities for research (e.g., morbidity reducing vs. morbidity adding interventions) and issues of public and private final presenter will identify and discuss such ethical issues as clinical research on new molecular medical interventions with vulnerable elders, informed consent in the clinical setting for these new interventions, and rationing of health care resources.

277

THE AGING EXPERIENCE IN A GLOBAL ECONOMY AND POSTMODERN CULTURE

Larry J. Polivka, Florida Policy Exchange Center on Aging, 4202 E. Fowler Ave., #30437, Tampa, FL 33620.

Participants:

C. Phillipson, Keele University, UK. *Reconstructing Old Age: New Agendas in Social Theory and Practice.*

Discussants:

M. B. Holstein, Park Ridge Center, Chicago, IL 60651. Postmodern Aging and the Search for Meaning in Old Age.

C.F. Longino, Jr., The Bowman Gray School of Medicine, Winston-Salem, NC 27157. The Emancipatory Potential of Post-Modern Aging.

H.R. Moody, Brookdale Center on Aging, New York, NY 10010.

In his recent book Reconstructing Old Age (1998), Chris Phillipson has noted that:

> By the 1990s, the unravelling of the system of retirement, along with changes to the welfare state, had begun to post significant threats to elderly people. Both institutions have, it might be argued, suffered a crisis as regards their meaning and status within society. Retirement is no longer central—for increasing numbers of men and women—as a system organizing exit from the workplace. Alongside this, the welfare state is increasingly undermined or 'residualized' in respect of providing care and support in periods such as old age. At one level, these changes have resulted in a language and ideology which scapegoats the old, defining them as a burden and cost to society. At a more individual level, however, they raise important existential issues about the nature and meaning of growing old.
>
> Years ago we were still dealing with a 'modernist' view of growing old, one which looked to the institutions of the state for supporting an ageing population. Now, we are more likely to relate to ageing as having all the complexities and hallmarks of a 'postmodern society': the range of lifestyles; the focus on individual choice; the more detached role of the state. At one level, the traditional space within which growing old was constructed has been undermined, most notably in relation to the organization of welfare. At another level, there appears to be a richer variety of possibilities for constructing old age and for being an older persons. But the contrast is somewhat misleading. Labelling the new social ageing as 'postmodern' in fact raises complex questions about where old age has come from, and where precisely it is heading.

This session will begin with a presentation by Dr. Phillipson, which will include a summary of the major points covered in his book with a special focus on the relationship between changes in the economy and welfare policies and the cultural implications of these changes for the aging experience in Western societies. The other panelists will then offer an assessment/critique of Phillipson's analysis, which should provide a framework for a discussion of alternative political and cultural responses to the socio-economic and cultural trends addressed by Phillipson. Each of the discussants, except Dr. Moody, will focus on a particular aspect of Phillipson's work as indicated in the titles of their responses. Dr. Moody will provide a more comprehensive response to Phillipson's book.

278

NUTRITION, PHYSICAL ACTIVITY AND QUALITY OF LIFE IN OLDER ADULTS

Ronni Chernoff, GRECC, Central Arkansas Veterans Healthcare System, 4300 West 7th Street, Little Rock, AR 72205.

Participants:

R. Riley (Ross Laboratories, 625 Cleveland Avenue, Columbus, OH) Introduction - Changes in Physical Activity and Dietary Patterns with Age in Adults.

R. Chernoff (GRECC, Central Arkansas Veterans Healthcare System) Interventions to Promote Healthy Dietary Practices in Older Adults.

M. Nelson (USDA Center on Aging, Tufts University) Interventions to Promote Physical Activity in Older Adults.

A. Drewnowski (Nutritional Sciences Program, University of Washington) and J. Rejeski (Health Sciences Department, Wake Forest University) Improving Quality of Life with Nutrition and Physical Activity in Older Adults.

With the proportion of elderly expected to grow dramatically in the coming decades, emphasis in aging research should be placed on identifying specific interventions which can yield the largest "healthy aging" gains. There is great potential for physical activity and nutrition to contribute to health and quality of life for older adults. Presentations will review current knowledge concerning the changes in physical activity and dietary behaviors that occur with age, the influence of physical activity and dietary behaviors on quality of life in older adults, and interventions that can be effective in promoting optimal physical activity and dietary patterns. The session will conclude with a panel discussion on the gaps in current knowledge and the needs for future research that can assist in setting research priorities.

BSS-16

INTERVENTIONS TO PROMOTE HEALTHY DIETARY PRACTICES IN OLDER ADULTS

R. Chernoff, GRECC, Central Arkansas Veterans Healthcare System, 4300 West 7th Street, Little Rock, AR 72205.

During recent decades the concept of health promotion as a proactive activity has become a legitimate part of health care. The publication of the U.S. Public Health Service agenda, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* in 1991 laid out guidelines to support achievement of a vision of improved health for all Americans. Changes in diet and exercise patterns are most effective in the prevention of nutrition-related conditions when they are instituted early in life, however, positive effects can occur at

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any age. Health promotion activities, including changes in dietary habits, can contribute to an increase in life expectancy and better health and can be incorporated into routine care for all older adults. Evidence that promoting health in older adults has a beneficial effect, particularly for chronic conditions such as heart disease, hypertension, obesity and diabetes, will be reviewed. Strategies for maintaining or improving dietary habits, how diet may affect quality of life, the use of dietary supplements, and success rate that have been reported will be included in this discussion.

INTERVENTIONS TO PROMOTE PHYSICAL ACTIVITY IN OLDER ADULTS

M. Nelson USDA Human Nutrition Research Center on Aging, Tufts University, 711 Washington Street, Boston, MA 02111.

Much of what we consider typical aging may actually be caused by a lifelong accumulation of sub-adequate nutrition and inactivity. Exercise has the capacity to assist people to live long and vigorous lives. People who lead physically active lives, live longer and have decreased risk for heart disease, diabetes, obesity, mental disorders, osteoporosis and many other chronic diseases that we associate with aging. Aerobic exercise has been shown to improve cardiovascular health and longevity and strength training has been shown to increase strength, muscle mass and decrease falls in the elderly. Strength training also seems to have potent positive influence on bone density and dynamic balance. There is now evidence that both aerobic and strengthening exercises have the ability to improve depressive symptoms and sleep problems in older individuals. Optimizing mood and quality of sleep are important for overall quality of life. The best exercise prescription for improving overall health in older adults is a program that incorporates both aerobic exercise and strength training. An exercise program including aerobic and strength training will improve body composition, decrease risk for heart disease, diabetes, osteoporosis, frailty, weight gain with age, mood disorders and will improve symptoms of arthritis. It is important to realize that the burden of chronic disease is not a contraindication for exercise. In fact, research has now demonstrated that individuals with a large burden of chronic disease have the most to gain from appropriate exercise programs.

IMPROVING QUALITY OF LIFE WITH NUTRITION AND PHYSICAL ACTIVITY IN OLDER ADULTS

J. Rejeski. Department of Health and Exercise Sciences. Wake-Forest University, Box 7868, Winston-Salem, NC 27109;
A. Drewnowski. Nutritional Sciences Program. University of Washington. 305 Raitt Hall, Box 353410, Seattle, WA 98195

Dietary and physical activity guidelines for older adults offer little advice for outcomes other than physical health. Moving to quality of life as the primary outcome will require a new set of guidelines. Such guidelines need to target areas of function, fitness and diet that are valued and are relevant to the daily lives of participants.

While health-related quality of life (HQOL) has served as an umbrella term for multiple health outcomes, some of them disease-specific, psychologists define quality of life as a conscious cognitive judgment of satisfaction with one's life. Experience of enjoyment is directly related to life satisfaction. Two major domains of satisfaction typically include physical and mental function. Numerous studies have shown that physical activity has a positive effect on the physical function and mental health status of older adults, thus improving quality of life. The contribution of physical activity programs to quality of life involves more than the performance of a simple physical act: the activity needs to be both valued and enjoyed. Potential mechanisms may include the perception of improved fitness, greater control, improved self-schemas and higher self-esteem. Enjoyment of and control over the physical activity program may add more to quality of life outcomes than meeting specific criteria for frequency, intensity, and duration.

In contrast to the impressive literature on physical activity and quality of life, few studies exist on nutrition, dietary choices, and quality of life outcomes. Virtually all dietary guidelines, particularly those intended for older adults, have focused on morbidity and mortality as the traditional medical outcomes. The experience of sensory enjoyment of food is often excluded from any discourse on "healthful" diets. Yet enjoyment of and control over dietary choices may add more to quality of life outcomes in older adults than meeting specific criteria for low fat, sugar, or salt. Though several indices of overall diet quality now exist, the contribution of healthy eating styles to quality of life measures has not been explored in detail. There are few studies on the value that elderly adults put on dietary diversity and variety, and fewer still on the role that diet plays in life satisfaction and enjoyment.

An examination of how physical activity and dietary choices influence life-satisfaction in older adults will allow us to develop new interventions to promote quality of life as a measurable and significant outcome.

279

RETIREMENT COMMUNITIES AS UTOPIA OR HETEROTOPIA?

Kevin E. McHugh, Department of Geography, Arizona State University, Tempe, AZ 85287-0104

Creating places inhabited exclusively by "retirees" is a grand social experiment in community. This paper excavates the social and cultural significance of age-restricted communities of the "active" adult variety, drawing upon Foucault's concept of heterotopia -- "other" spaces and places that cast light on social relations and power which they designate and mirror.

The retirement industry promotes and markets utopian images of "ageless" seniors living in idyllic havens, busily filling sun-drenched days, the epitome of "successful" (anti)aging. A heterotopian critique highlights the absent image -- old, poor folks aging in deteriorating neighborhoods in cold, gray northern cities -- and the potency of consumer culture in colonizing retirees as nomads of desire . . .

Retirement communities speak to age as a social border intertwined with race, class, and lifestyle as dimensions of difference and separation, and connect with the long history of utopian visions of community in America.

BSS-1

IS RETIREMENT PLANNING RELATED TO LONG TERM CARE PLANNING?

Ajith Silva, Sanjay Pandey, John Kaelin, Mike Nolin, William Barton - Center for Health Program Development and Management, University of Maryland Baltimore County.

Center for Health Program Development and Management is in the process of administering a statewide survey that measures knowledge, attitudes and behaviors of Marylanders with respect to financial planning for retirement, long term care, illness and disability prevention. This phone survey is based on an expert-reviewed survey instrument. The sample is stratified to reflect the general Maryland population and is expected to comprise 1,000 to 1,5000 Marylanders. In terms of scope, this survey far surpasses other surveys carried out to date on issues related to retirement, long term care and preventive health. Respondents are randomly selected non-institutionalized Marylanders who are 40+ years old and who are not using any long term care services at the time of the survey. Using the results from the survey this paper examines the relationship between retirement planning and long term care planning. The hypothesis examined in this paper is that persons who are (have) engaged in retirement planning are more likely to also plan for their anticipated long term care needs in the future. Further correlates of long term care planning are identified.

RETIREMENT AS A COMMODITY IN FINANCIAL PLANNING ADVERTISEMENTS

David J. Ekerdt & Evelyn Clark, Department of Sociology and the Gerontology Center, University of Kansas, Lawrence, KS 66045.

Authoritative messages about the nature and course of later life are now being generated by the financial services industry, embedded in advertisements for financial planning and saving. What is the idealized future that readers are offered for purchase, and who is this future for? This study surveyed advertisements for retirement financial planning that appeared in general news, business, and personal finance magazines during 1997-1998. Texts and illustrations depict the modal customer—in the second or third person—as a middle-aged or older man in comfortable economic circumstances who is responsible and dutiful in personal finance and family matters. Uncertainty, however, clouds the way ahead. Some ads assume an idea of retirement and simply promote company performance. Ads that do depict the retirement years convey a three-part message: retirement is a time of contentment and freedom to pursue personal goals (e.g., images of open water, allusions to "your dreams" and "your turn"); financial security is the means to this freedom; and our services and products are the means to financial security. What is ultimately for sale is rationality, i.e., the means for mastery of uncertainty. The advice and investment instruments are proximate commodities that simplify participation in financial markets. Ideas of retirement are remote commodities that embody security and control of the vagaries of later life.

AGING, DECLINING HEALTH, AND FAMILY LABOR FORCE ATTACHMENT

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As our society grows older but not necessarily healthier, income security in retirement is becoming a more pressing issue. Time out of the labor force due to illness or to provide care for a family member can increase the risk of poverty in older ages due to reductions in benefits from both public and private pensions as well as reduced levels of savings. The release of the third wave of the Health and Retirement Study (HRS), a panel study of individuals age 51-63 in 1992, allows for analysis of the way changes in own and spousal health status, savings, and insurance coverage, among others, impacts attachment to the labor force over time. The labor force attachment decision will be estimated with an ordered probit, with the choice variables of no work, part-time work, and full-time work. Early work on the probability of full-time workers reducing their attachment to the labor force, using the first two waves of the study, indicates that both the husband and wife alter their labor force attachment in response to changes in their spouse's health status. This analysis furthers this work by including individuals who were not working full-time initially, thus allowing for increased levels of attachment, and by also observing changes in the levels of saving and the type of insurance over time as this cohort ages.

TRAJECTORIES OF WOMEN'S FINANCIAL SECURITY

Andrea Willson, Melissa Hardy, Dept. of Sociology & Pepper Institute on Aging, Florida State University, Tallahassee, FL 32306.

Theories of inequality in later life have been tested using primarily aggregate level data or data on men. This study uses a life course perspective to investigate the determinants of financial security among women as they age. Six observation points at 5 year intervals (1967 to 1992) were selected from the NLS Mature Women's Cohort and analyzed using pooled cross-sectional time series analysis to test the influence of status variables and time-varying covariates on respondents' income to poverty line ratio. Results demonstrate that marriage and employment do not provide the financial security to nonwhite women that they do for white women. Additionally, the analysis demonstrates how women in different positions relative to key social institutions such as the labor market, marriage, and income replacement policies are placed on different trajectories of financial security or insecurity.

280

VALIDITY OF A THREE FACTOR MODEL OF RELIGIOUS MOTIVATION IN LATER LIFE.

J. Melia, K. Miller, P.J. Brown, and A. Futterman, Department of Psychology, Holy Cross College, Worcester, MA 01610.

Religious motivation, or the reason behind an individual's participation in religious activities, has long been a focus of studies in the psychology of religion. For example, numerous studies have documented distinct "ends" (i.e. intrinsic), "means" (i.e., extrinsic), and quest motivations in samples of college-age and middle-age adults. Few studies have provided data regarding the validity of these motivations in later life. The purpose of this study was to examine the validity of a three-factor model of religious motivation in later life. Measures of ends, means, and quest religious motivation were administered to 342 older adults living in Worcester, MA. at two times over a one year period. In addition a variety of other religious, coping, social support, personality, and health outcome measures were administered. Confirmatory factor analyses demonstrate that measures of ends, means, and quest religious motivation clearly identify relatively independent factors. This three-factor structure was invariant across gender, and across time. Regressing the latent religious motivation factors on demographic, religious, and other coping and health variables demonstrated consistent patterns of association. For example, quest was associated with lower doctrinal orthodoxy but higher education and greater religious knowledge. By contrast, a means orientation was associated with diminished religious involvement, but higher levels of social support and extroversion. Results of this study clearly point to high degrees of both structural stability and concurrent validity for this three factor model in later life.

SIGNIFICANCE OF RELIGIOSITY AND SPIRITUALITY TO PSYCHOLOGICAL WELL BEING OF OLDER ADULTS.

P.S. Fry, Ph.D. Research Professor, Trinity Western University, Langley, B.C. V2Y 1Y1

The purpose of the present study was to test the hypothesis that existential factors, including religious and spiritual resources, are major contributors to the psychological well being of elders. Subjects for the study were 280 older adults (ages 60 to 85 years) who responded to a questionnaire survey asking respondents to identify major factors contributing to their past and present psychological well being. Well being was defined globally in terms of subjective health, self esteem, life satisfaction, and mastery over negative affects. Results of 2 principal components factor analyses, with varimax rotation, showed that both among community and institutional dwelling elders easy accessibilty to religious and spiritual sources and resources, frequency and comfort of prayer, and strength of personal meaning for life accounted for 43% of the total variance as compared with contextual and socio-demographic factors accounting for 12% of the total variance. A wealth of qualitative data drawn from 47 in-depth interviews provided confirmatory support for the findings. The findings have unique implications for caregivers & professionals working with elders about"end-of-life"issues.

STRESS AND COPING: DOES RELIGIOSITY/ SPIRITUALITY PLAY A ROLE FOR SINGLE, OLDER, WOMEN IN RURAL CONNECTICUT?

B.N. Singlevich, School of Family Studies, University of Connecticut, Storrs, CT 06269

The past decade has seen an increased interest in the study of religion/spirituality and its influence on physical and mental health. The purpose of this study was to explore the role that religion/spirituality played in the problem-solving process of dealing with stressful life events and everyday hassles.

In-depth interviews were conducted with 20 generally healthy, single, older women (76-90 yrs.). The present study examined women's perceptions of their stress and their coping strategies. Audio taped interviews were transcribed verbatim. Major themes identified were loss, acceptance, survival, and current coping strategies (turning to self, God, and/or others). While 18 women stated that they were "religious," only 6 mentioned religious/spiritual dimensions in their descriptions of their coping strategies, all of whom referred to prayer or faith in God. Although participants were asked to recount stressful life events within the past five years, 75% of the respondents chose to relate stressful experiences from the more distant past. From their perspective, successful coping with these major life events has had an influence on how they define stress in their lives. The implications of religion/spirituality as a coping mechanism in older women's lives will be discussed.

RELIGIOSITY AND HEALTH AMONG ELDERLY LATINOS: THE SACRAMENTO AREA LATINO STUDY ON AGING.

A. P. Cupertino, & M. N. Haan Center for Aging and Health University of California at Davis, Davis, CA 95616

Low socioeconomic levels have been related to worse mental and physical health. However, the process mediating these variables has not been fully explained. The objective of this paper was to examine the factors that moderate the relationship between education and health in older Hispanics. Specifically, we hypothesized that religiosity would buffer the negative impact of low educational levels on mental and physical health. The Sacramento Area Latino Study on aging is a observational cohort study of Elderly Latinos. These analyses were based on 295 Latinos aged 60 or older. Depression was measured using CES-D, and education was measured by one item on years of education. Religiosity was measured by 25 items scale asking about religious purposes (e.g., help express feelings, source of inner peace) and religious behavior (e.g., church attendance, praying). ANOVA analysis revealed that low religious group had worse depressive score, triglyceride, cholesterol, homocystine, LDL and ADLs. Linear regression revealed that controlling for age, the relationship between low socioeconomic levels predicting worse health (more Adls, IADLs, Depression and Triglyceride) disappeared among those in the high religious group. Chi-square analysis indicated that low socioeconomic groups tend to rely on religiosity significantly more in the majority of items and rely on as source of control on their life and actions more than any other group. These results suggest that the effects of low socioeconomic levels on health may be mediated by religiosity.

Religious attitudes and ageing Findings from the Southampton Ageing Project

Peter G Coleman PhD, Dept Psychology, University of Southampton, UK

Popular opinion associates ageing with stability and enhancement of religious faith because of the closer proximity of death. However, although older cohorts in the US and UK do demonstrate greater religious commitment than younger cohorts, this may reflect generational differences rather than true age changes. Hence the importance of longitudinal study. Data are presented from the Southampton Ageing Project which has followed since 1977-78 a group of 340 people living in Southampton and aged over 65 years at outset. Religion has continued to mean a great deal in many of the participants' lives, but a large minority has shown decreases in faith and religious interest in the course of ageing. Possible explanations for these changes are considered. Discussion will also focus on problems in defining religious behaviour and attitudes and related concepts of spirituality and existential meaning.

281

DUAL-EARNER COUPLES IN THE SANDWICHED GENERATION: FINDINGS FROM A NATIONAL STUDY.

M.B. Neal and L. B. Hammer, Portland State University (PSU), P.O. Box 751, Portland, OR 97207-0751.

Participants:

M.B. Neal, L.B. Hammer, A. Rickard, J. Isgrigg, & K. Brockwood (PSU), Dual-Earner Couples in the Sandwiched Generation: Who They Are, What They Do, How They Manage.

L.B. Hammer, M.B. Neal, & K. Brockwood (PSU), Effects of Work-Family Conflict on Work Attendance and Performance among Couples in the Sandwiched Generation.

B. Ingersoll-Dayton (The University of Michigan, Ann Arbor, MI) & M.B. Neal (PSU), Aging Parents Helping Adult Children: The Experience of Working, Sandwiched Generation Couples.

J.T. Newsom (PSU), Analyzing Dyadic Data from Sandwiched-Generation Couples: A Comparison of Multilevel Regression & Structural Equation Modeling.

Discussants: C.J. Rosenthal (McMaster University, Hamilton, Ontario) & A.Martin-Matthews (The University of British Columbia, Vancouver, B.C.).

Work-family research to date has examined the effects of managing paid work and care for children or managing care for elders while working. Only a few studies have focused on those persons who are employed and who hold multiple types of caregiving roles, and none have examined multiple caregiving and work roles within the context of the dual-earner couple.

This symposium will share results from a national mailed survey of 309 couples who both work (one full time, the other at least half time), have children aged 18 or under in the household, and spend 3 or more hours per week caring for a parent. Papers will describe the work- and family-related characteristics of the sample, the work-family conflict experienced, the coping strategies employed, and the relationships to particular physical, mental health, and work-related outcomes. The effects of getting help from the aging parents being cared for also will be explored, and two alternative approaches to analysis of dyadic data will be compared. The implications of the substantive findings for the design of workplace, community, and self-help programs to help meet the needs of "sandwiched generation" couples then will be discussed. This research is funded by the Alfred P. Sloan Foundation.

DUAL-EARNER COUPLES IN THE SANDWICHED GENERATION: WHO THEY ARE, WHAT THEY DO, HOW THEY MANAGE.

M.B. Neal, L.B. Hammer, A. Rickard, J. Isgrigg, & K. Brockwood, Portland State University, Portland, OR 97207-0751.

Work-family research to date has examined the effects of managing paid work and care for children or managing care for elders while working. Few studies have focused on those persons who are employed and who hold multiple types of caregiving roles, and none have examined multiple caregiving and work roles within the context of the dual-earner couple.

This paper reports on results from the first wave of a national mailed survey of 309 couples who both work (one full time, the other at least half time), have children aged 18 or under in the household, and spend at least 3 hours per week caring for a parent. Respondents were queried concerning their work and family characteristics and responsibilities, their use of various work and family coping strategies that they have implemented, and various physical, mental health, and work-related outcomes associated with their multiple work and caregiving roles. This paper describes how the national sample was recruited, the caregiving- and work-related characteristics of the sample, the types of family and work accommodations made, and various individual and work-related outcomes. The implications for the design of workplace, community, and self-help programs to help meet the needs of these "sandwiched generation" couples then are discussed. This research is funded by the Alfred P. Sloan Foundation.

EFFECTS OF WORK-FAMILY CONFLICT ON WORK ATTENDANCE AND PERFORMANCE AMONG COUPLES IN THE SANDWICHED-GENERATION.

L.B. Hammer, M.B. Neal, & K. Brockwood, Portland State University, Portland, OR 97207-0751.

Previous research suggests that difficulty in managing work and non-work roles is a key variable in understanding why employees with elder care responsibilities withdraw from work. Three known studies have demonstrated a direct positive relationship between work-family conflict and work-related withdrawal behaviors (Barling et al., 1994; Goff et al., 1990; Hepburn & Barling, 1996).

In the present study, a positive relationship was hypothesized between one's work-family conflict (work-to-family and family-to-work) and withdrawal behaviors at work (i.e., interruptions, lateness, leaving early, absence), and between work-family conflict and decreased performance at work due to concerns about one's parent(s). Results of multiple regression analyses demonstrated that work-family conflict for husbands was a significant predictor of their leaving work early and performance. Results for wives indicated that work-family conflict was a significant predictor of absence, leaving work early, and performance. The implications of the findings for workplace policies to help sandwiched generation employees better manage their work and family demands are discussed.

AGING PARENTS HELPING ADULT CHILDREN: THE EXPERIENCE OF WORKING, SANDWICHED GENERATION COUPLES. B. Ingersoll-Dayton, School of Social Work, University of Michigan, Ann Arbor, MI 48109, & M.B. Neal, Institute on Aging, Portland State University, Portland, OR 97207-0751.

Few studies have looked at the complex interplay between aging parents and their adult children as they engage in receiving and providing help to one another. This paper examines the predictors of help-giving from aging parents and the mental health consequences for their adult children caregivers. The findings are drawn from two data sources: (1) 15 focus groups conducted locally and (2) a national sample of 309 dual-earner couples (618 individuals) caring both for children aged 18 or under and for aging or disabled parents. Multiple regression analyses indicate that receiving help from aging parents predicts to an improved parent-child relationship, especially for adult daughters ($R^2=.51$) as compared to sons ($R^2=.28$). These quantitative results are integrated with the qualitative findings to help understand the different meanings and implications of receiving help from parents for adult sons and daughters.

ANALYZING DYADIC DATA FROM SANDWICH GENERATION COUPLES: A COMPARISON OF MULTILEVEL REGRESSION AND STRUCTURAL EQUATION MODELING APPROACHES

J.T. Newsom, Institute on Aging, Portland State University, P.O. Box 751, Portland, OR, 97207

Traditional statistical analyses pose serious problems when data from dyads, such as married couples, are used in analyses. Structural equation modeling and multilevel regression analysis (or HLM) offer two recently developed methods for analyzing data from couples. The statistical issues, appropriate application of these procedures, and the advantages and disadvantages of the two approaches are discussed. Results are presented from data collected from a national sample of couples who both work, care for children, and care for parents. To illustrate, both multilevel regression and structural equation modeling are used to test hypotheses about job and family role rewards and life satisfaction.

282

SPIRITUALITY, RELIGION, AND MENTAL HEALTH

Kenneth J. Branco Martin Institute for Law and Society, Stonehill College, Easton, MA 02357.
Center for Gerontology and Health Care Research, Brown University

Amy L. Ai CAM Research Center for Cardiovascular Diseases, University of Michigan, Ann Arbor, MI:

Participants:
Kenneth J. Branco Religiosity and Depression among Nursing Home Residents.
Amy L. Ai The Effect of Spirituality and Religiousness on Attitudes and Coping of Mid-Life and Elder Patients Following Cardiac Surgery.
David C. Baker (Lutheran Affiliated Services/ Passavant Retirement Community, Zelienope, PA): The Effect of Pastoral Care on the Treatment of Geriatric Depression.
F. Ahmadi Lewin. (Uppsala University, Uppsala, Sweden). Aging, Spirituality, and Sufism: Sufi Conception of Self and "Other-Than-Self"
Linda S. Foley (Methodist College, Omaha, NE.) Exploring the Experience of Spirituality in Women Seventy and Older.

This symposium will emphasize new information and perspectives on the relationships between spirituality, religion, and mental health. The connections and disjunctions between recent findings on depression in both acute and long-term care will be considered, as well as the effects of spiritual interventions on depression. Distinctions between self-initiated religious activity and external spiritual interventions on mental health will be explored, as will the conditions under which religion is associated with enhancement or deterioration in coping. The possibilities inherent in non-Western religious traditions for mental health and their application in alternative treatments are also considered. The goal of the symposium is to generate new ways of conceptualizing and investigating this area of growing interest.

Discussants:	Robert Atchley, Gerontology Department Naropa Institute, Boulder, CO.
	James W. Ellor , Gerontology Program, National-Louis University, Wheaton, Illinois

RELIGIOSITY AND DEPRESSION AMONG NURSING HOME RESIDENTS.

K. J. Branco, Martin Institute, Stonehill College, Easton, MA. 02357.

A *distress-deterrent* model hypothesizing that religiosity directly reduces depression was compared with a *moderator-exacerbator* model predicting that religiosity interacts with stress to reduce depression in response to non-family stress but worsens depression in response to family stress. A probability sample of 1449 residents from 270 nursing homes from the Health Care Financing Administration's (HCFA) evaluation of the Minimum Data Set (MDS) was analyzed. Regression analysis indicated that increased ADL impairment was associated with more depression. ($b=.12$, $p<.01$). Depression increased with cognitive impairment up to the level of severe impairment ($b=.34$, $p<.001$), and then dropped dramatically with very severe cognitive impairment ($b=-.38$, $P<.001$). Religious activity directly reduced depression, thus supporting the *distress-deterrent* model only among white men ($b=-.19$, $p<.01$). Public religiosity *moderated* the effects of non-family relationship stress on depression among white women ($b=-.09$, $p<.05$) However both public religiosity ($b=.07$, $p<.05$) and private religiosity ($b=.08$, $p<.05$) *exacerbated* the effects of family conflict on depression among white women. Among blacks private religiosity *moderated* the depressive effects of both health stress ($b=-.40$, $p<.01$) and non-family relationship stress ($b=-.30$, $p<.05$). The different findings by race and gender are discussed in the context of prior research on religion among blacks and the masculine imagery that dominated religion throughout the lives of the cohort that is currently institutionalized.

THE EFFECT OF SPIRITUALITY ON ADJUSTMENT OF MID-LIFE AND ELDER PATIENTS FOLLOWING CARDIAC SURGERY.

A.L. Ai, Ph.D., C. Peterson, Ph.D., & S.F. Bolling, M.D. CAM Research Center for Cardiovascular Diseases, University of Michigan, 717 E. Huron, Ann Arbor, MI 48105.

In recent years, issues related to psychological adjustment following cardiac surgeries have been voiced. Cardiac surgery is one of the most stressful events in late life and creates a significant socioeconomic a burden. Yet, little is known about the relationship of spirituality and religiosity to patients' coping strategies related to postoperative psychological recovery. This NIA funded study attempted to advance existing literature concerning the role of spiritual experience and private religious coping in mental and physical health of older adults following cardiac surgery. The proposed prospective study will explore the role of preoperative spiritual experience and religious involvement in patients' coping strategies that may affect their psychological recovery postoperatively. We hypothesize that spiritual experience and private religious coping are related to positive attitudes and expectation as well as more effective coping styles, which in turn improve emotional outcome of the patients. At the pilot stage, data of a sample with 151 patients (aged 65 on average) at the Section of Cardiac Surgery, UM, were collected through a computerized database and two interviews preoperatively concerning their sociodemographic information, spiritual and religious experiences, and mental and physical health. The results has shown that that most patients used private prayer about problems following coronary artery bypass graft surgery. Those who used prayer for coping achieved better recovery in terms of depression and general psychological distress.

THE EFFECT OF PASTORAL CARE FOR THE TREATMENT OF GERIATRIC DEPRESSION

D.C. Baker, Lutheran Affiliated Services / Passavant Retirement Community, Zelienople, PA 16063

The purpose of the study was to determine the efficacy of pastoral care with older adults both as a treatment for depression and as a prophylactic to deter the potential negative impact of change and life circumstances. A stratified sample was recruited from multiple functional levels of residents residing at a continuing care retirement community. Subjects included 40 people who were taking anti-depressant medication with a diagnosis of depression, forty people who had been evaluated by a multidisciplinary team as being at risk for depression, and forty people recruited by convenience. Treatment group subjects were visited by a chaplain for a 30-minute period weekly for an average of 21 visits over six months. Control subjects received only minimal pastoral care, being seen for crisis intervention only. A significant change score between pre-test and post-test scores was found for depression ($p=.049$). Post-test scores for depression decreased for the treatment group while control group scores increased. Three months after the cessation of the intervention, follow-up scores showed a decrease in well-being for persons in the treatment group and thereby further supported the effectiveness of the intervention. Pastoral care interventions found to be significantly associated with a reduction in depression scores included prayer, counseling for issues raised, grief work, and the provision of blessings.

AGING, SPIRITUALITY AND SUFISM: SUFI CONCEPTION OF SELF AND OF "OTHER-THAN-SELF"

F. Ahmadi Lewin, Depatment of Socilogy, Box 821, 751 08 Uppsala, Sweden

Abstract: This paper is based on an international research project aimed at analyzing late in life development from the perspectives of spiritual development and gerotranscendence. One major part of this study was aimed at examining, from the perspectives of spiritual development and gerotranscendence, personal identity and late in life developement among Sufis. This by using the Life History Approach followed-up by thematic semi-structured interviews with 13 Iranian Sufis residing in Sweden. One of the main objective of the study was to illustrate the Sufi understanding of the Self and of other-than-self. As the study shows, a high degree of cosmic transcendence can be observed among some Sufi interviewees. The internalization of Sufi ideas is presumably one of the most important factors involved in maturation of the self and development of a transcendent view of fundamental existential questions. This transcendent view is, in many respects, close to a gerotranscendent view. The interviewees, imbedded in Sufi culture, have experienced a feeling of cosmic communion with the spirit of the universe and a unity in diversity of forms which is similar to . It seems that the interviewees had during their life span has established a kind of relationship with the people around them which was based on the Sufism's alter-ego type of conception of other-than self.

EXPLORING THE EXPERIENCE OF SPIRITUALITY IN WOMEN SEVENTY AND OLDER

Linda S. Foley, R.N., Ph.D

Successful aging as a goal of older adults is a dynamic, continuous process requiring adaptation in the psychological, sociological, physiological and spiritual domains. The spiritual domain or spirituality of he individual is an area that is currently being researched with increasing frequency. Spirituality appears to increase in importance with aging and is often defined as finding meaning in life. Research in the area of spirituality is lacking, especially as it relates to older women. The purpose of this study was to explore and describe spirituality in the lives of older women and to examine the effects of age, marital status, health, religion and education on spirituality.

The design of this study was non-experimental correlational. A convenience sample of 210 older women ranging in age from a reported 61 years to 102 years completed the JAREL Spiritual Well-Being Scale. The JAREL Spiritual Well-Being Scale is a 21-item tool, made up of three factors, that was developed to assess spiritual well-being in older adults.

The results of this study demonstrated that spirituality appears to be important in the lives of older women. Age, marital status, health and high school graduation did not significantly affect the spirituality scores of older women. Using an ANOVA, significant differences in means was found on the Faith/Belief Dimension of spirituality and type of religion. In addition, there was a significant difference found in spirituality on the Faith/Belief Dimension and Life/Self Responsibility for those women who had attended college.

Successful aging as a goal for older women becomes very meaningful as the population continues to age. Considerable research needs to be conducted on spirituality in order that new knowledge will be used to influence successful aging.

283

JEWISH HOLOCAUST SURVIVORS 60 YEARS AFTER THE BEGINNING OF WORLD WAR TWO

A. Glicksman Phila Geriatric Center (PGC), 5301 Old York Road, Phila PA 19141

Participants:

A.Glicksman, K. Van Haitsma & M. Gagnon (PGC) Trauma Survivors In Long Term Care: The Case Of Holocaust Survivors

G.J. Kennedy, H. R. Kelman, C. Thomas (Montefiore Medical Center) Depressive Symptoms Among Three Groups Of Jewish Elderly: American Born, Pre-Holocaust Immigrants And Post-Holocaust Immigrants Holocaust.

Z. Harel (Cleveland State University) Serving Holocaust Survivors And Their Families.

H. Litwin & R. Landau (The Hebrew University) The Effects of Extreme Early Stress in Very Old Age: A Comparison of Holocaust Survivors and Persons who did not Experience the Holocaust.

E. Kahana (Case Western Reserve University) & B. Kahana (Cleveland State University) The Role Of Social Context In Shaping Late Life Effect Of Early Trauma

Discussant:

B. Kahana (Cleveland State University)

As longevity increases, survivors of attempts at mass extermination will also being be living long into old age. This panel will focus on the best known attempt at genocide in this century to understand the impact of that trauma on survivors who will still be living in the next century. The Second World War began 60 years ago, which means that even the youngest survivor of the German attempt to exterminate the Jews (the Holocaust) are now approaching old age. Most survivors are already old and facing the dual challenges of problems that can arise in old age such as frailty and illness and the continued salience of events that happened many years before.

The papers on this panel will explore various aspects of aging among Holocaust survivors. Four of the papers place survivors of the Holocaust in comparative perspectives to better understand their lives & especially their mental health. Glicksman & Van Haitsma report from pilot data on a study designed to examine the experience of survivors using long term care by comparing Holocaust survivors in long term care with persons in long term care who did not experience the Holocaust. Kennedy looks at depressive symptoms among three groups of older Jews: pre-war immigrants, post-war immigrants, and American born. Litwin &Landau examine a non-clinical random sample of Holocaust survivors aged 75 and over, in comparison to persons of similar background who did not experience the Holocaust. E. Kahana will examine the social context in which the survivors now live by examining survivors living in the United States, Israel, and Hungary. Harel will discuss the ways in which aging stress victims adjust to challenges in later years of life.

The respondent will discuss how the findings help us better understand the effects of traumatic events on older adults.

TRAUMA SURVIVORS IN LONG TERM CARE: THE CASE OF HOLOCAUST SURVIVORS

A. Glicksman, K. Van Haitsma & M. Gagnon, Philadelphia Geriatric Center, Philadelphia, PA 19141

As survivors of the Nazi attempt to exterminate the Jews begin to enter the ranges of the "older old" (75+) more are frail and need long term care (LTC) services, either in the community or in institutional settings. For some survivors who are entering a nursing home, this is their first experience with institutional living since the end of the Second World War. Issues facing all persons entering LTC including feeling dependent, a regimented lifestyle, being cared for by strangers, can be especially difficult for survivors of traumatic events such as forced relocation and attempted genocide.

This presentation will report on initial results from a pilot project of a larger study designed to examine the experience of Holocaust survivors receiving LTC services. The study is designed to determine if survivors of a traumatic event (the Holocaust) have a systematically different experience in LTC than others of the same health status. Further, if survivors have a different experience, what is that experience like and what can we learn to better their lives and the lives of other survivors of trauma in LTC settings.

By interviewing persons who experienced the Holocaust and are currently receiving LTC services, and comparing their responses with persons also receiving such services but who did not experience the trauma of the Holocaust we will be able to begin the process of distinguishing the effects of trauma on the experience of LTC from the stresses raised by being frail and needing LTC services. The respondents who did not experience the trauma will be drawn from American born Jews, so that there is a cultural similarity between the groups. Further interviews with both family members and professional providers of LTC services will be used to broaden our understanding of the lives of survivors in LTC.

DEPRESSIVE SYMPTOMS AMONG THREE GROUPS OF JEWISH ELDERLY: AMERICAN BORN, PRE-HOLOCAUST IMMIGRANTS AND POST-HOLOCAUST IMMIGRANTS. G.J. Kennedy, H. R. Kelman, & C. Thomas, Montefiore Medical Center, 111 East 210th Street, Bronx NY 10467

Among representative samples of community living seniors assessed with the Center for Epidemiological Studies Depression Scale [CES-D], 10-15% usually have a significant level of depressive symptoms. In our CES-D assessed sample of 680 Jewish respondents from the Bronx aged 65-98, 20% were depressed. Of the 360 who had immigrated to the United States, 230 were from Eastern Europe (Russia, Poland, Hungary) and 30% of that number were depressed. Birth in Eastern Europe before the Holocaust remained significant after the contribution of other characteristics to the variance in depression was controlled. However immigration after the European Holocaust or from Nazi occupied territories other than Eastern Europe was not more frequently associated with depression. The elevated prevalence of depressive symptoms among Jewish respondents from Eastern Europe appears genuine and not fully explained by differences in health, disability, age, gender or disadvantaged socioeconomic status.

SERVING HOLOCAUST SURVIVORS AND THEIR FAMILIES. Z. Harel, Cleveland State University, Cleveland Ohio

The purpose of this presentation is to aid professional understanding of the ways in which aging stress victims cope with and overcome earlier traumatic life experiences and adjust to challenges in later years of life. Along with declining health and functional competence, one of the challenges in later life entails the need to integrate and come to terms with past traumatic experiences. Those who have more successfully overcome their traumatic stresses were more likely to have recouped inner (psychological) resources and have relied on their social network and utilized environmental resources in establishing and leading productive lives. While most survivors managed to come to terms with their Holocaust adversities, some have been severely scarred and need understanding and competent professional help. This presentation will address first widely held assumptions and misconception that are not helpful in work with Holocaust survivors. Next, directions will be offered for professional approaches and strategies that are useful in efforts to aid the adjustment to aging of Holocaust survivors.

THE EFFECTS OF EXTREME EARLY STRESS IN VERY OLD AGE: A COMPARISON OF HOLOCAUST SURVIVORS AND PERSONS WHO DID NOT EXPERIENCE THE HOLOCAUST. H. Litwin & R. Landau, Paul Baerwald School of Social Work, The Hebrew University of Jerusalem, Mount Scopus, Jerusalem IL-91905, Israel

This paper examines a non-clinical random sample of Holocaust survivors aged 75 and over, in comparison to persons of similar age and sociocultural background who did not personally experience the Holocaust. The analysis compares respondents' sociodemographic characteristics, interpersonal resources (locus of control and social network) and vulnerability, while controlling for gender (N=194). Several measures of vulnerability (health, mental health and post traumatic stress disorder - PTSD) are compared across groups. The results reveal almost no differences regarding the sociodemographic and interpersonal variables. Nevertheless, survivors are found to be more vulnerable than the others in the comparison group: 1) men survivors demonstrate a higher rate of PTSD, and 2) women survivors indicate greater health-related difficulties and poorer self-rated health.

THE ROLE OF SOCIAL CONTEXT IN SHAPING LATE LIFE EFFECT OF EARLY TRAUMA. E. Kahana Case Western Reserve University, Cleveland Ohio & B. Kahana, Cleveland State University, Cleveland Ohio.

Most studies of the late life sequelae of early trauma, and particularly of the aging of Holocaust survivors, have been conducted within a single society. Accordingly, the impact of societal influences on aging in the aftermath of trauma are yet to be explored. This paper considers differences in the meaning of old age for survivors of the Holocaust living in the U.S. (N=150), in Israel (N=150), and in Hungary (N=120). Hungarian survivors were found to experience late life as far more problematic and reported finding less meaning in survivorship than study survivors living in the U.S. and in Israel. The paper will consider the meaning of living in a social context including perpetrators (Hungary), a social context in which survivors are part of a minority group (U.S.), and where survivors can identify as part of the dominant subculture (Israel). Salient themes relevant to the aging experience relate to issues of family continuity, community continuity, and social integration.

284

INTERGENERATIONAL CREATIVE WRITING PROGRAM: DOES IT INFLUENCE HIGH SCHOOL STUDENTS ATTITUDES? Proulx, J.R., Palmer, M.H. University of Maryland, Baltimore, MD 21201

An 8-week intergenerational writing program was offered to both senior citizens in an adult day care program and to high school (HS) students. The goals were to provide the HS students a positive interactive experience with older adults and to stimulate both groups creativity. A special emphasis was the creation of a supportive environment where the 2 groups could transport themselves across time and space to create a community of writers - a veritable writing partnership. As with physical therapy incremental steps to writing were stressed. Informed consent was obtained from 10 senior citizens and 5 HS students. Prior to the program the HS students completed a Social Distance Scale and Short Version of Semantic Differential tool for youth participants as modified by Chapman and Neal (1990). At the end of the program, HS students completed the same tools and senior citizens completed a written evaluation. Results indicated a shift towards a more favorable attitude about older adults by the HS students. Two students offered to become volunteers at the center. Senior citizens gave positive evaluations and staff noted increased socialization.

The Pattern and Level of Financial Transfers from Parents to Their Adult Children. Jody A. Wilkinson and Janet M. Wilmoth, Department of Sociology and Anthropology, Purdue University,

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Data from the 1992-1994 Health and Retirement Study and the 1993-1995 Asset and Health Dynamics Among the Oldest Old study are used to examine financial transfers from parents to their adult children. A longitudinal logistic regression model is estimated to predict the likelihood that a parent will provide a financial transfer to their adult child. In addition, a longitudinal linear model is specified to model the amount of the transfer provided. Results suggest that characteristics of both the parents and the child are important when considering transfer behavior. Specifically, the income of the child and the wealth of the parent are related to the likelihood that a transfer will occur and the amount of the transfer provided. The effects of parental age and cohort are discussed.

CORRELATES OF GRANDPARENTING STYLES: PERSONALITY, ACTIVITIES, AND WELL-BEING

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Kivnick (1985) has identified five grandparenting dimensions including Centrality, Valued Elder, and Indulgence. Those grandparents who are involved with their grandchildren may be more engaged in life as a result of their contact with their grandchildren, leading to increased overall well-being. Twenty-nine male and 111 female grandparents aged 40 to 92 years completed questionnaires including the Dimensions of Grandparenting Scale (Kivnick, 1985) and the NEO-FFI (Costa & McCrae, 1992). Grandparents who scored high in Centrality reported a closer relationship to their children (r = .19), enjoyed the time spent with their grandchildren (r =.17), were more neurotic (r = .29), reported lower overall life satisfaction (r = -.39) and poorer mood (r = -.22) than those low in Centrality. Activities with grandchildren were not related to grandparenting styles. Support for hypotheses was mixed and results indicate grandparenting as a central role is not necessarily related to indices of well-being. The role of other grandparenting styles will also be discussed.

HEALTH OF GRANDMOTHERS: COMPARISONS BY CAREGIVER STATUS

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Approximately 3.4 million children live in the same home as a grandparent, and nearly 25% of Minority and 12% of White grandmothers have had primary responsibility for rearing a grandchild at some time. Despite the prevalence of either primary or partial/supplemental caregiving by grandmothers, there has been little examination of the stresses and health outcomes of such caregivers, or comparisons with non-caregivers. The aims of this study were 1. to compare health, stress, coping and support between grandmothers with a.) primary, b.) partial, and c.) no regular or routine caregiving responsibilities; and 2. to examine whether coping and social support mediate the effects of stress on physical and mental health in these grandmothers. A convenience sample of 288 grandmothers participated in this cross-sectional study by completing mailed questionnaires. There were significant differences between all caregiver groups in global stress. In addition, primary caregivers reported more health problems, worse self-assessed health and more active coping. Partial/supplemental caregivers had more instrumental support. There were no between-group differences in depression, anxiety, and subjective support. The mediating effects of subjective support and coping on physical and mental health were supported. Implications of these similarities and differences will be discussed.

HOW AMERICANS ENACT THE GRANDPARENT ROLE

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This study examines the various ways that grandparents are involved with their grandchildren by examining structural, functional, recreational, and cognitive/emotional aspects of these relationships. We used nationally representative data of 920 grandparents (1) to describe how American grandparents are involved in activities that constitute grandparent role involvement, and the structured variation in these activities by the socio-demographic characteristics of grandparents, the age of grandchildren, and the nature of the relationship grandparents maintain with their adult children; and (2) to develop a multidimensional typology of the ways that grandparents are involved with their grandchildren. Results indicate that grandparents had moderately high levels of contact and very high levels of activity involvement with their grandchildren, and attribute a strong sense of meaning to the role. Grandmothers had stronger relations than grandfathers. Younger grandparents had more contact with and provided more assistance to grandchildren, while older grandparents were more likely to discuss personal problems with grandchildren, provide them with financial support, and find more meaning in the role. Grandparents with younger grandchildren had more interaction, were more likely to share fun activities, and felt closer to their grandchildren. Five types of grandparents were found ranging from *involved* to *detached*. The paper concludes that grandparent styles are indeed heterogeneous, but that demographic factors are important determinants of the way the role is enacted.

PREDICTORS OF SATISFACTION WITH THE GRANDPARENT ROLE

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The emotional benefits grandparents experience as a function of the grandparenting relationship may be due to personality characteristics rather than grandchild or demographic variables. Twenty-nine male and 111 female grandparents aged 40 to 92 years completed questionnaires including the NEO-FFI (Costa & McCrae, 1992). A step-wise regression with satisfaction with grandparent role as the outcome variable and demographic variables (age, income), relationship with grandchild (number of activities, relationship with parent), grandparenting style, and personality variables as predictor variables was conducted. Neuroticism, income, conscientiousness, relationship with parent, Indulgent Grandparenting Style, and Valued Elder Grandparenting Style were selected as predictors and accounted for 76% of the variance in satisfaction with the grandparent role. Neuroticism alone accounted for 51% of the variance in satisfaction. Results suggest that personality may be the most powerful predictor of grandparent satisfaction.

CO-RESIDENCE AS INTER-GENERATIONAL SUPPORT FROM ADULT CHILDREN

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Abstract: Shared living arrangements are a form of assistance frequently provided by adult children to their parents. Due to limitations in the data, most extant research has conceptualized all elderly who share living arrangements with their adult children as receiving co-residence as a form of support. The Survey of Asset and Health Dynamics Among the Oldest-Old (AHEAD) allows for the categorization of households by benefactor of the shared living arrangement (i.e. the arrangement benefits the parent, benefits the child, benefits both, or the parent and child have always co-resided). This analysis examines the extent to which the characteristics of the elderly parents and adult children differ across the four forms of co-resident households. The analysis also considers the extent to which the characteristics of elderly parents and their adult children influence the likelihood of co-residence for the benefit of the parent. Logistic regression models suggest that for older adults being unmarried and needing assistance with IADLs are important predictors of receiving co-residence as a form of support. Characteristics of their adult children--especially the number of daughters, the number of children working less than full time, and the number of single children-- also influence the likelihood of co-residence.

INVESTIGATING THE NEEDS AND CONCERNS OF CAREGIVING GRANDPARENTS

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A significant number of grandparents (3.7-10%) hold primary responsibility for raising their grandchildren (Fuller-Thompson et al., 1997). Increased psychological distress, isolation from friends, economic hardships, and less satisfaction with the grandparenting role have been reported as consequences of assuming this custodial role (e.g., Shore & Hayslip, 1994). However, little work has explored potential factors contributing to these outcomes. In the present project, in-depth interviews were performed with 14 custodial grandparents (GPs; M age = 56.6, range 49 to 76 years; income range $200 to $15,000 per month; 11 females) to assess the perceived needs and concerns (e.g., legal, financial) associated with caring for their grandchildren (GCs). The participants provided regular care for an average of 2 GCs and performed between 13 to 20 functions (e.g., prepared meals) daily. The average number of health complaints was 2.4 (range 0 to 5) and 87.5% rated their health as fair or good. Eleven GPs reported suffering from emotional distress. The most frequently endorsed concerns included financial (78%), legal (50%), and physical health (50%) of GC. GPs were least concerned with their own social and mental health needs. A lack of resources to adequately meet social, legal, and personal health needs was also reported. Overall, GPs felt less than moderately supported (M = 44.3 , scale 0 to 100). Higher preferred services, if available, included support groups for self and GC and legal advice. Affordable daycare and information about parenting services were least likely to be used. Targeting interventions aimed at reducing the stress custodial GPs face (e.g., readily available legal advice), could eliminate some of the negative consequences of caregiving. (BSS 6)

INTERGENERATIONAL RELATIONSHIPS: PERCEPTIONS OF IMPACT ON BELIEF FORMATION

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Because of the increasing number of adults experiencing grandparenthood (Silverstein, Lawton, & Bengtson, 1994), an understanding of how grandparents (GPs) influence grandchildren's (GCs) identity development via shared beliefs, ideologies, and activities is critical. Individually administered interviews were obtained for 183 GP-GC dyads (82% Caucasian; 81% female; M age GPs = 71.4, GCs = 21.4). An extensive psychosocial battery was administered which included measures of relationship quality, shared activity, and beliefs measures. A modified version of the Belief Development Scale (Roberto & Stroes, 1992) assessed the degree to which GCs felt that GPs influenced their beliefs on eight domains (e.g., religion) and the extent GPs believed they influenced GCs on these dimensions. Results indicate that GPs perceived themselves to be more influential in the formation of GCs beliefs than the GCs perceived them to be (M GP = 27.4, M GC = 25.5, $t_{(140)} = -3.1$, $p < .01$). GPs believed themselves to be most influential on GCs moral (M = 3.5), family (M = 3.4), and educational (M = 3.3) beliefs; and least influential on GCs sexual (M = 2.4) and political (M = 2.1) beliefs. GCs reported that GPs were most influential in the development of their family, moral, and work beliefs (Ms = 3.4, 3.3., 3.1, respectively), with sexual (M = 1.8) and political (M = 2.0) least affected. For both groups, total belief scores were significantly related to relationship quality, shared activities, and GP/GC meaning (r s = .26 to .66, p's <

01). Findings suggest that analysis of belief formation from an intergenerational perspective can aid in understanding important GP/GC relationship characteristics. (BSS 6)

DAILY EXPERIENCES AND PSYCHOLOGICAL WELL-BEING OF PARENTS OF ADULT OR MINOR CHILDREN.

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Developmental researchers increasingly acknowledge the influence of child-related events in mothers' and fathers' development and well-being throughout the life course—even after children become adults. It appears that research on parents' relationships with minor children (17 and under) may accentuate negative outcomes while research on parents' relationships with adult children possibly magnifies positive outcomes. Results of these studies may be linked to global assessments of the parenting experience rather than to day-to-day issues of parenting. Part of the emotional impact of these age differences may be due to variation in day-to-day experiences, such as types of daily child-related experiences—e.g., stressful events or provision of support--as well as frequency and severity of arguments or tensions. The present investigation extends previous research by examining the day-to-day child-related experiences of mothers and fathers using a daily diary methodology. Respondents between the ages of 25 and 74 (413 parents with minor children, and 274 parents with adult children) participated in 8 days of telephone interviews, answering questions about their daily experiences with their children within the past 24 hours. Measures included: Occurrence of daily instrumental and emotional support; Occurrence of child-related tension and stressors; and Parental Psychological Distress. Preliminary analyses revealed that mothers of children of all ages reported significantly greater frequency of child-related stressors and tensions compared to fathers. Further analysis will examine whether age of child moderates the association between child-related experiences and parents' psychological well-being.

A STRUCTURAL EQUATION TEST OF ENVIRONMENTAL FACTORS: A STUDY OF GENERATIONAL DIFFERENCES

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Social scientists have often regarded the family as the most important agent of socialization. This view has received some support from research findings indicating that children agree with their parents more than with others of their own generation, including their best friends. However, some have argued that parents have little effect on their offspring's development of social attitudes, beliefs, and values. The role of parents in children's acquisition of values needs further research attention.

This study examined the degree of similarities and differences of environmental factors within adult familial dyads of parent-offspring. The sample included 440 parent-adult offspring pairs from the Seattle Longitudinal Study family database. Environmental factors were assessed with a measure known as the Life Complexity Inventory (LCI) which provides information on the many aspects of the participants' micro-environment. Structural equation modeling was conducted to establish factorial invariance of the LCI environmental factors (e.g., status, social network, mobility, physical environment) across the two generations. Results indicated group differences in their parameters for their factor loadings.

EFFECTS OF FAMILY RELATIONSHIP HISTORIES AND RELATIONSHIP QUALITY ON DEPRESSION AMONG OLDER ADULTS

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There is a growing interest in the effects of family relationship histories and later life relationship quality between generations and the effect that this has on depressive symptoms for older adults. Research suggests that families have development histories which influence their responses to situations across the life course. The present study examines the effects of family relationship histories on intergenerational affectional solidarity and relationship strain between adult children and their parents and how this affects parents' depressive symptoms. The analysis is based on matched reports of adult children and their parents (N =132) from the Aging and Change in Rural Iowa Survey. Findings revealed that adult children's reports of early parental rejection are associated with lower (Beta = -.336) intergenerational affection (as reported by elderly parent) but not with contemporary intergenerational conflict. In turn, intergerational affection (Beta = -.256) and conflict (Beta = .263) where significantly associated with depressive symptoms. Including predictors of earlier life depressive episodes, health limits, gender and marital status, the model accounted for 34% of the variance in current depressive symptoms. In summary, we find general support for the hypothesized model while using different reporters for the retrospective and current relationship measures.

PREDICTORS OF FUTURE PLANNING BY OLDER MOTHERS OF ADULTS WITH MENTAL ILLNESS

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Although gerontologists have studied the caregiving circumstances of aging parents of adults with severe mental illness, factors related to planning for the child's future have not been examined. Survey data from 157 mothers (Mage = 67), caring at home for offspring (Mage = 37) with diverse diagnoses, were entered into a four step regression analysis to identify predictors of stage of residential planning. Variables were organized into blocks based on the Double ABCX model of family adaptation which presumed that appraisals and mediators (i.e., resources and coping skills) would be the strongest predictors. As expected, objective aspects of caregiving (e.g., diagnosis and behavioral problems) were not significant in the full equation, while appraisals (e.g., burden) and positive coping (e.g., discussions with offspring) did emerge as significant predictors of planning. [Funded by the Graduate Research Board, Univ. of Maryland]

MOTHERS AS CAREGIVERS. CASE STUDIES OF ELDERS CARING FOR DEMENTED CHILDREN

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As parents age into their 80s and 90s, their children enter the period of risk for dementing illnesses. While progressive dementia is predominantly a disorder affecting persons over 70, about 5 % of patients experience onset of symptoms prior to age 60, and in these patients it is increasingly common to find a parent in the caregiving role. Very little is known about the characteristics of these caregivers, their caregiving situations, or the particular challenges they face.

Five case studies of elderly women ages 70 - 95 who functioned as caregivers to their children, ages 47 - 72, are reviewed. The patients all ultimately had severe cognitive impairment requiring near continuous supervision, and several had marked behavior disturbance. As might be predicted, these were very complex caregiver situations in which the caregiver had to struggle to define a role for which there are few models. These elderly caregivers had their own physical health issues, had elderly spouses of their own, had to deal with the special grief of losing a child and, because the patients were affected so young, the caregivers had to take on tasks not often part of the usual caregiving situation. For example, one of these women became caregiver to her son and surrogate parent to his teen-age children. The cases focus on the decisions and special needs of parental caregivers.

These case studies demonstrate the importance of understanding the evolving variations of caregiving roles so as to be able to provide appropriate services and support to this expanding group.

LET'S (NOT) TALK ABOUT SEX: YOUNG ADULTS REPORTS OF TOPICS IN INTERGENERATIONAL CONVERSATIONS

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According to the Communicative Predicament of Aging Model, young adults often respond to older adults based on stereotyped expectations of their communicative abilities (Ryan, Giles, Bartolucci, & Henwood, 1986). To what extent then, does a conversational target's age impact the topics of conversation a young adult would offer in intergenerational interactions? To answer this question, 189 young adults (18-27) imagined themselves having a conversation with either a 25- year-old or a 70-year-old woman. They made a list of all the possible topics of conversation, totaling 992 topics. Each topic was coded by category (content of the topic) and focus (directed toward self or other). A chi-square analysis revealed no differences in types of topics or focus of those topics between intergenerational and peer interactions. Young adults provide similar topics for conversations with a young target and with an older target. The results suggest that young adults perceive having a wide variety of topics available to them to use in interactions with peers and older adults. Yet the conversations would be neutral enough not to focus on either individual involved; that is, topics offered by young adults would limit the intimacy of the interaction. This study provides an important first step in understanding how young adults may seek to guide an intergenerational interaction through topic selection.

THE FLOW THEORY: ELDERS' FLOW RESPONSES AS SHOWN PRIOR TO AND FOLLOWING A CREATIVE ACTIVITY INTERVENTION

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Have you ever found yourself totally engrossed in an activity, unaware of time or place, no worries, anxiety or pain, feeling as if you were in total control of your actions and environment? You were experiencing flow. Mihaly Csikszentmihalyi developed the theory of flow in 1975 and has tested it mainly on young creative artists.

The flow model has been tested in various disciplines, but never in both Recreation/Leisure studies and Gerontology combined. Flow patterns of elders age 55+ in the Weld County, Larimer County areas were measured to ascertain if a creative activity intervention would affect an elder's level of flow.

Focus groups were conducted to identify individuals' creative passions, assess their willingness to participate in such an experience, and elicit suggestions for incentives. Participants were then given pagers and a notebook filled with questionnaires to complete. Participants were randomly paged during a routine day to remind them to document the flow levels they were currently experiencing. Creative activity interventions were designed and implemented and the above paging procedure was undertaken again. The level of flow prior to and following the intervention were then compared using repeated measures ANOVA.

SM & CAG will present their findings, share experiences and offer comments and suggestions concerning the research and its possible theoretical and practical application for both Recreation/Leisure studies and Gerontology

CHANGING PARAMETERS OF INTER- AND INTRAGENERATIONAL RELATIONS: A COMPARISON OF CANADA AND THE UNITED STATES

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Demographic and social change set parameters for family life in terms of the availability of specific family ties and of competing commitments (paid labour). Census and General Social Survey data are used to compare trends in Canada and the United States in marital status distribution, number of children, number of siblings, and labour force participation, over 30 to 35 years, by gender, 10-year age group from ages 25 to 85+, and, for the U.S., race. Results show similarity in trends (smaller families, increasing numbers of divorced) but underscore the significance of race in the U.S. and the greater likelihod of being divorced in the U.S. In both countries, paid labour among women is up dramatically while labour force participation has declined for older men. The implications of these results for informal support are discussed through a review of the relevant research. Divorce of both older and younger generations poses a particular threat to intergenerational exchanges of informal support. Yet, for several succeeding cohorts, either children and/or siblings will be potential sources of family support for the majority. Limitations of

available national data are noted (e.g., focus on traditional families and exclusion of gay and lesbian family ties, and of fertility among the never married until recently in Canada).

ANTICIPATING RESPONSE TO PREDICTIVE GENETIC TESTING FOR ALZHEIMER'S DISEASE

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Biomedical research promises eventual widespread predictive genetic testing for Alzheimer's disease (AD). The purpose of this study was to 1) gauge interest in AD predictive testing, 2) describe perceptions of test pros and cons, and 3) identify situational, demographic, and psychological factors that predict test intentions. Two hundred and three children and siblings of AD patients (M age = 54, 75% female) were surveyed. Six hypothetical test scenarios were posed, varying by situational factors such as available treatment options and nature of risk information. A majority of participants expressed intentions to pursue testing in five of six scenarios, with seven of eight test pros rated as more important than any test con. The most important test pros were informing later-life decisions, planning future AD care, and motivating monitoring of future AD treatment options. The most important test cons were emotional effects on loved ones, limited treatment options, and potential for genetic discrimination. Hierarchical regression analysis showed the following to be significant ($p < .05$) predictors of test pursuit intentions: male gender, less extensive AD family history, monitoring information-seeking style, and higher perceived AD threat. Situational factors such as certainty of results and available treatment options also affected test intentions. Results suggest a very positive view of AD predictive testing, with its limitations and risks underrated. Gender, health coping style, and AD illness representations are all likely to influence test decision-making. By identifying key issues in test appraisal and offering profiles of likely test candidates, study results may inform future AD genetic counseling and health education efforts.

ANALYSIS OF RESIDENT GENERATED VERBAL INTERACTIONS DURING A SMALL GROUP ACTIVITY INTERVENTION.

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Verbalizations produced by 59 cognitively impaired nursing home residents were categorized reliably according to the Verbal Interaction Analysis System (VIAS; Ralph, 1990). These interactions occurred as residents from two experimental conditions participated in three small group activity programs. Residents in the experimental condition were observed in two structured group activities, Enhanced Reading (ER) and Question Asking Reading (QAR). Twelve sessions of each activity were conducted across a six-week phase. The ER phase preceded the QAR phase. Residents in the control condition participated in 24 sessions of the regular nursing home activity program across a 12-week period corresponding to the ER and QAR phases. Group size was similar across activities, approximately 8 residents and 1 group leader. The majority of verbalizations observed in all activities were judged to be "on-topic" elaborations of the group discussion. When analyzed with a repeated measures ANOVA, a significant phase effect, $F(1, 57) = 5.89$, $p < .0184$, and a significant phase x condition interaction, $F(1, 57) = 9.61$, $p < .003$, were found for "on-topic" verbalizations. Residents in the experimental condition produced a higher mean rate of verbalizations than control residents. Also, residents in the experimental condition produced a higher mean rate of verbalizations during the QAR activity ($M = 12.67$) than during the ER activity ($M = 9.81$). Differences were not found for the mean rates of "minimal/maintenance" or "off-topic" verbalizations. Findings suggest that highly structured group activities, such as ER and QAR, can be used to facilitate resident verbal interactions. The potential impact of these results on nursing home activity programming will be discussed.

AIDS AWARENESS AND PSYCHOSOCIAL BARRIERS AMONG OLDER ADULTS

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CDC reports that 11% of all new AIDS cases are among people 50 and older. In addition, HIV/AIDS education is not reaching older adults. This study assesses the knowledge, attitudes, and risk behaviors regarding HIV/AIDS infection among older adults, and willingness to participate in HIV/AIDS education programs. A purposive sample of 249 ethnically and economically diverse adults 50 and older were selected from 14 organizations in rural and urban settings. Findings: 1)More than half the sample scored less than 50% on the HIV/AIDS knowledge scale.2)Over half believe they do not need to be concerned about HIV/AIDS infection.3)Only 4.9% of the sample had no risk factors.4)Females are more likely to attend education programs. The likelihood of attendance decreases with age.5)Significant differences were found on risk factors and knowledge by ethnicity.Conclusions: People 50 and older are sexually active, lack accurate information about HIV/AIDS, engage in high risk behaviors, and are in need of HIV/AIDS education. A specialized curriculum targeting older adults is currently being developed.

NEEDS ASSESSMENT OF VISUALLY IMPAIRED VETERANS.

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While considerable data has been developed on veterans attending VA blind rehabilitation programs, very little information is available on veterans who are unable or chose not to avail themselves of these services. This information is crucial in the design and/or optimization of the delivery of clinical services and assistive technology to this veteran population. 14,100 visually impaired veterans were surveyed in an effort to obtain basic demographic information, date and type of last blind rehabilitation service, receipt of prosthetic devices from the VA, living situation, visual status, current use of computer technology, as well as perceived specific rehabilitation needs. The typical profile of survey respondents was a recreationally active, 71-80 year old person living with a spouse, family member or roommate. Findings from these data demonstrate that 43.2% of respondents have never received VA sponsored blind rehabilitation training, and that younger veterans appear to receive VA blind rehabilitation services more often than do older veterans.

HOMEBOUND RURAL ELDERLY IN PENNSYLVANIA: AN EXAMINATION OF THREE COUNTIES

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To highlight the diversity in the rural gerontological population, this study focused on increasing our understanding of the culture of "homebound rural elderly" in Pennsylvania's Fayette, Greene, and Schuylkill county.

Using personal interviews with over 100 homebound elderly and a case study approach with a subsample, this cross-sectional study, multimethod study examined how the homebound elderly perceived service needs (delivery, access, and coordination of services), their intergenerational relations, their perception of needs (met and unmet), depressive symptomatology, health issues, and identification of caregivers (kinship/non-kinship). Similarities & differences in responses within and across counties will be presented.

Results suggest that homebound rural seniors face an array of multifaceted problems (transportation, loneliness, health problems, and access issues) that are fairly intricately linked. Coordination of service delivery is an integral issue for this population.

BENEFITS AND BARRIERS IN THE USE OF COMMUNITY SERVICES FOR DEMENTIA CAREGIVERS

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Recent studies have presented mixed results in evaluating the effectiveness of formal community services in reducing family caregiver stress. Studies have also suggested that many caregivers use limited services or access services late in their caregiving experience. The purpose of this study was to describe the experience of the use of community services, including benefits and barriers, for family caregivers of relatives with Alzheimer's disease or a related disorder. In this qualitative descriptive study a convenience sample of 21 family caregivers were interviewed. Open-ended questions were used to explore the caregivers' experiences with community services. Transcribed data were analyzed using qualitative content analysis techniques. Results indicated that family caregivers received unexpected benefits and also experienced financial and personal barriers to the use of services. These findings provide direction for further intervention studies that will target services to the expressed needs of caregivers.
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ALZHEIMER'S DISEASE: A COLLABORATIVE MODEL FOR OUTREACH EDUCATION AND SERVICE DELIVERY IN AN UNDERSERVED ELDER POPULATION.

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Low-income minority elders living in subsidized housing often do not seek out or receive needed health services. In an effort to provide education and assessments for possible memory problems to this population, a pilot project targeting 2 senior highrises was completed in 1998 by the Alzheimer Disease Research Center (ADRC) in collaboration with the Housing Authority City of Pittsburgh (HACP). This model aimed to: 1) train both HACP staff and highrise resident volunteers to recognize possible symptoms of Alzheimer's disease in highrise residents; and 2) provide memory assessments to appropriately referred residents. HACP staff and managers from the highrises recruited 3 residents to participate in the volunteer program. The ADRC Outreach Center (AOC) in cooperation with the Alzheimer's Association (Greater Pittsburgh Chapter) provided training to the 3 volunteers, 9 housing authority staff and 2 building managers. The training focused on identifying changes in behaviors of residents that may indicate memory impairments that might require interventions by medical professionals. After the training, the AOC social worker made scheduled visits to the highrises to meet with the volunteers and managers and to become visible to residents. When a resident was identified as exhibiting signs of dementia, the building manager contacted the AOC social worker who followed up with the resident and their family. Three and 6 month evaluations of the training and recruitment process were completed. The evaluations found that volunteers and housing authority staff maintained the knowledge they acquired regarding Alzheimer's disease at the training sessions. The majority of staff and volunteers became more interested in the program and felt better able to identify residents with possible dementia. The building managers learned to initiate proper referrals and found the training helped them understand some residents' behaviors that had been troublesome and problematic.

HEALTH CARE COMMUNICATION AND SUPPORT IN RURAL COMMUNITIES

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This paper reports findings from the 1997 Illinois Rural Life Panel Survey (IRLPS) regarding residents' attitudes toward and support issues in the access of health care providers in rural communities. The 1997 IRLPS is a collaborative effort between major health care organizations to provide data for planning and policy development in meeting health care needs in rural Illinois. 1,742 residents (50% response rate) returned surveys. 36% of respondents lived in communities of 2,500 or less; 56% were male 90% white, and 76% married. 81% reported health status as good to excellent. This analysis compares older (65 years+) to younger Illinois residents' attitudes and experiences related to health care utilization. 71% of older compared to 62% of younger residents were usually accompanied by an informal caregiver on medical visits. Older residents were more likely to indicate the need for support from informal caregivers on medical visits for a ride/transportation, helping give information to health care providers, and helping understand information given by providers. Younger residents were less likely to indicate that communication with health providers is **never** a problem (67% vs 75%). Of the different types of providers in rural areas, communication with physician specialists was reported to be a problem by 20% of younger residents compared to 10% of older people. Consistent with past studies, residents with lower incomes and less education were more likely to indicate the need for support during medical visits. Overall, IRLPS results demonstrate the need for provider awareness and understanding of caregiver and supportive roles in the delivery of health care to the rural elderly.

ACCIDENTS AND FALLS IN THE HOME: A CROSS-NATIONAL STUDY OF OCCURRENCE IN SCOTLAND AND THE USA.

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The risk of falling increases as one grows older. Annually, falls are reported by one fourth of all individuals aged 65 to 74, and by one-third of those aged 75 and over. Falls are one of the leading causes of death from injury for individuals aged 65 and over.

This study looks at the occurrence of falls in selected locals in Glasgow, Scotland and Erie County, Ohio. Subjects were interviewed by postal survey, with response rates of 31.9% in Scotland and 36.5% in the USA (Sample: N=687 out of 3,757 in Scotland, N=301 out of a random sample of 825 in USA). A series of questions relating to accidents within the past 12 months were asked. Accidents were prevalent, with 40% of those in Scotland and 66% in the USA. More women than men reported accidents in both countries. More accidents occurred in Scotland among those living alone, while in the USA more individuals living with someone reported accidents. Women reported more cooking burns. For both countries, the majority of accidents were minor, including bumping head, leg or arm and dropping objects. More falls and slips occurred outside the home, though trips inside the home were prevalent enough to warrant concern. The incidence of falls increased slightly with age for the Scottish sample, but not for the USA sample. Suggestions for limiting the risk of falls are offered, and intervention programs are presented.

Case Management: Development of a Cross-Cultural Skills Assessment Tool

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This study combines research in the US and Japan to study differences and similarities between case management skills and knowledge (S&K) in both countries. In this first phase of the study, during a two-day meeting in Los Angeles, a Japanese case management evaluation tool was translated into English. Two versions of the instrument were developed to determine if, when compared to ideals of S&K, self-rated competency is related to S&K frequency of use. Next, the instrument was pilot-tested through a series of focus group meetings with physicians, nurses, social workers, physical therapists, and case management administrators. Similar pilot-testing was done in Japan using identical focus group methodology. Participants were given two versions of the proposed instrument in random order. Version one measured "ideal" case management S&K and self-rated competency. Version two measured "ideal" case management S&K and frequency of S&K use. After completion, participants answered questions regarding content, format, and concept validity. The majority (95%) of participants found format and content to be good to excellent. Discussions regarding conceptual validity suggested that case managers do not equate self-rated competency with frequency of use. Further, culturally-specific terminology was found to confuse some participants (30%). Participant's suggestions will be implemented in phase two of the project.

Beliefs About Medications Survey (BAMS): Beliefs that Influence Self-Reported Compliance

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Although self-reported compliance is notoriously problematic, it is routinely used by physicians to track treatment. The present study surveyed 126 older adults (aged 56-88 yrs.) to test the Beliefs About Medications Survey (BAMS), and understand the impact of specific beliefs on self-reported compliance. The BAMS includes seven subscales (Self-Efficacy, Anxiety, and Change in Memory for Medications; Self-efficacy and Anxiety regarding Health Issues/Professionals, Beliefs about Drugs, and Anxiety about taking Drugs). Internal reliability estimates ranged from .72 - .87. A hierarchical regression analysis was conducted on self-reported compliance scores. Predictors included (a) objective health assessments, (b) self-rated activity/stress level, (c) medication side-effects, and (d) BAMS. The results indicated that the BAMS was the only predictor to explain a significant portion of variance (40%). Higher self-efficacy for remembering one's medications and anxiety about dealing with health issues resulted in higher compliance reports. Theoretical and applied implications are explored.

PREDICTING KNOWLEDGE OF SERVICES IN THE ELDERLY.

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Although several studies indicate that awareness of community and in-home services significantly facilitates service use, little research has examined the *accuracy of knowledge about* various services. This study expands the Anderson model to examine factors associated with knowledge about services in an elderly sample.

Data from a mail survey was sent to a random sample (N=759) of subjects aged 60 and older in the Northwest Indiana metropolitan area. Questions were asked about adult day care, Medicare, Supplimental Security Income (SSI), meals and respite services. We performed a linear regression analysis to determine the effects of demographic characteristics, service awareness and various measures of health on accuracy of service knowledge.

Results indicate that misinformation about services is widespread among the elderly. Variables representing predisposing, enabling and need factors were significantly associated with accuracy of knowledge (model $R^2 = 20$). The strongest predictor indicates that having a preference for family care was associated with less knowledge about services.

EVALUATION OF A RESTORATIVE CONDITIONING PROGRAM FOR OLDER ADULTS IN VARIOUS COMMUNITY ORGANIZATIONS

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The functional independence of frail elderly adults can be limited because of deconditioning caused by decreased mobilization. A "low tech" Restorative Conditioning Program (RCP), that prevents or reduces the negative effects of decreased mobilization occurring in this population, was developed and implemented in a variety of long-term care and community settings. The RCP utilized in-house staff to conduct the program and focused primarily on four types of exercise: range of motion and flexibility; resistance training (utilizing small amounts of weight); motor coordination activities; and low intensity aerobic training.

An evaluation of the implementation process was conducted to assess the barriers and facilitators to program implementation. The evaluation was based on staff and administrative interviews, an analysis of RCP participation records, on site observations of the process by project coordinator, and pre- and post-assessments completed on 60 program participants from eight organizations (two senior centers, three personal care homes, two congregate housing facilities, and one nursing facility) over a 6-month period. Key issues that facilitated or impeded successful implementation were: motivation of the organizational staff member conducting the program, the selection of participants with appropriate skill level to benefit from the program, and support by the administration.

A Follow-up Program for Patients Discharged from Sub-Acute Units in a Long Term Care Facility.

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This program has a two fold purpose: to insure that discharge patients have the necessary services in place at home, and to evaluate the care received during the inpatient stay. Staff developed and implemented a simple telephone questionnaire administered approximately a week and a month after discharge. Discharge problems are then identified and handled immediately by the Social Work Department. Care issues while the patient was in residence are evaluated, and brought to the attention of the appropriate discipline. However, results of the surveys indicate a high rate of satisfaction with services on discharge, and with the services provided to in patients.

This program offers a concise format for the provision of care and effectiveness of discharge planning.

DIMENSIONS OF CARE FOR DEMENTIA SUFFERERS IN LTC; ARE THEY RELATED TO OUTCOMES?

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Despite the popularity of special care units (SCU) for those suffering from dementia, rigorous scientific study has lagged behind rapid service developments. The few rigorous studies do not support a relationship between SCUs and a variety of outcomes. This study empirically investigated the relationship between five dimensions of care (preadmission/admission procedures, staff training/education, non-use of restraints, client relevant activities and the physical environment) and six outcome measures (cognitive functioning, agitation, social skills, functional ability, affect and expressive language skills) among new admissions suffering moderate or severe dementia in both SCUs and integrated wards in British Columbia at t_1 and one year later. There is no uniform distinction in terms of dimensions between SCUs and non SCUs. Some dimensions show significant relationships with some outcomes; they are not highly predictive. Facilities do not implement best practices on all dimensions. This may prevent strong predictive value because it may require high scores on most to achieve high quality outcomes.

Stimulating friendship in later life: a program for reducing loneliness in older women

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Theories of successful aging view the individual as proactive, regulating the quality of life by setting and striving toward goals, accumulating resources useful in adaptation to change with age, and actively involved in the maintenance of well-being. Various studies reveal that friendship is a valuable resource in the process of adaptation to changes related to widowhood, retirement and relocation in later life.

An educational program was designed to promote well-being among older women by helping them improve the quality of their friendships and their relational competence, defined as the ability to regulate support and companionship. Older women were chosen as the target of this intervention because of their greater likelihood of being widowed and living alone in old age, their greater physical and emotional vulnerability and their lower self-efficacy compared to older men.

In a pilot study of forty women who have participated in the friendship program, interviews and questionnaires on social networks, friendship and loneliness were administered at the end of the program and one year later. The results reveal that participants tend to live alone and are quite lonely initially; a year after the program, a majority have developed more complex friendship networks and have reduced their loneliness significantly. They are more successful in reducing loneliness than a comparison group drawn from a national survey on living arrangements and social networks. A combination of personal and social factors distinguishes successful from less successful participants in the friendship program.

LIFE EVENTS AND HEALTH SERVICES UTILIZATION IN AN OLDEST OLD POPULATION LIVING AT HOME

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Aim of the study is to detect the role of psychological factors in predicting health services utilization in a population of very old citizens living in Brescia, Northern Italy. Data are taken from 419 82-87 years old elderly subjects living at home (mean age 84.6±1.4, female 76%, living alone 46.8%, MMSE 23.5±6.1). The association between variables of health services (number of hospital admissions, medical consultation and examinations) and age, life events, social integration, cognitive functioning, sleep disturbances were studied. Life events (p=0.002),and cognitive functioning were directly associated with number of hospital admissions (p=0.0002 and p=0.02 respectively). Life events (β=0.12, p=0.01), social integration (β=0.13, p=0.008), age (β=0.10, p=0.04), sleep disturbances (β=0.11, p=0.04), and living alone (β=-0.10, p=0.05) were associated with number of medical consults and examination. The association between life events and health services utilization held even when corrected for number of somatic diseases.

Obtained data confirm the interaction between psychological well being and somatic health status and suggest that any decision about old citizens must be sensitive to oldest old' life events and impairment of intellectual abilities because these factors have important consequences not only on health but also on services utilization.

285

GERIATRIC CLINICAL SERVICE GROUP: IMPACT ON SERVICE ACCESS & UTILIZATION

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Clinical Service Groups (CSGs) have emerged as a key competitive strategies for health systems for marketing services and integrating care across departments and affiliated hospital and long term care institutions. This paper will report on the implementation approach and outcomes of one of the first Geriatric CSGs to be implemented nationally by the University of Pennsylvania Health System across 16 owned and affiliated hospitals. Core elements of the Geriatric CSG will be presented (including marketing, a 81,000 member senior program, professional development, employee training, tracking, and clinical development) along with supporting impact data including inpatient, outpatient and long term care admissions, patient retention and satisfaction, market share, and consumer image. Conclusions will follow on key factors that led to the successful adoption of the Penn Geriatric CSG and lessons for other academic and non-profit health systems.

HOSPITAL DISCHARGE PLANNING AND IMPLEMENTATION: PERCEPTIONS OF OLDER PEOPLE AND PRACTITIONERS

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A predominant component in community care is the process of transferring the care of people from the health care system into the social care system. Deficiencies in the practical administration of hospital discharge have been reported over the last thirty years in both the British and North American literature. This paper links a series of research studies concerning hospital discharge and older people. The key findings and common themes between the findings from: a postal survey of recently discharged older people; in-depth interviews with a sample of those older people; in-depth interviews with hospital and community based practitioner and managers; and two postal surveys of care management practitioners will be explored. In summary: most older people were satisfied with the discharge arrangements; older people were more likely to be critical of services than of professionals; lack of notice of discharge caused difficulties for staff and older people; practitioners reported that local discharge policies were not always followed; the need for staff training on roles and responsibilities was highlighted; problems with pre-emptive discharges were noted in each study; multidisciplinary and multi-agency working was seen as crucial to good discharge planning and implementation

INSURANCE COVERAGE AND OUT-OF-POCKET HEALTH EXPENDITURES BY OLDER ADULTS IN THE 1990 ELDERLY HEALTH SUPPLEMENT TO THE PSID

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Out-of-pocket health expenditures by adults age 65+ were examined in relation to Medicaid eligibility, membership in a prepaid health plan, and supplemental insurance coverage, using the 1990 Elderly Health Supplement to the Panel Study of Income Dynamics (PSID). Sociodemographic and health variables likely to affect health costs were controlled in predictions of use and of (logged) expenditures.

Those enrolled in prepaid plans had lower expenditures than those with supplemental insurance in the category of 'visits to physicians, therapists, and the emergency room'. Those in prepaid plans did not make fewer overall visits, which suggests that lower costs were not due to reduced access.

Those eligible for Medicaid had lower expenditures for physician/therapist/ER visits, and lower total expenditures than those with supplemental insurance. The proportion of household income spent on health care in general as well as on prescription medications was also lower among Medicaid eligibles. These results indicate that Medicaid was helping low-income elders as intended. However, Medicaid eligibles reported fewer overall visits, which may also reflect barriers in access to care.

Those with no heath coverage had significantly fewer overall visits and lower odds of using prescription medications than those with supplemental insurance. Lower use among the uninsured may reflect adverse selection in the insurance market. However, since several factors likely to affect need were controlled, differences in use are also likely due to reduced access among those with no coverage.

PROVIDING MENTAL HEALTH SERVICES TO OLDER ADULTS: OUTREACH STRATEGIES

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Whereas approx. 13% of the population is over 65, only 2-4% in outpatient clinics are over 65. Homebound elders, victimized elders and those from other cultures have particular difficulty accessing services due to financial issues, physical disability, stigma, lack of understanding and initiative to self refer, fearfulness on the part of people who have been victimized, and language & cultural barriers.

Using their experience directing a mental health clinic for older adults, the presenters will describe outreach strategies. These will include methods of enhancing rapport, using terminology acceptable to this cohort, educating elders about the process of psychotherapy, answering questions such as "what good does it do to talk?", and opportunities and pitfalls in providing in-home psychotherapy. Collaborative techniques with other professionals will be discussed, including education of professionals and paraprofessionals, enlisting their help to identify cases and to develop rapport. Participation in care coordination with multi-disciplinary teams and ethical issues such as informed consent, confidentiality and multiple relationships will also be addressed.

INTER-PROFESSIONAL CO-OPERATION IN GERIATRIC CARE - RESULTS OF A RESEARCH PROJECT

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Purpose: The aim of the project was to implement and systematise inter-professional co-operation (doctors, care-givers and therapists) for the provision of services for patients in need of care and rehabilitation without falling back on additional resources (i.e. co-ordinators, case managers).

Method: Altogether 13 inter-professional teams were created in the research regions, each consisting of a general practitioner, a nursing service and a therapist. Criteria and measures of inter-professional care were developed and agreed on the basis of typical disease syndromes and standard situations in home care.

Results: The project has resulted in an agreement between a number of doctors, nursing services and therapists to improve inter-professional co-operation in terms of typical age-related symptoms and the structure of co-operation processes. In co-operation with different professional groups several instruments were created to simplify and standardise information transfer.

Furthermore a number of improvements in inter-professional co-operation were achieved.

Conclusion: With the realisation that close co-operation in the sense of a patient-based co-ordination of health, nursing and therapeutic care for frail elderly patients is *possible, effective and resource-saving*, it also becomes clear that an exhaustive improvement of care and co-operation structures requires further measures to be taken, which consist in improving framework conditions (provision of basic geriatric qualifications including knowledge of the activating and rehabilitating capabilities of professions in care and therapy, knowledge of the local care infra-structure), motivation (incentives for inter-professional co-operation) and communication (rationalisation of information transfer by simplifying and standardising) are of major importance.

Needs-led assessment: fact or fiction?

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The NHS and Community Care 1990 Act heralded a new era in community care in the UK. Needs-led assessment and case management were to form the *cornerstone of* *high quality care*. Practitioners were challenged to alter their attitudes and practice to accommodate the needs-led approach. Previously they had assessed need to ascertain eligibility for statutory services, now they were required to identify 'need' per se. The pivotal role given to assessment means the success, or otherwise, of the reforms lies in part on the ability of practitioners to make this transition. However, practitioners would have to overcome conceptual barriers - need being a fuzzy concept, with no clear framework for assessing need existing - and deal successfully with the conflicting requirement to ration services in order to make needs-led assessment a reality. The opinions of social and health care practitioners (older people services) in North Wales in 1995 and 1998 were sought via semi-structured interviews in order to investigate whether the shift to needs-led practice had been possible. Supports and constraints to practice were also explored. Interview transcripts were content analysed. Practitioners indicated that whilst they welcomed the needs-led philosophy, putting it into practice was difficult, if not impossible. The main constraints were a lack of resources (financial, service provision and staffing) and conceptual difficulty separating 'need' from 'need for a particular service'. Ever tightening budgets and service eligibility criteria over the period of the study indicates a shift of focus from assessment of need to rationing has taken place.

286

ASSESSING HEALTH STATUS AND DESIGNING GERIATRIC TRAINING AND CARE PROGRAMS FOR OLDER ADULTS WITH INTELLECTUAL DISABILITIES

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Participants:

P.M. Ladrigan, J.D. Taets, P.W. Davidson, C.M. Henderson, & K. Bishop (Nazareth College and University of Rochester School of Medicine and Dentistry, 601 Elmwood Avenue, Rochester, NY 14642). Preliminary Results from a Health Status Survey of Older Adults with Intellectual Disabilities in One Health Planning District of New York.

A. Dalton, J.A. Tsiouris, & P.J. Patti (NYS Institute for Basic Research, 1050 Forest Hill Road, Staten Island, NY 10314). Geriatric Training Program for the Management of Age-associated Conditions in Persons With Intellectual Disabilities.

T. Zandi (SUNY Plattsburgh, Alzheimer's Assistance Center, 101 Broad Street, Sibley Hall 227, Plattsburgh, NY 12901). University-based Setting for Community Service and Student Training in Age Care of Adults with Intellectual Disabilities.

M. Janicki, & P. McCallion (University at Albany). Dementia Care Models for Community-dwelling Older Adults with ID: Design and Outcomes.

Discussants:

E. Ansello (Virginia Commonwealth University, Richmond, VA)

L. Force (St. Mary's College, Poughkeepsie, NY)

Adults with intellectual disabilities (ID) are a population showing a notable increase in size and dimension. Many are surviving longer into old age and are at the same time showing the same age-related and age-associated conditions and problems as do age peers in the general population. Localities across the US are faced with significant public health and public policy calculations due to the "aging in place" of many of these older adults and their impact on community care and health provision systems. This "aging in place" (i.e., decline, dementia, health, and other disability-related changes) stems from the advancing and advanced age of many community-dwelling adults with ID. Symposium participants will (1) review assessment of health status in a select population of adults with ID and review outcomes of a regional survey, (2) evaluate community care practices designed to help those adults manifesting dementia in older age, and (3) contrast approaches to training clinical personnel working in community services agencies and providing assessment and consultation services for addressing older age-associated decline, health and behavioral issues. Discussants will comment on the impact of measurement of health status in this population, will discuss the relevance of the data presented to care management and health care provision models within the context of shifting needs of this subset of the older population, and will proffer suggestions for continued research efforts.

PRELIMINARY RESULTS FROM A HEALTH STATUS SURVEY OF OLDER ADULTS WITH INTELLECTUAL DISABILITIES IN ONE HEALTH PLANNING DISTRICT OF NEW YORK

P.M. Ladrigan, J.D. Taets, P.W. Davidson, C.M. Henderson, K. Bishop. Nazareth College and University of Rochester School of Medicine and Dentistry, 601 Elmwood Avenue, Rochester, NY 14642.

Health aspects of aging in persons with intellectual disabilities (ID) are not well understood. The purpose of the present study was to describe the health status of a cohort of persons age 39 and older with ID residing in a variety of community care settings with the intent to use the data for planning geriatric assessment and providing more effective health provision. A mail survey approach was used, with a four-page survey form sent to the some 600 community care setting providers in the Finger Lakes region of New York. Responses were received on behalf of 431 adults meeting the study criterion. Study population ranged in age from 39 to 89, about 53% were males and 47% were individuals with mild or moderate ID, 53% were individuals with severe to profound ID. Some 8% were adults with Down syndrome, 10% had co-incident cerebral palsy, and 29% had some history of seizures. Disease conditions, using ICD-10 categories were captured if present or occurring within past 24 months. Queries were also made on health services utilization and manner of health care management. The data suggest a higher prevalence of morbidity than would be expected in age peers without intellectual disabilities. Health status was related to such factors as level of disability and gender. Age-related declines in health were similar to that of the general population, but evidence was found of underdiagnosis of many disease conditions. Generally, adults identified in the survey were followed by private physicians, although hospital based services were used in situations that may have been emergencies. These findings point to need for university-based aging and ID geriatric assessment services and consultative resources provided directly to community providers.

GERIATRIC TRAINING PROGRAM FOR THE MANAGEMENT OF AGE-ASSOCIATED CONDITIONS IN PERSONS WITH INTELLECTUAL DISABILITIES

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Service providers now recognize the need for enhanced clinical skills and expertise in the latest methods for assessment and management of functional decline in older persons with intellectual disabilities. The need is particularly acute in New York State, which has one of the largest aging populations of individuals with intellectual disabilities in the United States. The basic curriculum was an outgrowth of a 12-month statewide training initiative by the New York State Office of Mental Retardation and Developmental Disabilities. The goal of the present initiative was to increase the knowledge base and clinical expertise of practicing professionals in government and service provider agencies. Participants enrolled are called Clinical Associates. Each must be selected by and obtain approval for participation from their agency. Each participates in small groups of 2 to 4 at a time for 8-week periods for a total of 64 hours. Program content was been designed to meet the needs of professionals who already have at least 1 year of experience with older individuals with intellectual disabilities and who hold at least an MA in psychology, a BSW in social work, or certification as a registered nurse. Reported will be the details of program content and preliminary data on evaluations of program effectiveness and impact on service delivery in New York State for the aging population of persons with intellectual disabilities.

UNIVERSITY-BASED SETTING FOR COMMUNITY SERVICE AND STUDENT TRAINING IN AGE CARE OF ADULTS WITH INTELLECTUAL DISABILITIES.

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The SUNY/Plattsburgh Geriatric Care Program provides training to 50 professionals in the field of intellectual disabilities and aging on an annual basis. Funded by a demonstration support grant from the New York State Developmental Disabilities Planning Council, the GCP, using its service program - the Third Age Program for Dementia Care - provides four rotational programs that take place in one intensive week of training. The program was designed to help develop clinical assessment and service intervention and planning capacity in an area with scarce clinical resources. The Program is a partnership between the area's primary institution of higher learning and the association of intellectual disability agencies servicing the area. Trainees are clinical professionals drawn from intellectual disability service agencies in a 12-county area of northeastern New York, a primarily rural and service sparse area. Clinical assessment training candidates begin with an introduction to the general aging literature and neuropsychology, then affiliate with the program's neurologist for observation of neurological evaluations and pharmacology. They then experience the communication disorders programs and participate in exercises in differential diagnosis and social work, physical therapy, and occupational therapy activities intervention. Clinical trainees also participate in the university's Third Age Program, the only dementia adult day services program in the geographic area. Explored are the experiences of this demonstration project and discusses evaluative outcomes from the perspectives of the clinical trainees, the university, and the participating agencies.

DEMENTIA CARE MODELS FOR COMMUNITY-DWELLING OLDER ADULTS WITH ID: DESIGN AND OUTCOMES.

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The increase in longevity and numbers of survivors among the older population of adults with intellectual disability is presenting new challenges with regard to care for adults with intellectual disability affected by dementia. To determine how agencies serving older adults with intellectual disabilities (ID) who manifest dementia approach care management, a sample of agencies affected by dementia were surveyed using a critical incident approach. Assumptions underpinning the study included (1) dementia recognition is a slow and unimposing process, (2) referral for diagnostic determinations is irregular, and (3) agency care management systems are slow to mobilize when diagnosis is confirmed. Agencies with one of more adults with ID who manifest dementia symptoms and who resided in a group living or family care settings were contacted and asked to complete a questionnaire relative to how they handled identification, referral, and resource allocation. Decision making process on retention or referral-out were assessed. Agencies were found to contend with a critical incident that usually augured changes in homeostasis of staff and care management practices. With those agencies that chose retention as a course of action, we discuss care management and program changes that were instituted (staff training, environmental modifications, and program adaptation). Implications for care management policies and agency practices, with increase in numbers of affected adults with ID who manifest dementia, are explored.

NO PLACE CALLED HOME: IMPROVING POOR NURSING HOMES WITHOUT CLOSING THEM AND TRANSFERRING THE RESIDENTS.

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Participants:

W.F. Benson, (The Benson Consulting Group, Washington, DC, 20036) Crisis for Nursing Home Residents: Shuttering Nursing Homes and Strategies for Avoiding Closures.

H.A. Fields, (Facility Monitoring Services, Washington, DC., 20009) Professional Monitoring of Poor Performing Nursing Homes: The Court and D.C. Village Nursing Home.

D. Menio, (CARIE, Philadelphia, PA 19107) A Local Ombudsman Program's Response to State Forced Facility Closures.

T. Edelman, (National Senior Citizens Law Center, Washington, DC, 20005) Legal Strategies To Prevent or Ameliorate the Effects of Facility Closures.

Discussant:

P. McGinnis, (California Advocates For Nursing Home Reform, San Francisco, CA, 94109

Nursing homes appear to be closing their doors by choice or having their doors locked by regulatory action at an increasing rate. Various factors are at play: "Get tough" attitudes by regulators in the face of criticism for lax enforcement; financial difficulties within the industry due to over-leveraging, the new SNF PPS and other financial factors; state moratoria on construction and expansion; and increasing emphasis on home and community-based alternatives. Regardless of reasons, the closure of a nursing home, especially on short notice, can be a traumatic event for the community, the employees, and especially the residents and their families. Alternative placements are not easily or appropriately obtained. This symposium will present an overview of the consequences of facility closures and strategies for improving care without closing the facility, or overseeing an orderly and responsible closure and minimizing the potential adverse effects or trauma associated with the transfer of nursing home residents.

CRISIS FOR NURSING HOME RESIDENTS: SHUTTERING NURSING HOMES AND STRATEGIES FOR AVOIDING CLOSURES.

W.F. Benson, The Benson Consulting Group, Inc., Washington, DC, 20036.

Anecdote reports from ombudsmen and other nursing home advocates suggest that not only are there are growing numbers of nursing homes closing their doors or facing actions that may put them out of business. Reports suggest that financial difficulties in the nursing home industry may lead to even greater numbers of self-imposed closures, particularly by multi-facility corporations. Nursing Home resident advocates are beginning to develop strategies for keeping the facilities open while improving the overall quality of care or life for residents, or improving quality while the facility closes with minimal disruption to residents or their families. This opening segment will provide an overview of the issue and different strategies and tactics used or considered by advocates and others.

PROFESSIONAL MONITORING OF POOR PERFORMING NURSING HOMES: The Court and D.C. Village Nursing Home.

H.A. Fields, Facility Monitoring Services, Washington, DC, 20009.

In 1995, Dr. Harriet A. Fields was appointed by the Honorable Thomas F. Hogan, a U.S. District Court, to represent the court as a full-time monitor in D.C. Village, a nursing home in the District of Columbia under court order because of its terrible condition. Dr. Fields oversaw the daily operation of the facility, advised the DC government on compliance with the court's order, and apprised the court of the facility's progress. While the facility eventually closed, Dr. Field's was credited by the court and others for overseeing improvements in care and more humane treatment of residents. Subsequent to that experience, Dr. Field's has worked with the U.S. Department of Justice and others in advising about and performing facility monitoring services. Dr. Fields will describe her hands-on experience as a monitor and present the role of formal, professional monitoring as a crucial strategy for turning poorly managed homes around.

A LOCAL OMBUDSMAN PROGRAM'S RESPONSE TO STATE FORCED FACILITY CLOSURES.

D. Menio, CARIE, Philadelphia, PA 19107.

When a large Philadelphia nursing home (207 beds) was closed by order of State officials, the residents and their families were the last to know, and were given 30 days to move. In fact, some family members heard the about it on news reports as the closure was announced. CARIE's ombudsman staff took on the task of advocating for the rights of residents when their fundamental right to stay in their home was abridged.

This segment will 1) identify the issues which led to the closure; 2) provide a framework for addressing issues facing inner-city poor nursing home residents; 3) discuss the role of the ombudsman both before and following closure; 4) provide recommendations for alternatives to closure; and 5) discuss the ramifications of this experience over the past two years and advocacy efforts to prevent similar events from again occurring.

LEGAL STRATEGIES TO PREVENT OR AMELIORATE THE EFFECTS OF FACILITY CLOSURES.

T. Edelman, NSCLC, Washington, DC, 20005.

Ms. Edelman, a staff attorney with the National Senior Citizens Law Center and a board member of the National Citizens Coalition for Nursing Home Reform, is among the nation's foremost litigators and strategists regarding nursing home care and regulation. This segment will provide insight into the legal strategies and tactics that attorneys, advocates, citizen groups and families can consider to delay or halt attempts to close facilities, or to provide a legal framework for protecting the rights of residents during closure actions and the transfer of residents. Ms. Edelman will also discuss the role the courts can play in ensuring improved quality in nursing homes.

288

GSA 1999 LONG SYMPOSIUM ABSTRACT

RESPECTING BOTH VOICES IN DYAD RESEARCH THE CHALLENGES OF INTERVIEWING PERSONS WITH COGNITIVE IMPAIRMENT & THEIR FAMILY CAREGIVERS

L F Feinberg, Family Caregiver Alliance, 690 Market St , San Francisco, CA 94104 &
C J Whitlatch, Benjamin Rose Institute, Cleveland, OH 44114

Participants

L F Feinberg (Family Caregiver Alliance) Challenges and Rewards of Conducting Dyad Research in Dementia Care Setting the Context

J Robinson-Teran (Family Caregiver Alliance) Recruitment, Screening and Consent Issues in Dyad Research

J Amberg & D Barnes (Family Caregiver Alliance) Perspectives on Interviewing Persons with Cognitive Impairment and Their Family Caregivers

C J Whitlatch (Benjamin Rose Institute) Cultural Issues in Dyad Research

Discussant

S J Zarit (Department of Human Development and Family Studies) The Pennsylvania State University

While much research has focused on family caregivers, few studies have gathered data from persons with cognitive impairment alone or from *both* the caregiver and the affected person Including the perspectives of both the affected person and the caregiver is especially important given the trend toward earlier diagnosis of dementia and the growing focus on consumer directed care This symposium addresses methodological issues in conducting dyad research when cognitive impairment is present Each presentation in this symposium examines a different aspect of the process of conducting dyad research within direct service agencies including sampling, recruitment, screening of cognitive ability, confidentiality, consent, interviewing and follow-up. Discussion will highlight strategies for conducting dyad research with this special population.

CHALLENGES AND REWARDS OF CONDUCTING DYAD RESEARCH IN DEMENTIA CARE: SETTING THE CONTEXT.

L.F. Feinberg, Family Caregiver Alliance, 690 Market St., Suite 600, San Francisco, CA 94104

Balancing the preferences of a person with cognitive impairment with the preferences of the family caregiver is exceedingly complex. While much research has focused on family caregivers, few studies have gathered data from persons with cognitive impairment alone or from *both* the affected person and the family caregiver. Decision-making, values, quality of life, and service preferences are critical issues for both members of the dyad when cognitive impairment is present. This paper sets the context for this symposium by providing an overview of a two and a half year research study, funded by The Robert Wood Johnson Foundation's *Independent Choices Initiative*, which examines decision-making in everyday care for persons with cognitive impairment and their family caregivers. This paper will introduce the methodological issues involved when conducting dyad research with this population.

RECRUITMENT, SCREENING AND CONSENT ISSUES IN DYAD RESEARCH

J. Robinson-Teran, Family Caregiver Alliance, 690 Market St., Suite 600, San Francisco, CA 94104

Issues of recruitment, screening, and consent in dyad research with persons with cognitive impairment and their family caregivers are particularly challenging. This paper explores these issues from the perspective of the research coordinator of a two and a half study funded by The Robert Wood Johnson Foundation's *Independent Choices Initiative*. Data on 50 caregiver-impaired adult dyads were collected to explore decision-making in everyday care for persons with cognitive impairment and their family caregivers. This paper will focus on recruitment strategies for sample selection within a service agency, the screening process, inclusion criteria, and obtaining consent from the person with cognitive impairment over the telephone.

PERSPECTIVES ON INTERVIEWING PERSONS WITH COGNITIVE IMPAIRMENT AND THEIR FAMILY CAREGIVERS.

J. Amberg & D. Barnes, Family Caregiver Alliance, 690 Market St., Suite 600, San Francisco, CA 94104

Interviewing persons with cognitive impairment and their family caregivers pose unique challenges for data collection. This paper describes the data collection process from the perspective of the research interviewers involved in a two and a half study funded by The Robert Wood Johnson Foundation's *Independent Choices Initiative*. Data on 50 caregiver-impaired adult dyads were collected via in-person interviews to explore decision-making in everyday care for persons with cognitive impairment and their family caregivers. In this study affected persons were interviewed twice, one week apart, to insure the stability and reliability of their responses, and to screen for level of cognitive ability (e.g., MMSE scores between 13 and 26). Family caregivers were interviewed separately, one time only, within the same time period. Key issues to be discussed include the utility of the MMSE as a screen for cognitive ability and the interviewer's perception of the affected person's ability to comprehend the questions asked.

CULTURAL ISSUES IN DYAD RESEARCH.

C.J. Whitlatch, The Benjamin Rose Institute, 850 Euclid Ave., Suite 1100, The Citizens Building, Cleveland OH 44114-3301

Few studies have gathered data from persons with cognitive impairment alone or from *both* the affected person and the family caregiver. This is especially true for research involving African American families. This paper addresses methodological issues in conducting dyad research when cognitive impairment is present in African American families. Forty dyads were interviewed as part of a two-year study funded by the AARP Andrus Foundation to explore decision-making in everyday care for persons with cognitive impairment and their family caregivers. This paper will describe the similarities and differences in the data collection efforts between this study and the previously mentioned RWJF study. Cultural issues related to recruitment and interviewing will be highlighted.

289

DEVELOPMENT AND VALIDATION OF NURSING HOME QUALITY INDICATORS: METHODOLOGICAL AND ANALYTIC CHALLENGES.

J. Bradsher, Abt

Associates, 55 Wheeler St. Cambridge, MA. 02138 (organizer).

Participants:

T. Moore & J. Bradsher (Abt Associates, Cambridge, MA, 02138) An Overview of Development and Validation of Nursing Home Quality Indicators.

K. Berg, S. Miller (Brown University, Providence, RI, 02912) & J. Bradsher (Abt Associates, Cambridge, MA, 02138) Measurement issues and criteria for reviewing existing Quality Indicators of Nursing Home Care.

V. Mor (Brown University, Providence, RI 02912) & J. Morris (Hebrew Rehabilitation Center for the Aged, Boston, MA 02131) Differential Discharge Rates and Benchmarking: Testing the Validity of Nursing Home Quality Indicators.

K. Murphy & J. Morris (Hebrew Rehabilitation Center for the Aged, Boston, MA 0213) Secondary and Primary Validation Efforts in the Development of Nursing Home Quality Indicators.

Discussants:

D.R. Zimmerman (Center for Health Systems Research and Analysis, University of Wisconsin, Madison, WI).

OBRA 1987 was the most far reaching revision to the standards, inspection process and enforcement system for quality care in nursing homes since 1965. However, it seems that OBRA has only been marginally effective in improving nursing home care because it has been so poorly implemented and enforced. Recently, HCFA has developed a new paradigm for regulating the quality of nursing home care: targeting inspections based upon ongoing data obtained from facilities. Clinical data from the nursing home resident assessment process, along with service utilization data from claims and other sources, can be used to characterize the "performance" of nursing facilities on key measures of quality in relation to a standardized "benchmark". This symposium describes a collaborative effort, which is being undertaken by the presenters in the symposium and others, to determine the appropriate benchmarks, and determine what quality indicators will highlight the facilities that deviate from this standard. Through this effort, indicators are being developed and validated for long-term care, post-acute, and special (e.g. hospice) populations.

AN OVERVIEW OF DEVELOPMENT AND VALIDATION OF NURSING HOME QUALITY INDICATORS. T. Moore & J. Bradsher (Abt Associates, Cambridge, MA, 02138).

OBRA 1987 was the most far reaching revision to the standards, inspection process and enforcement system for quality care in nursing homes since 1965. However, it seems that OBRA has only been marginally effective in improving nursing home care because it has been so poorly implemented and enforced. Recently, HCFA has developed a new paradigm for regulating the quality of nursing home care: targeting inspections based upon ongoing data obtained from facilities. Clinical data from the nursing home resident assessment process, along with service utilization data from claims and other sources, can be used to characterize the "performance" of nursing facilities on key measures of quality in relation to a standardized "benchmark". This paper provides an overview of the collaborative project which the presenters have undertaken to develop and test appropriate benchmarks, and determine what quality indicators identify facilities which deviate from the standard.

MEASUREMENT ISSUES AND CRITERIA FOR REVIEWING EXISTING QUALITY INDICATORS OF NURSING HOME CARE. K. Berg, S. Miller, (Brown University, Providence, RI, 02912) & J. Bradsher (Abt Associates, Cambridge, MA, 02138)

A comprehensive database of existing quality indicators was developed during the first 6 months of the study. We reviewed published literature and web sites that described existing quality indicators in long term care. Additionally, we gathered information from 1) quality improvement management departments for all major nursing home chains, 2) all JCAHO certified ORYX vendors having indicators relevant to long-term care, and 3) the authors of any published indicator systems. Indicators were classified into 4 domains: functional, clinical complexity, psycho-social and prescription drug use. The review criteria included the data sources, clarity of definition, risk adjustment method and whether it was measured cross-sectionally or longitudinally. Available psychometric properties were also documented. This paper will discuss the issues encountered in reviewing quality indicators and criteria for determining which indicators were candidates for validation.

SECONDARY AND PRIMARY VALIDATION EFFORTS IN THE DEVELOPMENT OF NURSING HOME (NH) QUALITY INDICATORS (QIS). K. Murphy & J. Morris (Hebrew Rehabilitation Center for Aged, Boston, MA 02131).

A major task of this project was to evaluate the readiness of existing QI's for use in 4 target areas: NH survey and certification; value-based purchasing; facility-level continuous quality improvement; and informing consumers about NH quality. In the absence of unequivocal "gold standards" of quality in NH care, we are using a "preponderance of evidence" model to determine if existing QI's are indeed valid measures of care quality. We have undertaken a multi-staged, empirical approach to validation that includes 1) analytic modeling of existing QI's with multi-state, longitudinal MDS and OSCAR data files, and 2) extensive on-site field validation studies in NHs in 5 states. In this presentation, the authors will discuss methods and issues related to secondary and on-site validation processes and provide examples for illustration.

DIFFERENTIAL DISCHARGE RATES AND BENCHMARKING: TESTING THE VALIDITY OF NURSING HOME QUALITY INDICATORS. V. Mor (Brown University, Providence, RI 02912) & J. Morris (Hebrew Rehabilitation Center for the Aged, Boston, MA 02131).

Using Quality Indicators to rank or compare facility performance presumes that the underlying populations being examined come from the same population and that observed differences can be statistically adjusted. Since long term care programs value reducing functional decline, many QIs are constructed by comparing rates of longitudinal change. However, change cannot be calculated for those residents no longer in the facility to have their outcome measured. Discharges may be due to having different rates of admissions and or more importantly, different rates of discharge, either to hospital or due to death or return home. Such "censored" cares can't be measured, making any comparison of low and high discharge facilities biased. In this presentation, the authors present the results of a series of analyses performed to estimate the scope and direction of such biases in terms of the relative ranking and benchmarking of different types of nursing homes.

290

SYMPOSIUM ABSTRACT

Models of Care for Complex, Frail Elderly in a Managed Care Setting

Kathryn Borgenicht, MD - Moderator - Associate Clinical Professor. UCSF 66 Clipper St. SF. CA
Jeffrey Beane, MD, Geriatrician, Marilyn P. Williams, MS, RN, Geriatric Clinical Specialist, Susan Feledy, RN, Case Manager,Teri Gwin, GNP, Sue Beers, MSW - Community Care Program. Kaiser Medical Center. 4131 Geary Blvd. SF. CA 94115
Susan Roth, MS, RN, Geriatric Clinical Nurse Specialist, Brown & Toland Medical Group. 3838 California St. SF. CA 94118
Eileen Goldman, LCSW, Jewish Family and Children's Services. 1710 Scott. SF. CA 94115

Dr. Kathryn Borgenicht will serve as moderator of a program in which two models for care for complex, frail elderly will be presented. Both models occur within managed care settings. She will also lead a dialogue in which members of programs in attendance describe other similar programs. (See below)

Community Care Program: Community-based program at Kaiser Permanente in SF and SSF designed to provide medical care and case management services to homebound frail elderly. The following information will be provided: Reason for startup, roles of team members, entry criteria, clinical tools used on initial assessment and a look at problems encountered and attempts at resolution. Outcome criteria monitoring will be discussed as well as patient participant characteristics.

Identification and Early Intervention Program: Program in which non-sectarian social work and case management services are provided to the Medicare Risk members of Brown and Toland Medical Group. In this model, members are identified by B&T physicians and linked with Jewish Family and Children's Services for provision of SW and CM services for a time limited period.

The purpose of the symposium is to allow presentation of the above programs and encourage members of programs in attendance to present other programs serving this population according to the following format: 1) Site of program 2) Purpose of program 3) Population and number served 4) Overall characteristics of population 5) Makeup of team 6) Funding source 7) Evaluation of program re: outcome criteria 8) Areas within program which work and which don't.

291

Is Narrative Theory the Genome of the Humanities and Arts?

The Human Genome Project (HGP), a coordinated national effort to find the estimated 80,000 human genes and determine the sequence of the three billion DNA building blocks, is now scheduled to reach completion in 2003, coinciding with the 50th anniversary of Watson and Crick's description of the fundamental structure of DNA. By successfully mapping the entire human genome, scientists have an unprecedented opportunity to address needs in molecular medicine, waste control and environmental clean up, biotechnology, energy sources, and risk assessment.

The double-helix structure of DNA, a well-established paradigm, has allowed scientists from across the world and from various area of the life sciences to integrate their research, diverse methodologies, and particular areas of concern, and to contribute to a comprehensive understanding of human genetics. Are there any corresponding models or paradigms in the humanities and arts that invite interdisciplinary collaboration, especially as these might bear upon the aging process and the experience of growing old?

Narrative theory, which originated in a cross-fertilization of linguistics, philosophy, and literature, has attracted researchers and scholars from diverse fields of the humanities, humanistic social sciences, and the arts to examine "biographical aging" and to pay close attention to such matters as discourse in gerontology and in self-narrative of aging individuals, meaning as a function of "enplotment," continuity across the life course, renewal and recovery through "restorying' one's life, and the nature of later life as culminating stage of human development. Narrative methods of research and scholarship have brought new insight into ethical issues of aging, end-of-life decision making, rites of passage in mid-life and old age, body image in recovery from illness, partnerships between patient and physicians, and investigation of wisdom and ethical discernment in a later life. In a sense, narrative theory provides ways to make linkages and determine sequencing of the invisible or metaphorical map of human aging.

But is narrative theory simply a heuristic for the study of aging or can it be a foundation for scholars and researchers to build upon? Symposium participant, gerontologist and dancer, Andrea Sherman will answer this question by identifying how the narrative of rituals function as "cultural mirrors" reflecting transformative qualities through the life course. She will show the underlying presupposition of creativity in later life and the foundation for diverse forms of art therapy as rooted in the narrative of ritual - a pathway to linking past and present through the media of the arts. Sherman will draw from the work of Myerhoff, Kaminsky, Hembrock & Boudewijnse, and Grimes to support her views. Psychologist and literary scholar Harry Berman will draw on his in-depth studies of memoir and biography to examine narrative coherence in later life. Heavily influenced by the hermaneutical scholarship of philosopher H.-G. Gadamer, Berman will assess the contribution of narrative thinkers and the benefits for understanding aging derived from this unique approach. And symposium organizer moderator Ron Manheimer will tap his knowledge of philosophies of aging to explore "narrative philosophies" of aging and later life, examining the fundamental split between social scientists drawn toward biological models of aging and later life, and humanistic models – especially narrative theory. Manheimer will draw on philosophers from Plato to Ricoeur for his approach.

292

Why Older Age Predicts Lower Acceptance of Physician-Assisted Suicide

Jan Hare, Ph.D., Associate Professor, Denise Skinner,

Ph.D., Professor and Dave Riley, Ph.D., Professor
University of Wisconsin-Stout, College of Human Development, Menomonie, WI 54751

Little is known about what influences the thinking of Americans with regard to the legalization of physician-assisted suicide. This study develops a model which specifies the beliefs and concerns which predict attitudes toward assisted suicide and who is most likely to hold those beliefs/concerns. Questionnaires were administered to clinic outpatients, university students and the general public in western Wisconsin. Total sample consisted of 1,939 adults. Less than 10% declined to participate. Data were collected in two waves. No differences were found for the outcome variable between the two data collection sites (clinic and community); therefore, all data were aggregated for analysis. Attitude regarding legalization of physician-assisted suicide was measured by a single item utilizing a 7-point Likert scale. Religious beliefs, concern about vulnerable people, belief that all life's transitions have value, and concern about unequal access to the health system significantly predict attitude toward the legalization of physician-assisted suicide. Two of the original nine hypothesized paths show evidence of mediating the effect of age. Older age significantly predicts Religious Beliefs and Concern for Vulnerable People and each of these in turn significantly predicts the outcome, attitude toward physician-assisted suicide.

Nurses' Use of Palliative Care in the Acute Care Setting

E.J.Cherlin, E.H.Bradley, T.Fried, S.Kasl, R.J.Hurzeler, D.V.Cicchetti, S.M.Horwitz, Yale University School of Medicine, 60 College Street, New Haven, CT 06520

This research examined nurses' use of palliative care methods when caring for terminally ill patients (defined as having a life expectancy of ≤ 6 months) in the acute care setting. Using data from a structured, self-administered instrument in a cross-sectional survey of randomly selected hospital-based nurses in Connecticut (n=180, response rate=82%), the study indicated that 82.8% of the nurses regularly used palliative care methods when caring for terminally ill patients. The most commonly used palliative care practices nurses reported using with most or all of their patients were: active and passive listening (88.0%); requesting increased doses of pain medication (82.2%); and administering pain medication knowing it might shorten the patient's life. In multivariate analyses, factors associated with greater use of palliative care (measured with a scale reflecting frequency of each method used) were being female (p=.011), being younger (in practice <10 years, p=.030), receiving hospice training in the last five years (p=.053), and being assigned primarily to an oncology unit (p=.034). In addition, nurses who were more likely to use palliative care practices perceived themselves as being well trained enough to take care of terminally ill patients (p=.025) and perceived themselves as being knowledgeable enough to discuss hospice care with patients and families (p=.026). This study suggests that palliative care methods are used by nurses commonly in an acute care setting, outside traditional hospice settings. However, there is substantial variability in the rates of use, according to age, gender, specialty and knowledge of the nurse. Further research in this area is needed to assess the effect palliative care on patient and family outcomes in the hospital setting. SRPP-6

END-OF-LIFE PLANNING AND PALLIATIVE CARE IN ASSISTED LIVING FACILITIES.

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Assisted Living Facilities (ALFs) are a rapidly growing component of LTC, as an alternative to nursing homes, in the US. The philosophy of care, and the marketing of ALFs speak to "aging in place", a corollary of which should be the option of "dying in place." Medicaid and Medicare dollars flow into ALFs through a variety of ways and, as such, residents of ALFs should have the right to be informed about their right to plan their end-of-life (EOL) care, including the execution of an advance directive, under the PSDA. A convenience sample (n=300) of ALFs throughout the US was surveyed to ascertain 1)whether, to what extent, and how ALF residents are informed about, and assisted with, this righ; 2) whether, what, and how palliative comfort care measures are provided in ALFs; and 3) barriers to, and exemplary models of, EOL planning and care in ALFs. There are significant barriers to EOL planning including that ALF staff (or the home care agency staff that provide personal care in ALFs) lack the knowledge to provide advance directive education or assistance. Barriers to EOL (hospice-type) care include: federal and state regulations regarding the storage, dispensing and administration of medications in ALFs; between-statedifferences in Nurse Practice Acts with regard to delegation of professional nursing acts, such as medication administration. ALF operator owner concerns with community-based DNR orders will be described as will an exploratory understanding of why, in those states that encourage hospice care in ALFs, facilities are reluctant to provide this service. Exemplary models of EOL planning and care will be described.

PHYSICIAN-ASSISTED SUICIDE AND EUTHANASIA IN OLDER MEN AND WOMEN: COMPARING CHARACTERISTICS OF THE KEVORKIAN AND OREGON CASES

L. Roscoe, J. Malphurs, L.J. Dragovic, D. Cohen,
Department of Aging and Mental Health, University of South Florida, Tampa, FL 33620; and Oakland County, Michigan Medical Examiners Office, Pontiac, MI, 48431.

This study compared the clinical and psychosocial characteristics of older men and women who died as a result of legal physician-assisted suicide in Oregon in 1998 with those who were euthanized with Jack Kevorkian's assistance from 1990-1998. Physician-assisted suicide was legalized in Oregon in late 1997, and data from the first year's experience was recently made public. The median age of the 15 patients who died as a result of legalized drug overdoses was 69 years. All were white, all but one were residents of the state of Oregon, 46% were female, and the majority had diagnoses of terminal cancer (87%). The euthanasia sample included 47 cases of men and women, age 52 and older, whose deaths were assisted by Jack Kevorkian and investigated by the Oakland County, Michigan Medical Examiner's Office. The median age of the euthanasia cases was 67 years. The majority were white (95%), 25% were residents of the state of Michigan, and 75% were female. Twenty-one percent had terminal cancer diagnoses and 30% had a neurological disorder evident at autopsy. The male and female euthanasia cases were not significantly different in age, number of pathologies, or depression. Female euthanasia cases were significantly more likely to report pain than male cases (X^2=6.72, p ≤ .01). These results suggest the need to examine gender differences in the perceived desirability of physician-assisted suicide. The impact of the significant illness burden of neurological disorders on end-of-life decisions should also be studied in light of emerging data.

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DIALOGUE TOWARD IMPROVING END-OF-LIFE CARE AT SUNSHINE TERRACE.

T. Peak, Social Work Program, Utah State University, Logan, UT 8322-0730; S. Sinclair, Sunshine Terrace Foundation, Logan, UT 84321-3805; R. Budge, Utah State University.

We describe the results of three focus group sessions designed to identify ways to improve end-of-life care for residents, families, and staff at a large nursing home in a semi-urban setting. Two sessions were held for family members and one for staff. Group discussions focused on concerns and weaknesses (as well as strengths), and generated suggestions for process and procedural improvements. Invitation letters were sent to family members of all residents who had died between January and October 1998. Staff participants were selected by their supervisors and then invited to participate. All participants were volunteers. The goal of the sessions was to open communication channels. Feedback from the three sessions and descriptions of the changes that resulted are discussed. Some of the issues raised by families included wanting more sensitivity from staff, a private space to be with their dying relative, and more and better information. Staff members expressed a sense of awkwardness about recognizing privacy boundaries. On the whole though, participants valued the opportunity to express their concerns and appreciated that someone cared enough to listen to them.

Attitudes Of Health Care Professionals Towards Palliative Care

A.Ramesh, T. Bharathan, B. Vardhini, G. Goldenberg, R. Parmar. Dept Of Medicine, Division Of Geriatrics, New York Methodist Hospital, Brooklyn, NY 11215.

Aging of American population should increase the utilization of palliative care (PC). The objective of this study was to identify attitudes of health care professionals (HCP) towards issues of palliative care in a teaching community hospital. A 20-item questionnaire was distributed to 250 HCP. Responses were obtained from 101 physicians (medical attendings and residents) and 83 nurses. Twenty six respondents (14.1%) had previously attended seminars in PC. Religious affiliations of HCP were: 39.5% Catholics, 16.8% Hindus, 13.5% Jews, 12.5% Protestants, 2.7% Muslims, 1.6% Buddhists. Multivariate logistic regression analysis was applied to analyze the obtained data. Eighty six percent of HCP agreed that death should be comfortable and 77.1% did not fear that liberal use of analgesics hastens death. Seventeen percent of HCP were uncomfortable to discuss end-of-life issues with patients' families (Hindus more likely, (RR=3.8,CI=1.1-13.5) and 10.3% of HCP believed that a signed DNR consent would compromise patient care. Physicians were likely to use a PC approach to DNR patients (RR=4.0, CI=1.2-13.3) and to patients with dementia (RR=3.7, CI=1.2-11.3). Seventy six percent of HCP would like to have better standards for futile care. Withdrawal of life support wa[illegible]dered as euthanasia by 20.6% of respondents. F[illegible] percent of respondents were aware of hospice progra[illegible] and 15.2% would practice assisted suicide if made legal. Conclusion. Both education of HCP and development of ethico-legal standards could improve care at the end of life. Limited informal training did not influence results of the present study. Religious influences require further studies.

AN APPROACH TO IMPROVING MEDICATION USE IN THE ELDELRY: THE ROLE OF PATIENT EDUCATION.

M Monane, LA Cataldi, BA Nagle, HA Periconi, D Maldonato, G Chirico, MA Kelly. Merck-Medco Managed Care, L.L.C., Montvale, NJ.

Pharmacotherapy is a cost-effective strategy in the elderly, yet the risks and benefits of drug use must be considered. We designed an educational intervention (a medication guidebook) to improve drug use in seniors. A total of 11,328 medication guidebooks were distributed by Merck-Medco Managed Care, L.L.C., a pharmacy benefits manager. This 241 page user-friendly guidebook was developed to educate patients on medical conditions common in seniors, the medications used to treat these conditions, and the side effects most often associated with these medications. Of the 1,581 (14%) seniors who returned a completed guidebook evaluation form, the mean age was 76, 67% were female, and 41% lived alone. We found that 97% of seniors reported the guidebook 'very helpful'/'helpful' to them in understanding their conditions and medications. Furthermore, 17% reported that they were taking a medication that is generally not recommended in seniors (Beers' criteria) and of those, 71% reported that they plan to discuss the medication with his or her physician. Increased patient-based education efforts that help senior patients to become more involved in their health care decisions could help reduce adverse drug events and subsequently improve seniors' quality of life.

DO ETHICS COMMITTEES IN NURSING FACILITIES AFFECT SURVEY DEFICIENCIES?

N. L. Lacy, T. Osborne, J. F. Potter, Section of Geriatrics, University of Nebraska Medical Center, Omaha, NE 68198-5620.

Survey deficiencies have been shown to be related to characteristics of the facility, specifically size, ownership, percent Medicaid beds, staffing and wage levels. The purpose of this study is to determine if the presence and policy formulation, education, and case review functions of ethics committees in U.S. extended care facilities influences the level of survey deficiencies. Information on ethics committees from a 5% random sample (N=851) of nursing facility members of the American Health Care Association (N=17,020) was merged with information on nursing home survey deficiencies from HCFA's database. Results of Ordinary Least Squares analysis for the 355 responding facilities with deficiency information available indicate that simply having a committee is not correlated with total survey deficiencies. However, presence of an ethics committee that meets at least quarterly is significantly associated with total survey deficiencies when the education, policy, and case review activities of the committee are controlled for. Unexpectedly, the correlation is positive (b=2.38), the opposite of the predicted relationship. Post-hoc analysis indicates that the relationship is significant (p=.0001) for California facilities with ethics committees but not significant for other facilities. The California facilities with ethics committees have about 8 more violations, ceteris paribus, than other facilities. This suggests that the relationship is the product of a regulatory response but leaves open the question of ethics committee efficacy in changing quality of care.

IMPACT OF AN EDUCATIONAL INTERVENTION ON KNOWLEDGE OF ADVANCE DIRECTIVES: AN INNOVATIVE MULTIDISCIPLINARY APPROACH

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Objectives: To study the impact of an interdisciplinary teaching video on the knowledge of Advance Directives (AD). *Subjects*: Convenience sample including medicine residents, medical students, pharmacy students, law students and participants in the Geriatric Interdisciplinary Team Training(GITT) Project including social work,dental and nurse practitioner students. *Methods*: A multidisciplinary teaching video was developed for the University of Colorado School of Medicine featuring a geriatrician, an internist, attorney, ethicist, nurse practitioner and social worker. The video included a patient vignette, discussion of the Federal Patient Self-Determination Act, state AD laws and some complex patient scenarios. Participants completed a pre-test questionnaire on AD, viewed the video and immediately completed a post test questionnaire which was the same as the pretest. *Results*: Pre-test scores were highest in the pharmacy students and lowest in the medical students, but the groups were not significantly different (p=0.5). All groups, except the pharmacy group showed a significant increase in knowledge from pre-test to post test (p-value ranged from <0.05 to <0.001). *Conclusions*: A multidisciplinary educational intervention can be effective in improving knowledge of AD in various disciplines.

PHYSICIAN ASSISTED SUICIDE: RESEARCH RESULTS FROM A NATIONWIDE SURVEY OF FAMILY PRACTIONERS.

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With the 1999 conviction of Dr. Jack Kevorkian on charges of second-degree manslaughter related to the death of a 52-year-old man who was suffering from Lou Gehrig's disease, physician assisted suicide and the elderly is again in the national spotlight. The purpose of the present study was to assess physician attitudes regarding physician-assisted suicide and its relationship to the Hippocratic Oath. A nationwide random sample of more than 400 physicians provided the data for analysis. Physicians were asked several questions related to end-of-life care in general and physician-assisted suicide in particular. The results indicated that 54% of the physicians surveyed agreed that physician-assisted suicide was contrary to the keeping of the Hippocratic Oath. A minority of physicians (30%) disagreed with this notion. Other findings related to physician ethics training are examined. Additional research should examine how individual patient characteristics such as race and ethnicity may influence patient care at the end of life.

PREDICTORS OF ADVANCE DIRECTIVES AMONG NURSING HOME RESIDENTS

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Advance directives have been promoted as a way to recognize the importance of patients and family in making decisions about health care. By documenting preferences for limiting the use of life sustaining treatments, it is hoped that the values of dignity, personal autonomy and comfort would play a larger role in end-of-life care. Given the prevalence of cognitive impairment among nursing home residents, it is particularly important to examine the use of advance directives in that setting. Previous studies have found that the proportion of nursing home residents with some form of advance directive in place has increased over the past decade. Recently, Castle and Mor (1998) found that the resident factors associated with advance directives changed from 1990 to 1993, and that organizational characteristics were associated with advance directives. This study provides more recent data on the predictors of advance directives among nursing homes based on data from a nationally representative sample survey. METHODS: The data are from the Medical Expenditure Panel Survey Nursing Home Component (MEPS-NHC) which was conducted in 1996 by the Agency for Health Care Policy and Research. Round 1 of the MEPS-NHC collected health status and demographic characteristics from a sample of 3747 residents in 952 facilities. Bivariate and multivariate methods (logistic regression) were used to examine the relationship of advance directives to resident characteristics. FINDINGS: In 1996, 58% of nursing home residents had some form of advance directive: 48% had a DNR order, 21% had a living will, 4% had a DNH order, and 7% had another order limiting treatment. Preliminary analysis suggests that residents who are older, more physically impaired, more cognitively impaired, non-white, and more education are more likely to have some form of advance directive. These data allow us to understand the prevalence and correlates of advance directives among nursing home residents. Future data releases will enable analysis of the impact of advance directives on cost and use of health services, including hospitalization.

EVALUATING LONELINESS, ISOLATION AND COPING MECHANISMS IN CAREGIVERS OF CHRONICALLY ILL PATIENTS

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This research evaluates isolation and loneliness in caregivers, relatives of the chronically ill. IFC, identified family caregiver, because these affect their vulnerability and are related with the coping mechanisms implemented.

We are studying in depth, the influence of the coping style and the usefulness of the perceived social support.

With this purpose, we have built a protocol composed by evaluation scales already validated and an ad-hoc scale we have built: 1) M.I.S.S. 2) E.S.L.I. 3) Coping mechanisms 4)

Qualitative Questionnaire for the caregiver. This is an exploratory research, cualiquantitative, in women divided into two groups: Mothers that are caregivers of children 0-15 years old, and adult daughters that are caregivers of elderly parents in two age groups. The sample is intentional and consists of 140 women.
We will present the protocol we have built and the results of the pilot test.

NEGOTIATED RISK IN ASSISTED LIVING

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As a way to balance the competing goals of autonomy and safety in assisted living settings, the concept of negotiated risk has been suggested as a possible tool. Administrators of 43 assisted living residences (ALRs) in Massachusetts, responded to an open-ended question asking about the use of negotiated risk in their facilities. Qualitative analyses were used to assess the responses. Two different types of responses were found. Respondents either provided examples of situations where negotiated risk is used, or they explained the procedures used to negotiate or share risk. Common areas in which negotiated risk was found to be used include conflicts concerning resident diet, continuing residency for residents with cognitive impairments, and conflicts concerning resident refusal of mobility assistance. Processes used to negotiate risk include conferences with families and the use of signed negotiated risk contracts. Results suggest that regardless of potential liability concerns, ALRs in Massachusetts are attempting to balance the needs of resident autonomy and safety in a variety of ways and in a variety of areas.

MULTICULTURAL ISSUES AND PRACTICE ETHICS IN HOME CARE.

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Advances in medical technology have increased the complexity of ethical decisions in health care. Emphasis is being placed on advance directives to guide treatment decisions for patients. Research findings from a national survey of 154 home health care agency executives have led to the development of a preferred set of legal, ethical, and practical principles in assisting patients with advance medical care planning. These principles center on the issues of admitting the home care patient, use of restraints, and life sustaining treatment decisions. Strategies for the development of agency policy and procedures that promote cultural pluralism in relation to advance medical care planning are emphasized including a 10-step professional model for incapacity planning with culturally heterogeneous populations. Critical analysis of the federal Patient Self-Determination Act buttresses national survey findings and points to the potential negative effect of this legislation on culturally diverse patient groups. A pluralistic framework highlights patient preferences in the decision making process, stressing sensitivity to concepts of difference, dignity, quality of life, and autonomy.

END OF LIFE DECISION MAKING & ADVANCE CARE PLANNING on BEHALF of NURSING HOME RESIDENTS with DEMENTIA: FAMILY FOCUS GROUPS.

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This study examined end-of-life decision making by families of institutionalized elders with moderate to severe dementia. Focus groups were convened at four Kansas City area nursing homes. At each site 5-8 family members participated. Qualitative content analysis was applied to the transcribed discussions. The principal findings include: 1) family members could not readily envision the natural course of aging, illness and death; 2) few families had had in-depth conversations with physicians regarding end-of-life issues; 3) many families were unprepared to make decisions regarding use of antibiotics, hospitalization, and feeding tubes, and 4) families were committed to serving as advocates on behalf of the institutionalized loved one, but had little conception of what to advocate. We conclude that families would likely benefit from a counseling process that would enable them to understand the natural course of dementia and set goals based on their values.

Aggressive Treatment of Elderly Patients: Controversial or Inappropriate?

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Expensive and "inappropriate" procedures, tests and treatment have been often blamed for the current health care crisis in the United States in recent years. Increasing reports of "over treatment" of the frail elderly patients has become a cause of public concern and anger. While it is easy to see the futility of a particular intervention in a truly terminal patient, it is not always possible to predict the outcome of procedures or survival of patients in all cases. The medical textbooks and literature often do not discuss or define these issues. Treatment Guidelines have not yet been established for many such situations; the hospital Ethics

Committees often leave the physician with ambiguous opinions. The family members turn out to have divided opinions and may even shirk taking any responsibility at these junctures. Not surprisingly, the physician is often left on his own to make the difficult decisions.

We describe our experience with 4 elderly patients all with multiple complex problems (age range 74-88 yrs), who received "aggressive" tests and procedures in an acute care hospital. In all cases, these interventions resulted in little change in their final management and outcome. Further research and in-depth studies are required to identify and define the problem of "inappropriate" test and treatment of the elderly population.

UNDERSTANDING FACTORS AFFECTING SOCIAL PERCEPTIONS OF ELDER ABUSE

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Most research on abuse in the life span has been concerned with child abuse and has been slow to address the important ethical concerns in caring for a growing and diverse aging population. Using both quantitative and qualitative items, a sample of young (18-33; n = 62), middle-aged (42-56; n = 71), and older adults (65-83; n = 57) completed one of three randomly-assigned packets (Form A, B, or C) involving 25 scenarios of a caregiving relationship which assessed reactions to brief scenarios of potential psychological, physical, verbal, and emotional abuse by a nondescript 45-year old caregiver ("Pat"). Only age of the care recipient "Terry" varied in the three forms (7, 49, or 70; respectively). Among other findings, a significant Age Group X Form interaction emerged ($p < .001$), such that the "Older Adult" group rated scenarios in the "age 70" Form C as being significantly higher in all abuse types than the other two forms (A, B). The other two age groups rated the "age 7" Form A as being significantly higher in most types of abuse (except verbal). The "age 49" Form B care recipient was not significantly rated as being abused ($p > .05$).

THE LONG TERM CARE OMBUDSMAN PROGRAM: AN ADVOCACY TAXONOMY.

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In 1978 the Long Term Care Ombudsman Program (LTCOP) became a mandate of the Older Americans Act. Over 20 years later, roles played by ombudsmen are increasingly complicated. In this poster we develop an advocacy matrix, grounded in the literature, available data, and experience. The matrix reveals roles played as ombudsmen split their focus between more traditional long-term care nursing home settings and the full range of home and community-based long term care services. Whereas ombudsmen originally practiced advocacy in rights-based environments (highly regulated nursing homes settings), the practice of advocacy shifts radically in less regulated settings to what is often referred to as mediation. However, advocacy and mediation by definition imply different power dynamics and thus different relational assumptions. Advocacy implies an imbalance of power and mediation implies a level playing field. Ombudsmen certainly use mediation skills, but the vulnerability of elder residents in any long-term care setting implies tremendous power differentials. Our advocacy matrix juxtaposes regulatory stringency by resident vulnerability. Within the matrix, we provide relevant examples of how ombudsmen face these challenges and the practice implications posed by ethical, regulatory, and interpersonal complexity.

THE PROFILE OF TEXAS ADULT PROTECTIVE SERVICES CLIENTS WITH MULTIPLE REPORTS

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The Texas Department of Protective and Regulatory Services maintains the most comprehensive database of abused and neglected individuals in the country. Selected data elements from adult case report files, with personal identifiers removed, were provided to researchers at Baylor College of Medicine for analysis. The data revealed that there were 61,380 reports representing 43,250 individuals. Of these individuals, 30,610 (71%) had been reported once, while the remaining 29% had two or more reports. Of those with multiple reports, 99% had less than six reports; the maximum number was 15.

The characteristics of clients with single reports vs. those with multiple reports were compared. Because the database included all cases, tests of statistical significance were not necessary. There were small differences between the two groups in terms of gender, ethnic group, marital status, living arrangements, and physical or mental impairment. Self-neglect was seen in 79% of the one-time report group and 75% of the multiple report group. Individuals >age 64 and persons with physical impairments were slightly more likely to have multiple reports, but none of the variables appeared to be strongly associated with multiple reports. This study did not reveal important associations between demographic variables, category of abuse, and single vs. repeat reports. Medical and psychosocial characteristics not captured in the database may be related to the repeat reports.

VERBAL AGGRESSION IN MID AND LATER LIFE COUPLES

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Couple relationship quality in middle and later life is a neglected area of research, but some studies have suggested that the most common form of elder abuse is perpetrated by spouses. Aggressive behavior is most often studied in younger dyads, but this research examines dyads age 50 and over. In this study, the NSFH data set is used to examine 867 dyads regarding whether or not they experienced verbal aggression in the union (argue heatedly or shout at one another). Thirty percent of the respondents stated that the dyad contained verbal aggression. Black respondents were more likely to report verbal aggression, compared to whites in the sample. Those with higher incomes and more children were also more likely to report this behavior. Couples with lower educated women were more likely to argue heatedly or shout in the relationship. Those who had men with low self esteem and substance abuse problems were also more likely to report verbal abusiveness. Dyads that contained men with substance abuse problems were three times more likely to report heated arguments and shouting occurred in their relationship. This research also reports what happened to the dyads after five years had passed--continued nonaggression, continued verbal aggression, change from one to the other or marital dissolution.

IMPACT OF STATEWIDE, MULTIDISCIPLINARY TRAINING ON MANDATORY ELDER ABUSE REPORTING AND CRIMINAL BACKGROUND CHECK PROCEDURE IMPLEMENTATION IN PENNSYLVANIA

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Pennsylvania's Older Adults Protective Services Act enables anyone to voluntarily report suspected abandonment, abuse, exploitation or neglect. Notwithstanding the voluntary reporting directive, the act now requires, effective December of 1997, any employee or administrator of a facility who has reasonable cause to suspect that a recipient of care, services or treatment from a facility is a victim of abuse, to immediately make a report of such abuse to the area agencies on aging and in serious abuse cases, to report to law enforcement and to the Department of Aging. In addition to the Act's voluntary and mandatory elder abuse reporting provision, the Act requires all facility employment applicants and all facility employees hired since July 1, 1997 to be free from certain law convictions. To inform all long term care facilities, law enforcement agencies and the aging network infrastructure, the Department of Aging, with funds from the Pennsylvania Commission on Crime and Delinquency, contracted with the Institute on Aging to provide statewide training on these changes to the Act. Twenty training programs were provided throughout the state from June 1998 through December 1998 to over 2025 participants. Trainees were provided a comprehensive manual that contained materials on the law; the infrastructure developed to address the legislative changes, and the regulatory agencies that are impacted by the changes. Results of the participant's perception of the training along with the number and types of reports received after the training will be provided.

PHYSICIANS' AND LAWYERS' PERCEPTIONS OF DIFFERENT TYPES OF ELDER ABUSE.

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The prevention and cessation of elder abuse is dependent upon its recognition, and consequently, its definition. The present study looks at physicians' and lawyers' perceptions of elder abuse. Based on the medical and legal literature, a survey consisting of 40 hypothetical scenarios was constructed. Ten questions were developed for each type of abuse identified in the literature: physical, emotional, financial, and neglect. Subjects were asked whether they considered a scenario to be legally and/or ethically abusive, and if so, of what severity. Summing items in each subscale created composite scores. A total of 162 subjects in the Toledo, Ohio area completed the survey: 65 primary care physicians and 97 lawyers. All types of abuse were considered by subjects to be more ethically, rather than legally, abusive. The physical subscale was stated most frequently as ethically abusive. It also had the highest severity scores for both ethical and legal abusiveness. The emotional subscale had the lowest severity scores. ANOVA tests indicated there were no significant diff[illegible]s between the professions in their ratings of eth[illegible]abusiveness for each type of abuse. The physician[illegible]er, were more likely to state that the financial, emotional, and neglect subscales were legally abusive. In addition, they gave the emotional and neglect subscales higher severity scores on legal abusiveness. Both professions seem to think that even though a scenario is ethically abusive, it is not necessarily legally abusive. Physicians are more apt to think, however, that certain types of abuse (other than physical) are legally abusive. Even though physicians may be reporting these cases to the legal authorities, one wonders if any legal action is actually taken.

PERCEPTIONS OF ELDER ABUSE IN THE MEDICAL AND LEGAL PROFESSIONS.

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Since medical personnel are required to report suspected elder abuse to the legal authorities, both physicians and lawyers should have a clear concept of the definition of elder abuse. It can be predicted, however, that there will be significant differences in their definitions. This study attempts to begin to quantify those differences. Based on the medical and legal literature, a survey consisting of 40 hypothetical scenarios was created. There were 10 questions for the four types of elder abuse--physical, emotional, financial, and neglect. The survey asked if each situation was considered legally and/or ethically abusive. Of 300 surveys mailed in the Toledo, Ohio area, 97 attorneys (65%) and 65 physicians (43%) responded, for a total of 162 subjects (54%). Chi-square analyses were conducted for each of the 40 questions for both the legal and ethical aspects. Physicians were more likely than lawyers to perceive 15 of the 40 items as legally abusive (3 physical, 5 emotional, 4 financial, and 3 neglect). There was only one item, a physical-abuse question dealing with medication administration, that more attorneys found legally abusive. There were significant differences in the perceptions of ethical abusiveness for only 3 items (1 physical, 1 emotional, 1 financial, and 0 neglect). Of those respondents indicating abuse, concurrence between the professions regarding whether an item was legally and/or ethically abusive was found in all situations but 9 (0 physical, 5 emotional, 2 financial, and 2 neglect). In general, physicians were more likely than lawyers to perceive a situation as both legally and ethically abusive, while lawyers tended to view it as only ethically abusive. Between the professions, there was more concurrence for ethical aspects of a situation than for legal

ELDER ABUSE: EXPLORING DIMENSIONS OF THE PROBLEM THROUGH THE HEALTH BELIEF MODEL.

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Elder abuse is a serious societal phenomenon. Professionals in gerontology and domestic violence have called for efforts to address the problem through prevention and intervention programs. To data, the number of programs described in the literature is limited. Further, the programs that are presented have not been able to document overwhelming success in addressing the phenomenon.

This paper will frame the issue of elder abuse prevention and intervention programs within the context of the Health Belief Model (HBM). Developed by the Public Health Service in the early 1950s, the HBM has been used to examine how an individual might respond to symptoms of disease or illness, defined here as stressors that might result in abusive behaviors toward an elder. As well, the HBM has been used to investigate compliance with prescribed medical regimens, and for educational diagnosis and development of teaching strategies.

As applied to the area of elder abuse, the themes and constructs of the HBM are relevant given the increased emphasis in the literature that health and social service professionals do "something" to prevent episodes of abuse. If the phenomenon of elder abuse can be explained and explored in the context of a health theory, this may play a role in better detection and treatment once abuse has occurred, as well as enhancing the role of practitioners in preventing abuse.

HBM constructs relevant to elder abuse include an individual's perceived likelihood of susceptibility to an illness (in this case defined as an act of elder abuse), perception of probable severity of the consequences, and assumed feasibility and efficaciousness of an advocated behavior (such as attendance at education programs.)

294

URINARY INCONTINENCE: FINDING THE SOLUTION One (25 minute)/Color Videotape/1998

Produced by the New England Research Institutes

This video was developed to inform persons with UI about the types, etiology, and treatment options for incontinence. The objective is to promote informed decision-making about treatment as well as patient satisfaction with the treatment decision. In documentary style, the video presents four cases of different types of UI and different treatments. The stories of these men and women are complemented by computer-animated medical illustrations depicting the etiology of their incontinence and the effect of the treatment on bladder function. This video is one of a series of three; the two accompanying videos address UI issues for women and men respectively. The effects of the video on increasing patient knowledge and satisfaction with treatment are being evaluated in a randomized field trial. (Grant No. DK47778)

Contact: Sharon Tennstedt, Ph.D, New England Research Institutes, 9 Galen Street, Watertown, MA 02472

295

TEACHING RESEARCH METHODS II

D. Bradley, Department of Political Science, UNC Charlotte, Charlotte, NC 28223.

Participants:

R. Atchley (The Naropa Institute, Boulder, CO) How to Conduct Research on a Shoestring Budget.

D. Bradley (UNC Charlotte, Charlotte, NC 28223) Identifying Doable Research Through Grant Proposal Development.

W. Arnold (Arizona State University, Tempe, AZ 85287) Using the Classroom to Teach Research Methods.

L. Nahemow & L. Chapman (University of Connecticut, Storrs, CT) Using Student Interviews with "Older People" as a Data Base for Teaching Research Methods.

P. Stafford (Evergreen Institute on Elder Environments & Indiana University, Bloomington, IN, 47404) Teaching Research Outside of the Classroom.

Discussant:

D. Shenk (UNC Charlotte, Charlotte, NC 28223)

Analyzing research articles alone does not build a full appreciation of the research process. Giving students the opportunity to participate in a variety of research will enhance their understanding of what research is; what it can contribute to knowledge; and what it cannot do. The complex nature of doing research is examined through decisions about resource development, writing the research plan, developing the data set, choosing an analytic method and performing the analysis. With limited time and resources students can learn valuable perspectives by engaging in research using student generated data sets. Symposium will review different settings for teaching students about quantitative and qualitative research; highlight pros and cons of each approach and practicality for replication.

296

Calorie Restriction in Rhesus Monkeys: Update on Two Longitudinal Studies.

Mark A. Lane. Intramural Research Program, Gerontology Research Center, NIA, NIH. Baltimore MD
Richard Weindruch. Dept of Medicine and VA-GRECC, University of Wisconsin-Madison, WI.

Participants:

R. Weindruch. Overview and recent findings-The UW Study.

M. A. Lane. Overview and recent findings -The NIA study

Jon Ramsey. Energy expenditure and long-term dietary restriction in rhesus monkeys.

Angela Black. Long-term calorie restriction in rhesus macaques: Measures of reproductive function.
Ricki Colman. Skeletal consequences of long-term dietary restriction in male and female rhesus monkeys.

It remains unknown if caloric restriction (CR) can retard the rate of aging in primates. To address this question, two studies of CR in rhesus monkeys were initiated about a decade ago at the National Institute on Aging (NIA, 1987) and at the University of Wisconsin-Madison (UW, 1989). These studies are unique in that they involve large numbers of monkeys (over 250), are longitudinal in design, and utilize approximately equal numbers of CR monkeys and concurrent controls. When combined, the age distribution of the two studies encompasses most of the rhesus lifespan (maximum of about 40 years) suggesting that, under certain circumstances, it may be valuable to combine findings from the two studies. Previous reports show that body composition and glucoregulatory effects are consistent between the studies. The objective of this symposium is to examine findings from selected research areas germane to the CR model and to human aging and disease. Specifically, data relevant to energy metabolism, reproductive aging, and bone loss will be presented. To date, studies of energy metabolism suggest monkeys on CR exhibit a transient reduction in energy metabolism (adjusted to lean body mass). Dual energy x-ray absorptiometry studies of bone mass suggest that CR monkeys in both groups exhibit a slight, site-specific reductions in bone density. Which are of unknown pathophysiological significance. Studies of biochemical markers of calcium homeostasis and skeletal metabolism suggest that the effect on bone mass is mostly related to changes in body composition (Vs disruption of skeletal metabolism). Finally, indices of reproductive function such as menstrual cycling and reproductive hormone levels exhibit appropriate age-specific changes, but are unaltered by CR. Additional data, study comparisons, and future directions will be discussed.

ENERGY EXPENDITURE AND LONG-TERM DIETARY RESTRICTION IN RHESUS MONKEYS

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A sustained decrease in energy expenditure (EE) has been proposed to play an important role in the retardation of aging with dietary restriction (DR). To investigate the effect of long-term DR on EE in rhesus monkeys, indirect respiration calorimetry measurements have been completed on animals in the NIA and Wisconsin DR studies. In a study at the NIA, short-term DR (2 months, 30% restriction) was shown to decrease EE expressed as a function of total body mass. A separate experiment determined the effect of a long-term 30% DR on EE in two groups of monkeys (GJ restricted at 1-2 yr, GA restricted at 3-5 yr). In this study, 24-hour EE expressed as a function of body weight or lean mass (LM) was not different between either GJ or GA restricted and control monkeys following 4.5 yrs of DR. In the Wisconsin DR study, EE was measured in two groups of male (G1 & G3) and one group of female (G2) monkeys. A 30% DR was started in 1989 for G1 and 1994 for G2 & G3. DR resulted in a significant ($p<0.05$) and sustained decrease in total EE (kJ/min) in all groups. When EE was normalized for LM, DR resulted in an initial decrease in EE that disappeared at later assessments. In G1, resting EE adjusted for LM was lower ($p<0.05$) in restricted than control animals at the 24 and 30 month assessments. These differences had disappeared by 36 months of DR. Similarly, LM adjusted EE was lower in the restricted than control animals at 6 months of DR in G2 &G3. These differences disappeared by 18 months of DR. Results from the primate studies show that DR results in an initial decrease in LM adjusted EE that eventually disappears. Additional organ specific and cellular EE studies, however, are needed to determine the role EE may play in the action of DR.

LONG-TERM CALORIE RESTRICTION IN RHESUS MACAQUES: MEASURES OF REPRODUCTIVE FUNCTION

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Calorie restriction (CR) extends lifespan and slows physiologic aging in many systems. The effects of long-term CR on the reproductive axis, however, have not been well defined. Moderate CR has been shown to delay loss in reproductive function with age in rats and mice but has not been studied in longer lived species more closely related to humans. Here we present the results of two ongoing longitudinal studies of calorie restriction in rhesus macaques (*Macaca mulatta*). Serum concentrations of testosterone and follicle stimulating hormone (FSH) were measured in 30 adult (8-14 yrs) male rhesus monkeys at the Wisconsin Regional Primate Research Center. Samples were obtained at the initiation of CR (20-30%) and one year later. No effect of CR on these hormones was observed. Data from the NIA colony were collected over two years from 45 females (7- 26 yrs; 25 controls, 20 CR) and 51 males (11-34 yrs; 27 controls, 24 CR), starting when they had been restricted at 30% of *ad lib* for 5 and 10 years, respectively. Results of serum testosterone concentrations in NIA males were similar to the Wisconsin results in that CR did not affect hormone levels. Daily observations of menstrual bleeding in the females were performed over a two-year period and mid-follicular blood samples were collected annually and analyzed for estradiol, progesterone, LH and FSH. CR did not alter menstrual cycling or result in significant hormonal changes in any of the age groups. The percent of normal menstrual cycles (24-24 days) declined with age and estradiol declined with age while FSH was elevated in some, but not all, older females. In summary, long-term, moderate CR has, thus far, not affected indices of reproductive function in these populations.

SKELETAL CONSEQUENCES OF LONG-TERM DIETARY RESTRICTION IN MALE AND FEMALE RHESUS MONKEYS

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The pathogenesis of age-related bone loss is unclear. Dietary restriction (DR) retards many aspects of aging; it may also affect skeletal aging. The purpose of this study was to examine the effects of long-term moderate DR on bone. Bone mass and bone turnover were examined longitudinally in male and female rhesus macaques as part of larger studies on DR and aging at the Wisconsin Regional Primate Research Center (WRPRC) and the National Institute on Aging (NIA). The WRPRC study includes 30 males and 30 females, 8-14 years of age, at the onset of DR. The NIA study includes 62 males and 60 females initiated to DR at various ages. In the WRPRC study, total bone mass was lower in restricted (R) compared to control(C) males and females. In the females, R bone mass was also lower than C at the posterior-anterior spine and radius. Current results from the NIA study indicate greater bone loss in response to DR in males than females. However, males on this study have been on DR longer (11 years) than the females (6years). In addition, NIA results suggest that the younger an animal was at the initiation of DR, the less apparent the effect on bone mineral density. Biochemical markers of bone turnover were not different between C and R groups in either study. We believe the lower bone mass in R animals reflects an adjustment of bone mass to compensate for smaller body size, and not pathological osteopenia.

297

Turning Back the Ravages of Time: Nutritional Modulation of Aging

Chair: James Joseph, Tufts University

It is rare to see a day pass in which we are not told through some popular medium that the US populations is becoming older. Along with this information comes the "new" revelation that as we enter the next millennium there will be increases in age-associated diseases (e.g., cancer, cardiovascular disease) including the most devastating of these which involve the nervous systems (e.g., Alzheimer's and Parkinson's Disease). By the year 2050, fully 30% of the total population will be over 65 years or age and there is a high probability that they will be exhibiting the most common correlative motor and cognitive behavioral changes that occur in aging. Notably, these changes occur even in the absence of specific age-related neurodengenerative diseases but could not interact to exacerbate the behavioral aberrations exhibited in these conditions. This means that unless some means is found to reduce these age-related decrements in neuronal function, health care costs will continue to rise exponentially, and today's cost will pale by comparison as this "Gerofactor" becomes increasingly important.

Among the prime candidates responsible for producing the neuronal changes mediating these behavioral deficits, however, appear to be free radicals and the oxidative stress (OS) they generate. The free radical hypothesis of aging has been utilized to suggest that age-related changes occur s a result of an inability to cope with OS that occurs throughout the life-span. If this is the case, then it becomes very important to determine if these neuronal changes may be prevented or retarded by antioxidants, especially dietary antioxidants contained in fruits and vegetables.

Extrapolating from the results seen with respect to the age-related diseases and cardiovascular disease, it appears that diets high in fruits and vegetables may reduce their incidence. For the former, the consumption of fruits and vegetables has been found to reduce both the incidence and mortality rates of cancer in several human cohort and case-control studies for all common cancer sites. For many years a strong association has also been found between fresh fruit and vegetable intake and reductions in ischemic heart disease. Vegetarians and non vegetarians with a high intake of fruits and vegetables also have reduced blood pressure and lower cerebrovascular disease mortality.

The important question here is whether diets with high fruit and vegetable intake will be effective in reducing the effects of neuronal aging. Attempts to reduce neuronal "biomarkers of aging" with nitrone trapping agents or antioxidants are only now beginning to be addressed. In these symposia, will be presented to show the effects of nutritional supplementation with antioxidants such as vitamin E or diets high in fruits and vegetables can be of benefit in reducing or preventing the incidence of heart disease and cancer, as well as improving in immune function. Then we will move on to discuss recent investigations in which fruit and vegetable supplementation may reduce the effects of neuronal aging. A common mechanism will be discussed among caloric restriction and fruit and vegetable supplementation as to their effects on decreasing vulnerability to oxidative stress.

Session I. Putative Retardation or Reversal of Age-Related Pathologies through Nutritional Modification
Chair: James Joseph, Tufts University

Lester Packer*, Univ. of California, Berkeley
"Overview of oxidative stress in peripheral aging"

Simon Meydani, USDA Human Nutrition Center on Aging, Tufts University
"Age-related immunodeficiency and its alteration through Vitamin E supplementation"

J.H. Exon* Dept. of Food Sci. Univ. of Idaho, Moscow Idaho
"Polyphenolics and oxidative stress in carciongenesis"

Willett, WC*, School of Public Health, Harvard University, Boston, MA*
"Bioflavonids in health and disease"

Session II. Turning Back the Ravages of Time: Neuronal Deficits and Their Alterations through Dietary Modification
Chair: James Joseph, Tufts University

Mark Smith, Case-Western University
"Oxidative Stress in Neuronal Aging and Neurodegenerative Disease"

Donald Ingram, NIA
"Caloric restriction in primates: Towards a mechanistic view of aging"

James Joseph, USDA Human Nutrition Center on Aging, Tufts University
"Alterations of age-related increase in neuronal vulnerability to oxidative stress"

Barbara Shukitt-Hale, USDA Human Nutrition Center on Aging, Tufts University
"Thinking and moving: Improvements of behavioral performance in aging via dietary supplementation with fruits and vegetables"

298

COMPREHENSIVE ASSESSMENT AND TREATMENT PLANNING FOR THE OLDER ADULT WITH PERSISTENT PAIN: AN INTERDISCIPLINARY APPROACH.

D. Weiner, Univ. of Pittsburgh, 3520 Fifth Ave., Suite 300, Pittsburgh, PA 15213.

Participants:

D. Weiner (Univ. of Pittsburgh) Assessment of Pain and Pain-Associated Pathology in Older Adults

T. Rudy (Univ. of Pittsburgh, Pain Evaluation and Treatment Institute, Pittsburgh, PA 15213) Psychosocial Factors in the Assessment of Persistent Pain

J. Rogers (Univ. of Pittsburgh, Dept. of Occupational Therapy, Pittsburgh, PA 15213) Functional Assessment and Outcomes

J. Hanlon (Univ. of Minnesota, College of Pharmacy, Minneapolis, MN 55455) Drug Therapy Management of Pain in the Elderly

Discussant:

E. McConnell (Duke University School of Nursing, Durham, NC 27701)

Persistent pain plagues at least half of community dwelling older adults and residents of long term care facilities. Management of these individuals is, however, inadequate. Comprehensive assessment is a necessary prerequisite to designing and determining the effectiveness of treatment regimens, both in the clinical and research setting. Biomedical factors, psychosocial modifiers, and functional implications must all be thoroughly assessed in the older adult with persistent pain. Pain severity and comorbidities must be carefully considered when planning both pharmacologic as well as nonpharmacologic treatment regimens. This symposium will discuss, in the context of research generated data, appropriate pain assessment instruments for the older adult, important soft tissue sources of pain in this population, and psychosocial factors that complicate pain evaluation and treatment. In addition, functional outcome measures will be reviewed. Finally, a stepped care approach to designing analgesic pharmacotherapy in the older adult will be presented.

ASSESSMENT OF PAIN AND PAIN-ASSOCIATED PATHOLOGY IN OLDER ADULTS

D.K.Weiner, Geriatric Medicine, University of Pittsburgh, Pittsburgh PA 15213.

Assessment of persistent pain in the older adult requires valid and reliable instruments and comprehensive knowledge of the assessment of pain-related conditions. The test characteristics of a number of pain assessment tools have been examined specifically in older adults. Instruments that have been shown to be both feasible and reliable in this population will be discussed, including the pain thermometer, pain maps, faces pain scale, structured pain interview and pain behavior observation. Data demonstrating the reliability of the pain thermometer and pain maps in older adults with mild to moderate dementia will be presented. Pain assessment tools that have been shown to be problematic in older adults will also be reviewed. Under-recognized soft tissue-related pain diagnoses (piriformis spasm, tensor fascia lata strain, paraxial spasm, fibromyalgia) will be discussed in the context of patients referred to an interdisciplinary outpatient pain management clinic. Our data suggest that pain can be reliably assessed in a substantial portion of older adults with a range of cognitive function, and that comprehensive assessment holds the key to proper treatment.

PSYCHOSOCIAL FACTORS IN THE ASSESSMENT OF PERSISTENT PAIN

T.E. Rudy, Pain Evaluation and Treatment Institute, University of Pittsburgh, Pittsburgh, PA 15213.

Psychosocial factors (PSF) are central to understanding and treating the older adult with persistent pain, since biomedical models provide an incomplete explanation, both of its presentation and response to treatment. Domains of PSF measurement include psychological status, cognitive processes, functional status, and life events, including environmental stressors, social support, and socioeconomic factors, all of which influence the complex multidimensional perceptual experience of persistent pain. This paper will discuss the approach to assessment of each of these domains in the older adult. Illustrative research data will be presented. Specifically, we will discuss the reliability and validity of self-report methods, including the assessment of depression in the older adult with persistent pain, assessment of pain-related attitudes and beliefs, coping, self-efficacy, stressors and social support in the context of emotional, instrumental, informational and appraisal factors, as well as self-reported disability. Understanding these PSF is essential to understanding present and future pain-related behavior, including treatment adherence, functional performance, treatment response and degree of disability. Future directions of PSF research will also be discussed.

FUNCTIONAL ASSESSMENT AND OUTCOMES.

J. C. Rogers, University of Pittsburgh.

A primary objective of pain management is the reintegration of patients into their family activities and routine tasks of daily living. Given this objective, outcome measurement needs to take into account pain and disability. This paper discusses the advantages and disadvantages of self-report and observational measures of pain and disability and of generic and disease-specific measures. Self-report measures, including The McGill Pain Questionnaire, The Multidimensional Pain Inventory, The Pain Disability Scale, Functional Interference Estimate, and the Visual Analog Scale, and observational measures, including walk tests, will be analyzed and compared, in terms of their content, psychometric properties, and usefulness with older adults. Their capability of addressing clinical questions such as the location, frequency, duration, severity, and quality of pain as well as its precipitants will be highlighted. Disability scales commonly used in pain management will also be reviewed.

DRUG THERAPY MANAGEMENT OF PAIN IN THE ELDERLY

JT Hanlon, University of Minnesota, Minneapolis, Minnesota 55455.

This talk will present information about the optimal use of medications to treat pain in the elderly. Information about the epidemiology of analgesic use in the elderly will be presented that demonstrates that although analgesics are the most common drug class used by community dwelling elderly, there is evidence that pain is undertreated in a variety of settings. Information based on principles from the WHO that promotes a stepped-care approach to pain management in the elderly that begins with a non-narcotic for mild pain, adds a narcotic analgesic when pain is moderate to severe, defines the use of adjunctive agents (e.g., capsacin, antidepressants, corticosteroids) will be presented. Emphasis will also be placed on age-related changes in the pharmacokinetics and pharmacodynamics of analgesics. Specifically, information on efficacy and toxicity of older nonsteroidal anti-inflammatory agents will be contrasted with newer agents and regular use of acetaminophen. Moreover, specific starting dosing regimens for narcotics and dose titration information to optimize their efficacy and minimize toxicity will be presented. Finally, data supporting the use of specific adjunctive agents for specific pain conditions will be presented.

299

HEART FAILURE IN THE ELDERLY

W.S. Aronow, Hebrew Hospital Home, 801 Co-op City Blvd., Bronx, NY 10475

Participants:

M.D. Cheitlin (San Francisco General Hospital, San Francisco, CA 94110) Epidemiology and Pathophysiology of Heart Failure in the Elderly

D.D. Tresch (Medical College of Wisconsin, Milwaukee, WI 53226) Signs and Symptoms of Heart Failure in the Elderly

W.S. Aronow (Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475) Therapy of Heart Failure in the Elderly

Discussant:

W.S. Aronow (Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475)

The most common causes of congestive heart failure (CHF) in the elderly are coronary artery disease, hypertension, valvular heart disease, and cardiomyopathies. Approximately 50% of elderly patients with CHF have normal left ventricular ejection fraction (LVEF). Elevated jugular venous pressure and a left ventricular third heart sound are the most sensitive and specific physical findings of CHF. Rales are heard over the lung bases posteriorly in 20% of patients with pulmonary vascular congestion on chest x-rays. Patients with abnormal LVEF should be treated with diuretics and angiotensin-converting enzyme (ACE) inhibitors. If myocardial infarction is present or CHF persists, beta blockers should be added. If CHF persists, digoxin and, if necessary, isosorbide dinitrate plus hydralazine should be added. Calcium channel blockers should be avoided. Patients with normal LVEF should be treated with diuretics, ACE inhibitors, and beta blockers. If CHF persists, isosorbide dinitrate plus hydralazine or a calcium channel blocker should be added. Digoxin should be avoided.

EPIDEMIOLOGY AND PATHOPHYSIOLOGY OF HEART FAILURE IN THE ELDERLY

Melvin D. Cheitlin, San Francisco General Hospital, San Francisco, CA 94110

The prevalence and incidence of congestive heart failure (CHF) increase with age. CHF is the commonest cause of hospitalization in persons aged 65 years and older. Older persons are predisposed to develop CHF because of age-related changes in the cardiovascular system and a high prevalence of cardiovascular disease. Coronary artery disease, hypertension, valvular heart disease, and cardiomyopathies are the commonest causes of CHF in older persons. Approximately 50% of older persons with CHF have normal left ventricular ejection fractions (LVEF).

In CHF associated with left ventricular systolic dysfunction, the LVEF is reduces. There is a decreased amount of myocardial fiber shortening, the stroke volume is reduced, the left ventricle is dilated, and the patient is symptomatic.

In CHF associated with left ventricular diastolic dysfunction with normal left ventricular systolic function, the LVEF is normal. Myocardial hypertrophy, ischemia, or fibrosis causes slow or incomplete left ventricular filling at normal left atrial pressures. Left atrial pressure rises to increase left ventricular filling, predisposing to pulmonary and systemic venous congestion.

SIGNS AND SYMPTOMS OF HEART FAILURE IN THE ELDERLY

Donald D. Tresch, Medical College of Wisconsin, Milwaukee, WI 53226

Increased pulmonary capillary wedge pressure causes pulmonary congestion, resulting in dyspnea. Syspnea may prograss from exertional dyspnea to orthopnea, to paroxysmal nocturnal dyspnea, to dyspnea at rest, and to the development of acute pulmonary edema. Pulmonary congestion may cause coughing and wheezing. Reduced cardiac output may cause weakness, a feeling of heaviness in the limbs, nocturia, oliguria, confusion, insomnia, headache, anxiety, memory impairment, bad dreams or nightmares, and rarely, psychotic manifestations. Congestive hepatomegaly may cause epigastric or right upper quadrant heaviness or a dull ache, a sense of fullness after eating, anorexia, nausea, and vomiting.

The most sensitive and specific signs of congestive heart failure (CHF) are a left ventricular third heart sound heard at the apex and distention of the jugular veins. Moist rales are heard over the lung bases posteriorly in 20% of patients with pulmonary vascular congestion documented by chest x-rays. Physical examination cannot distinguish between CHF associated with normal or abnormal left ventricular ejection fraction.

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THERAPY OF HEART FAILUR IN THE ELDERLY

Wilber S. Aronow, Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475

Underlying causes of congestive heart failure (CHF) should be treated when possible, including precipitating causes. Sodium intake should be reduced to 1.6 grams daily. Excessive fluid intake should be avoided. Drugs that can precipitate or exacerbate CHF should be stopped. Hypertension should be treated with diuretics and angiotensin-converting enzyme (ACE) inhibitors.

Patients with CHF associated with abnormal left ventricular ejection fraction (LVEF) should be teated with diuretics and ACE inhibitors. If myocardial infarction is present of CHF persists, beta blockers should be given. If CHF still persists, digoxin and, if necessary, isosorbide dinitrate plus hydralazine should be added. Calcium channel blockers should be avoided.

Patients with CHF associated with normal LVEF should be treated with diuretics, ACE inhibitors, and beta blockers. If CHF persists, isosorbide dinitrate plus hydralazine or a calcium channel blocker should be added. Digoxin should be avoided.

Older persons with CHF without contraindications to coronary revascularization who have angina pectoris occurring frequently at rest, exercise-limiting angina pectoris, or recurrent episodes of acute pulmonary edema despite optimal medical management should have coronary angiography. Coronary revascularization should be performed in selected patients with Myocardial ischemia due to viable myocardium subserved by severely stenotic coronary arteries.

300

A CLINICAL MEASURE OF RAPID STEPPING IN OLDER ADULTS

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The ability to make a rapid step of sufficient length in response to a loss of balance is important for fall prevention. The purpose of this study was to assess rapid stepping ability in young (Y, n=8, mean (±SD) age 20.6±2.0 years), unimpaired old (UO, n=12, 69.3±3.1), and impaired old (IO n=7, 75.8±6.6). Unlike Y or UO, IO were unable to complete a 10 foot tandem walk without errors and/or stand on one leg for over 30 seconds with eyes open. As instructed by an experimenter, subjects took steps of ≥80% of their maximum voluntary step length in three directions (forward, sideways, backward) as rapidly as possible in random order. The time to complete 24 steps, Rapid Step Time (RST), was determined as subjects stepped from a level (L) or elevated (E, six-inch high wood block) condition. Timed balance (tandem and unipedal stance, tandem walk), self reported confidence (ABC questionnaire), and knee extensor power were also collected. Mean (±SD) RST (sec) by group and condition appears below:

Group	Level	Elevated
Young	46±3	46±5
Unimpaired Old	56±10	58±8
Impaired Old	65±6	70±7

Group differences (Y-UO and UO-IO) in RST were significant in both L and E conditions ($p<0.05$). RST within 1 week was highly reproducible ($r \approx 0.9$). RST correlated well with timed tandem stance ($r \approx -0.7$) and walk ($r \approx 0.6$) and unipedal stance ($r \approx -0.9$), ABC questionnaire ($r \approx -0.6$), and knee power ($r \approx -0.6$). In summary, the ability to step rapidly declines with increased age and balance impairment. Given its strong relationship with balance, confidence, and strength measures, the RST may prove to be a useful indicator of future fall risk.

THE FRACTURE RISK OF PSYCHOTROPIC MEDICATION PRESCRIBING IN HOMEBOUND ELDERLY HISPANICS.

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Objective: The elderly homebound are relatively understudied, yet represent a much larger segment of frail elderly than the nursing home population. While psychotropic medication prescribing, a risk factor for hip fracture, is closely regulated in nursing homes, surveillance and control issues have not been addressed in the homebound elderly. We looked at the prevalence of prescribed psychotropic medications in persons with hip fracture in this homebound population. *Design*: Prospective study. *Participants*: All hip fractures occurring in a group of 3,200 homebound, 90% Hispanic elderly individuals meeting Florida Medicaid eligibility for nursing home placement. *Methods*: Data were collected between Feb 1, 1998 and Nov 30, 1998 on total number of hip fractures, age, sex, cognitive status, total medications, and total psychotropic medications, including benzodiazepines, antidepressants, and antipsychotics. *Results*: 60 hip fractures (crude incidence of 18.8 per 1,000 [60/3200]) were recorded. The female (mean age, std: 86.8, 6.8) to male (82.3, 7.6) ratio was 5:1. Dementia was present in 62% (37/60). The average medication number was 7.5; 73% (44/60) were prescribed at least 1 psychotropic medication, 63% (38/60) benzodiazepines, (16 on long-acting), 33% (20/60) antidepressants, and 23% (14/60) antipsychotics. *Conclusions*: Homebound elderly experienced a significant number of hip fractures and a markedly high prevalence of psychotropic medications. These results suggest the need for culturally sensitive educational interventions and/or governmental regulation of psychotropic medications in all frail elderly.

Relation of C-Reactive Protein with Performance-Based Measures and Mobility Disability in Older Women: The Women's Health and Aging Study II.

P.H.M.Chaves, L.P.Fried. Universidade Estadual do Rio de Janeiro, Brazil, and The Johns Hopkins University Center on Aging and Health, 2024 E. Monument St., suite 2-600, Baltimore, MD 21205

Background. "Inflammatory factors" have been hypothesized to play a role in the disablement process with aging. To date, published data evaluating inflammation as a novel risk factor for disability has been limited to the cross-sectional study of interleukin 6 and self-report measures of physical function. We sought to evaluate the relation of inflammation, as assessed by blood levels of C-reactive protein (CRP), with (a) selected performance-based measures (walking and stair climbing speeds, and the time to complete 5 chair stands), and (b) the prevalence and 18-month-incidence of mobility disability (i.e., self-report of difficulty in walking ½ mile or walking up stairs).

Methods. The Women's Health and Aging Study II is a prospective investigation of the causes of physical disability in 436 women 70-80 years old from among the two-thirds least disabled living in the community. Self-reports of difficulty and need for help in 27 daily tasks were obtained through face-to-face interviews at baseline and follow-up (18 months later) evaluations. Performance-based measures were obtained using standardized protocols. Chronic disease diagnoses were validated by two independent experts. CRP was measured in baseline blood samples from 423 participants.

Results. Individuals with CRP values in the top quartile (>6.0 mg/L) were compared to those in the bottom two quartiles (< 3.0 mg/L). Those with CRP >6.0mg/L were slower than those with CPR blood levels < 3.0mg/L in all three performance-based tests ($p<.03$). The odds of being disabled were 2.10 (95% CI: 1.73 - 3.78) times higher in those with CRP >6.0 mg/L than in those with values < 3.0mg/L, after adjustment for age, smoking, race, presence of coronary heart disease, diabetes, lower-extremity osteoarthritis, depressive symptoms, and total cholesterol levels. CRP was predictive of incident mobility disability 18 months later (crude OR: 2.14, 95% CI: 1.07 - 4.26, adjusted OR: 2.25, 95% CI: 1.00-5.04).

Conclusion. To our knowledge, this is the first report to document the relation between CRP with performance-based measures of physical function, and both prevalent and incident mobility disability. These findings support the hypothesis that inflammation may play an independent role in development of disability.

DETERMINANTS OF KNEE OSTEOARTHRITIS (KOA)-ASSOCIATED DISABILITY

S M Ling, J Bathon, B Johnson, Ming-Yu Fan, L P Fried The Johns Hopkins University School of Medicine, 5505 Hopkins Bayview Circle, Baltimore MD

Knee osteoarthritis (KOA) is known to contribute to mobility difficulty Definition of the specific features that contribute to this difficulty would assist in management of this common and often disabling condition to prevent disability

Purpose This study evaluates the independent contributions of specific features of KOA to mobility difficulty in older women with KOA

Methods The Women's Health and Aging Study II is study of community dwelling women ages 70-80 years who were either mildly or not disabled at baseline 436 women were evaluated with standardized questionnaire, including presence and severity of pain, medication use, and self-reported mobility function and an exam of weight, OA specific physical findings, and knee extension strength Women with both hip OA and rheumatoid arthritis were excluded from these analyses

Results The 95 women with KOA reported greater difficulty with ≥ 2 mobility tasks (34%) than did the 285 women without KOA (21%)($p > .05$) 73% of women with KOA reported modification, but no difficulty, of ≥ 2 mobility tasks due to disease vs 56% without KOA Multivariate logistic regression analysis evaluated the independent contributions of 3 sequella of OA in relationship to self reported difficulty, adjusting for age, education, living situation, depression score, and medication use

Independent variables	Walking (OR)	Climbing (OR)	Stooping (OR)	Transfers (OR)	> = 2 Tasks (OR)
Knee strength	0.03	0.00*	0.00*	0.00*	0.00
Pain severity	0.95	3.12**	1.78*	1.54*	1.58*
Weight	1.5**	1.16*	0.99	1.09	1.14*

* $p < 0.05$, ** $p < 0.01$, OR= odds ratio

Of the above mentioned variables only knee strength was significant in predicting modification of ≥ 2 tasks and also climbing

Conclusions These results suggest that KOA-associated disability is influenced by pain severity, decreased strength, excess weight, factors potentially modifiable

SAFETY OF TRAMADOL FOR THE TREATMENT OF OSTEOARTHRITIS IN THE ELDERLY.

Thomas J. Schnitzer, MD, PhD, and Marc Kamin, MD. Northwestern Univ Med School, Office of Clin Res and Training, 710 N. Lakeshore Dr, Chicago, IL 60611.

Objective: To determine the safety profile of tramadol for osteoarthritis (OA) in the elderly. **Methods:** 1138 subjects with OA were treated with tramadol in the double-blind and open-label phases of 5 randomized, controlled studies. **Results:** Among all subjects, the mean length of exposure was 8 wks with an average daily dose of ≤300 mg/d for 95.9% of patients. Five hundred subjects were ≥65 yrs of age, and 120 were ≥75. For those treated with tramadol, there was no age-related difference in the incidence of subjects who experienced treatment-emergent adverse events (AEs) and no notable differences in the incidence of most individual AEs. Constipation was the only AE that occurred with a higher (≥5%) incidence in subjects ≥65. For subjects ≥75, minor gastrointestinal complaints (abdominal pain, constipation, dry mouth, and nausea) were reported with a ≥5% higher incidence than among subjects <75. Subjects ≥65 experienced a ≥5% lower incidence of headache, while subjects ≥75 experienced a ≥5% lower incidence of headache and sinusitis. Of the 13 serious AEs reported, most involved hospitalizations for concurrent illnesses or conditions related to OA. No seizures were reported in any subjects among the 5 studies. **Conclusion:** There were no unique safety issues identified in these 500 elderly subjects treated with tramadol, and the AE profile was similar for elderly and younger patients.

301

NURSING INTERVENTIONS FOR TURBULENCE IN CAREGIVING.

L. Phillips, University of Arizona College of Nursing, 1305 N Martin, Tucson, Arizona 85721

Participants:

L. Phillips & B. Brewer (University of Arizona College of Nursing) Overview and Test of a Nursing Intervention

J. Glittenberg & S. Dominquez (University of Arizona College of Nursing) Old Mothers and Aging Daughters in Search of Solutions

E. Torres (University of Arizona College of Nursing) Implementing Field Research in Turbulent Caregiving Situations

A. Woodtli & M. Ayres (University of Arizona College of Nursing) Exploratory Analysis of the Nature of the Community-based Intervention

Discussant:

R. Tappen (Florida Atlantic University College of Nursing 777 Glades Road, Boca Raton, FL 33431)

Under the best of circumstances family caregiving for a frail, elderly person is difficult. Some caregiving, however, is particularly difficult and the dynamics of the caregiving situation are characterized by interpersonal turbulence which includes verbal and physical aggression on the part of the caregiver, the elder or both. The focus of this symposium is caregiving that involves verbal and physical aggression on the part of elders toward aging female caregivers (wives and daughters) in the context of in-home caregiving. Even though aging women who often assume the family caregiving role are a vulnerable group because of their own increasing frailty, the health risks to this group that arise because of aggression by the elder and strategies for dealing with this problem have been little studied. The objectives of the symposium are to increase awareness of the problem, describe findings from an intervention study designed to deal with the problem and discuss methodological and clinical issues raised in the course of completing the research. The study purpose was to test the efficacy of a nursing intervention designed to (1) reduce the frequency and intensity of aggression; (2) improve selected personal and affective outcomes for caregivers in turbulent situations and (3) explicate the natural history of caregiving turbulence in long standing family relationships. It had both qualitative and quantitative aspects; therefore, the first two papers will describe study results using these methodological approaches. Many methodological issues were raised in the course of conducting the study. The third paper will deal with some of these. Finally, clinical issues raised by the study will be considered in the last paper which focuses on the nature of the intervention and issues involved in its implementation in clinical practice.

OVERVIEW AND TEST OF A NURSING INTERVENTION

L. Phillips & B. Brewer, University of Arizona College of Nursing, 1305 N. Martin, Tucson, Arizona 85721.

While some research has focused on the problem of aggression against professional caregivers by elders in institutional settings, very little has considered the problem in the home setting as it involves aging female caregivers. While scant, most literature in this area focuses on the problem within the context of dementia caregiving; almost nothing is written about the problem outside of this context. Based on preliminary data that showed that a significant proportion of women over the age of 50 experienced this problem and that aggression was not well correlated with elder's mental status, this study focused on testing an intervention designed to reduce aggression, caregiving burden, depression, hostility, anger and bewilderment and improve the caregiver's empowerment, social ties, vigor and role satisfaction. A theoretical explanatory model for the phenomenon was also tested which specified Structural antecedents (e.g., history of the relationship and interpersonal conflict); Interactional Context antecedents (e.g., perception of power imbalance); and Situational Context antecedents (e.g., elder's ADL abilities and cognitive incapacity). 107 caregivers were randomly assigned to either intervention or control. The intervention involved 7 sessions focusing on Safety, Pattern Identification, Behavior Management, Conflict Management, Management of Caregiving, Stress Management and Mobilization of Resources and Social support. Data were collected at baseline, 3 months and 6 months. Data analysis involved theoretical model testing using the baseline data and repeated measures ANOVA to test for treatment effect. Findings underscore the importance of addressing long-standing behavior patterns between elders and caregivers in interventions regardless of whether dementia is present or not.

OLD MOTHERS AND AGING DAUGHTERS IN SEARCH OF SOLUTIONS

J. Glittenberg & S. Dominquez, University of Arizona College of Nursing, 1305 N. Martin, Tucson, Arizona 85721.

Life histories were collected from 8 aging daughters (3 Mexican American and 5 Anglo American) to study the natural history of turbulent caregiving situations. Subjects were recruited after the quantitative portion of the study was complete. Interviews were audiotaped and transcribed for analysis. Analysis focused on identifying themes and patterns in the data that had relevance to interpersonal dynamics overtime, the evolution of interpersonal dynamics with the context of the caregiving role, the experience of being a caregiver in the midst of turbulence and solutions the daughters saw for the problem. Findings show, the caregiver role was distinct in each daughter's life history from early childhood and this role was designated by all members in the primary family and reinforced by grandparents and other relatives. Thus these daughters had no choice but to become the caregiver. Most believed this was a burdensome role, several viewed it as "penance." Turbulence, including physical and verbal aggression by the mothers was a life-long pattern, unrelated to the caregiving situation. Most described their mothers as having dependent or abusive behaviors as lifelong personality traits. The solutions for the Anglo American aging daughters were: nursing home placement, support groups, and antidepressants for themselves. Two of the Mexican American daughters had experienced "nervous breakdowns" from the stress of caregiving, and all daughters had received some type of mental health treatment and medications. The Mexican American daughters described more support from other family members than the Anglo American daughters. All expressed some regret over the losses they had incurred, but each expressed a willingness to accept these challenges of caregivers as "part of life."

IMPLEMENTING FIELD RESEARCH IN TURBULENT CAREGIVING SITUATIONS

E. Torres, University of Arizona College of Nursing, 1305 N. Martin, Tucson, Arizona 85721.

An interesting and challenging aspect of this study was the identification, location, and recruiting of subjects. Two factors influenced this process. The first was related to the caregivers themselves. Becoming part of this study was a transitional event for many caregivers. Many had been victims of physical or verbal aggression on a daily basis, during all the time they had been providing care. For some, these had been a life-long feature of their relationship with the elder. Admitting there was a problem, recognizing it as not being inherent in all other families and seeking guidance from a non-judgmental person outside the family involved a major change in self-image for many of these women. Many could not make the transition. Some were able to recognize the problem, but were too fearful of the elder to participate. The second factor related to attitudes of health professionals. In many instances health professionals recognized the caregiving was turbulent, but were unwilling to refer to the study because of their beliefs that (1) nothing could be done, (2) if the caregiver wanted help they would ask, (3) the caregiver hadn't followed through previously to their suggestions to either leave or institutionalize the elder or (4) the caregiver isn't "my patient." This paper will focus on how we screened subjects and then helped them through the transition to recognizing the problem. We will review strategies that worked and how we prevented escalation of mistreatment that could have been brought on by the presence of a data collector or intervention nurse. In addition, we will outline the lessons we have learned that have relevance to health professionals in the identification and management of turbulent caregiving situations.

EXPLORATORY ANALYSIS OF THE NATURE OF THE COMMUNITY-BASED INTERVENTION

A. Woodtli & M. Ayres University of Arizona College of Nursing, 1305 N. Martin, Tucson, Arizona 85721.

Sometimes in intervention studies involving counseling and education, even though the focus of the intervention is clearly outlined, exactly what occurred during the intervention to effect change is something of a mystery. For example, the intervention implemented in this study focused on changing the behavior of the caregiver by helping her to alter her perceptions of the behavior of the dependent elder; identify patterns and triggers to prevent aggression and escalation of aggression; and accomplish her caregiving agenda in safer, less confrontational ways. The intervention was administered individually during the course of three home visits and four telephone contacts over the course of a three month period by one of two registered nurses. A workbook was used to help standardize the intervention, but the intervention involved the exchange of words, each interaction with a caregiver was unique based on her needs, concerns and immediate situation. While each nurse followed a plan, it is difficult to know exactly what occurred during the intervention or to replicate its most effective aspects without secondary analysis. This paper will describe patterns of interaction that occurred between one nurse and ten Anglo caregivers and identify strategies the nurse used to facilitate perceptual and behavioral change in the caregiver during the consultative process. Data for the analysis were derived from field notes and transcripts of audiotaped initial and final visits. These were analyzed for emerging interactional patterns and communication strategies used by the nurse. This analysis provides beginning understanding of the intervention process and points to strategies that might be useful for health professionals in clinical settings to use with caregivers in turbulent caregiving situations.

302

IMPROVED CARDIAC OUTPUT AFTER EXERCISE IN THE HEAD-DOWN TILT POSITION IN ELDERLY SUBJECTS

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Elderly subjects have depressed oxygen transport ($\dot{V}O_2$) resulting, in part, from reduced cardiac function. Exercise training can increase cardiac function, however, older subjects may not exercise intensely enough. In the head-down tilt position (HDT), cardiac output (CO) is increased at rest and exercise. This study examined the effects of exercise training (3x/wk, for 1 hr, for 8 wks) in the HDT in 8 men and 8 women over 70 years. $\dot{V}O_2$, ECG, systolic and diastolic blood pressure (SBP,DBP), and CO were measured, and pulse and mean pressure (PP,MAP) and stroke volume (SV) calculated during a maximal cycle ergometer test (50 rpm,0.5 Kp increments every 2 min) in the erect and HDT positions pre and post training. At rest erect, CO (9%), SV (8%), DBP (6%) increased while SBP decreased (8%). At rest HDT, CO was unchanged, but SV (6%), SBP (6%), PP (5%), MAP (6%) were increased after training. During sub-max exercise, SV was elevated (6-9%) and the slope CO/$\dot{V}O_2$ was greater. The max workrate increased 25 W, $\dot{V}O_2$ by 8 and 15%, CO by 5 and 12%, and SV by 6 and 9%, in erect and HDT, respectively. Improved cardiac output and oxygen transport resulted from exercise training in the head-down tilt position in male and female subjects over the age of 70 years.

MOTIVATING LONG TERM PHYSICAL ACTIVITY CONTINUATION IN CHRONICALLY SEDENTARY MEXICAN AMERICAN AND ALGLO ELDERS

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Physical activity (PA) can prevent or delay physical frailty in many elders by: a) promoting healthier physiological functioning, b) preventing some diseases, and delaying the progression of others, and c) restoring function after loss due to disease or disuse. Yet 40% to 70% of elders are not continuing PA six months after initiation; and discontinuation rates are significantly higher for Mexican American (MA) than for Anglo American (AA) elders. It is not sufficient for elders to just begin PA. Continuation is essential because the health and protective benefits rapidly decline with activity cessation.

The purposes of this study was to identify culturally relevant benefits and barriers to PA in sedentary MA and AA elders, and to determine the acceptability of theoretically derived interventions to promote PA continuation by decreasing perceived barriers, and increasing perceived benefits and PA self efficacy.

Focus groups were conducted with MA and AA elders using a semi-structured interview. Results indicated differences between groups. MA's focused on family involvement, participation and support, and on the value of PA benefits for enabling continued family role enactment. Personal benefits were far less important. AA's focused on continued personal independence and the self-care enabling benefits of PA. PA self-efficacy was low for both groups. Inclusion of the family is critical to the success of interventions to promote PA continuation in MA elders.

Testosterone Supplementation Improves Rehabilitation Outcomes in Ill Older Men

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For an older adult, admission to a hospital is often associated with a decline in physical functional status. Rehabilitation therapy may help deconditioned patients maintain or improve functional status. In this study, we evaluated the effects of rehabilitation plus testosterone supplementation in ill older men. We conducted a randomized, double-blind, placebo-controlled study of testosterone supplementation in patients admitted to a Geriatric Evaluation and Management unit. Upon admission, patients were assessed by an occupational therapist. We used the functional independence measure (FIM) and grip strength as our outcome measures. After evaluation, patients were randomized to receive either testosterone 100 mg weekly (IM) or placebo. At baseline, mean FIM scores were not different between the placebo or the testosterone group (FIM= 73.7 vs 70.7, p= 0.831). Similarly, mean grip strength was not different between placebo or the testosterone group (grip = 49.7 vs 55.3, p= 0.611). At discharge from the GEM, testosterone treated patients had improved FIM scores compared to baseline (FIM= 93.6 vs 70.7, p= 0.018) and grip strength (grip= 68.7 vs 55.3, p= 0.031). In the placebo group their was neither improvement of the FIM scores compared to baseline (p=0.723) nor of the grip strength (p=0.774). We conclude that testosterone supplementation may improve rehabilitation outcomes in ill older men.

FEMORAL NECK BONE DENSITY AND THE PHYSICAL ACTIVITY SCALE FOR THE ELDERLY (PASE)

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Aim: Previous studies generally support the notion that physical activity (PA) promotes healthy bone mineral density (BMD). The PASE (Washburn, et al. 1992) is a practical and simple questionnaire designed to assess PA in the elderly. Increasingly, the PASE is being used as an outcome measure in osteoporosis intervention studies. However, the PASE was derived from caloric expenditure and accelerometer data not from skeletal loading activities. This study tests whether the PASE and its physical activity components predict femoral neck BMD. The components were derived from time spent sitting, walking, light sport, moderate sport, strenuous sport, muscle strengthening, household activities, and work activity. **Methods:** Data were collected from 1997-1999 from 65 men (75.5±4.7 years) and 281 women (70.2±6.0 years) who completed a PASE and bone density test (Lunar DXA). With femoral neck BMD (g/cm^2) as the dependant variable, the PASE score, scores of eight PA components, and total Kcal/day were independent variables; age, gender, ethnicity, and weight were covariates in stepwise regression analysis. **Results:** Significant predictors of FN BMD are reported in order of significance: 1) heavier body weight, a higher PASE score, being black, being male, and younger age (R^2=0.26, $p<0.001$); 2) heavier weight, more time for strenuous activity, being male, being black, being young, and more time for moderate activity time (R^2=0.28, $p<0.001$). Kcal/day was not a predictor of FN BMD. **Conclusions:** The PASE provides a valuable instrument for measuring PA in osteoporosis interventions. (Supported by NIH Grant # 5P60-AG13631)

ANALYSIS OF HEAD AND WAIST MOTION DURING FALLS FROM A TILTING PLATFORM

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An active protection device (in contrast to passive padding) has been proposed to prevent fracture from falling onto the hip, a major cause of morbidity and mortality in the elderly. Such devices require nearly-infallible algorithms for real-time motion analysis, activating only if a fall is likely to cause hip injury, while excluding false alarms due to any other abrupt motion. Upper body motion is likely to differ between falls with forward momentum and those in which the body collapses vertically and laterally (*J Gerontol: Med Sci*, 44:M107-111,1989).

In a preliminary study, we examined stationary falls by young able-bodied subjects standing on a platform held level by an electromagnet. When the magnet was turned off at a randomly selected time, the platform tilted forward, backward or laterally. Mattresses and a climbing harness prevented impact on the floor. Motion patterns during the first 0.5 seconds of falling were compared to quickly sitting down, turning in place, stumbling while walking, and vertical collapse due to knee buckling.

Body motion was measured with a wearable motion analysis instrument consisting of an eyeglass frame and waist belt, each with two 3-axis accelerometers; data were recorded by a computer on the belt, so that subjects were not tethered to fixed equipment. Tests were videotaped using reflective targets at joints.

Falls in any direction were identifiable by monotonic decrease in acceleration vector magnitude simultaneously at both waist sensor sites over a 150 millisecond interval. Lateral falls could be distinguished from backward falls by greater horizontal acceleration at either left or right sensor site. Further analysis is needed to identify forward or backward falls with rotation of the body axis sufficient to place the hip at the point of impact.

303

PILOT STUDY OF THE EFFECTS OF REGULARLY SCHEDULED EXERCISE SESSIONS ON LONG-TERM CARE FACILITY RESIDENTS.

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Studies of resistive and cardiovascular exercise training programs in the elderly have demonstrated that decline in muscle strength and aerobic capacity previously attributed solely to aging may be partially reversible. The purpose of this study is to determine if regularly scheduled exercise sessions in residents at a long-term care facility can result in improved function and sense of well being. Twenty residents were randomized to a one hour group exercise or art therapy (control group) session 3 times per week for 6 months. The exercise sessions included flexibility and strength training. Six objective measures of physical and mental function were assessed at baseline and 6 months. For every measure, the exercise group showed greater benefits at six months than the controls. Differences between the groups (controlling for baseline) are given in standard deviation units: Berg Balance = .48, Get-up-and-go = -.63, PPT = .79, Yesavage Depression = -.51, MMSE = .96 (p=.05), and FIM .38. Because of the small sample size these beneficial effects were not statistically significant except for the MMSE. It appears that frail, long-term care residents can participate (average attendance 9.5 patients out of 10 per session) and could benefit both physically and mentally from routine exercise sessions. The pilot study results are being used to design a larger prospective, randomized control study to further evaluate the effects of exercise in the frail elderly.

DEVELOPING CLIENT-CENTERED CARE IN GERIATRIC REHABILITATION: STRATEGIES AND OUTCOMES

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Although client-centered care is increasingly recognized as an important component of the quality of clinical interventions, practical methods are needed for these goals to be achieved and evaluated. Client-centered approaches can be particularly challenging for the frail elderly, who typically present with multiple, complex and highly individualized problems, and for whom cognitive and communication impairments are common. This presentation describes strategies used to enhance client-centered care in a geriatric rehabilitation (GR) program. The GR program includes 10 beds for short-term musculoskeletal rehabilitation and 26 beds for interdisciplinary assessment and rehabilitation of clients with complex physical and psychosocial problems. Client-centered care strategies include: i) increased client and family involvement in care planning; ii) individualized functional goal-setting and outcome measurement using Goal Attainment Scaling (GAS); and iii) a clinical coordinator model in which one member of the interdisciplinary team assumes primary responsibility and accountability for clinical coordination of care for each client. Implementation of these strategies included workshops on client-centered goal-setting, orientation sessions on the use of GAS, introduction of a primary nursing care delivery model, the development of a clinical coordinator role, and new formats for team conferences and clinical record-keeping. Evaluation is ongoing and includes monitoring of client outcomes, client interviews on satisfaction with care, and staff surveys. We have observed a significant reduction in length of stay (43.6 to 33.0 days, p=.018) while client satisfaction has remained high (mean rating on 10-point scale: 8.6±1.5) and client outcomes have been maintained (mean improvement in Functional Independence Measure score: 12.3±16.5).

EXERCISE REHABILITATION IMPROVES FUNCTIONAL OUTCOMES AND PERIPHERAL CIRCULATION IN PATIENTS WITH INTERMITTENT CLAUDICATION: A RANDOMIZED CONTROLLED TRIAL A.W.

Gardner, L.I. Katzel, J.D. Sorkin, D.D. Bradham, M.C. Hochberg, W.R. Flinn, A.P. Goldberg, Div. of Gerontology, Claude Pepper Center, U. of Maryland, and GRECC, Baltimore VA Medical Center, Baltimore, MD 21201.

We determined the effects of exercise rehabilitation on peripheral circulation, ambulatory function, free-living daily physical activity (FLDPA), and health-related quality of life in disabled older patients with intermittent claudication. Twenty-five patients randomized to an exercise group and 20 randomized to a control group completed the study. Exercise rehabilitation consisted of 6 months of graded treadmill walking. Measurements were obtained on each patient before and after rehabilitation. Exercise increased treadmill distance to onset of claudication pain by 146% ($p < 0.001$), maximal calf blood flow by 24% ($p < 0.01$), FLDPA by 48% ($p < 0.001$), and mental health by 11% ($p < 0.05$). Changes in distance to onset of pain correlated with changes in maximal calf blood flow ($r = 0.51$, $p < 0.02$), and changes in FLDPA correlated with changes in distance to onset of pain ($r = 0.45$, $p < 0.03$). No changes were noted in the control group ($p < 0.05$). Improvements in claudication pain following exercise rehabilitation are mediated through improvements in peripheral circulation, and the improved ambulatory function translated into a more physically active lifestyle in the community setting. Supported by NIA (P60AG12583 and K01AG00657).

EFFECT OF INTENSE STRENGTH TRAINING ON STANDING BALANCE, WALKING SPEED, AND SIT-TO-STAND PERFORMANCE IN OLDER ADULTS

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Muscle size and strength decrease with aging, and resultant muscle weakness has been implicated in increased risk of falls in older adults, falls which have large economic and functional costs. Most studies examining the effect of exercise on risk of falling have utilized multifaceted exercise interventions. The purpose of this randomized, controlled study was to determine if an 8-week, 3-day per week intense (75% 1 repetition maximum) strength training program, in the absence of aerobic or flexibility training, could improve postural stability in 24 subjects aged 61-87 (Mean=72, SD=6.3). Eleven strength training-naive subjects performed two sets of 10 repetitions for six different lower body exercises. Post-intervention strength was significantly better ($p < .05$) in all training subjects across all exercises, and no injuries were reported as a result of either training or 1RM testing. After controlling for pre-intervention differences, repeated measure ANCOVAS found no significant differences between experimental and non-intervention control subjects for 1-legged blind balance time or 5-repetition sit-to-stand performance ($F(1,19) = .082$; $F(1,19) = .068$, respectively, $p > .05$). There was a significant between-group difference for post-intervention maximal walking speed ($F(1,19) = 5.03$, $p < .05$). These findings suggest that strength training alone does not enhance standing balance or sit-to-stand performance in active, community-living older adults, but may improve maximal walking speed. The data also reinforce the notion that intense strength training is a safe and effective way to increase muscle strength. CM-8

OLDER BONE MARROW TRANSPLANTATION (BMT) PATIENTS DEMONSTRATE IMPROVEMENT IN CARDIOVASCULAR FITNESS AFTER 2 MONTHS OF ENDURANCE EXERCISE

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Older adults are surviving the high dose chemoradio-therapy prior to BMT and the immuno-suppression following BMT. However, the physical disability, fatigue and weakness from prolonged hospital stays and inactivity following BMT have proven to be difficult to treat. We hypothesized that endurance training would be safe and would improve the cardiac fitness of older patients who had completed BMT. Three subjects [(age, gender, race): (68, M, W); (61, M, AA); (52, F, W)] who were at least 3 months post-BMT, participated in an exercise training program using a motorized treadmill and cycle ergometer three days per week. At two months participants repeated their baseline graded exercise treadmill test (GXT) protocol (modified Bruce or Manual). Mean exercise duration increased by 17%, while mean heart rate-systolic blood pressure product, measured at the baseline GXT end point, decreased by 15% (range: 6 to 29%). These preliminary data suggest that older BMT subjects can exercise safely and achieve improvements in cardiovascular fitness after only two months of a supervised exercise training program.

304

Frontal System Disorders: Implications for Clinical Assessment and Health Care

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DISCUSSANT: B. Miller *Department of Neurology, University of California at San Francisco, CA*

M. Mendez *Director: Neurobehavioral Unit. West Los Angeles VAMC, Los Angeles, CA* **Clinical Characteristics of Frontotemporal Dementia Compared to Alzheimer's Disease**

G. C. Roman *Department of Medicine /Neurology South Texas Veterans' Healthcare System Audie L. Murphy VAMC, and the University of Texas Health Science Center, San Antonio, TX* **Binswanger's Disease: A Prototypical Dementia with Frontal-Subcortical Executive Dysfunction**

R. Camicioli *Department of Neurology /Portland VAMC and the Oregon Health Sciences University, Portland, OR* **Executive Function in Parkinson's Disease**

D. R. Royall **Prevalence and Severity of Executive Cognitive Impairment Among Diabetic Out-Patients**

Recent studies identify Executive Control Functions (ECF) as robust determinants of functional status and disability across diagnoses. ECF deficits undermine independence by interfering with the initiation, planning, execution, and supervision of complex activities, such as cooking, housekeeping, financial management, and medical decision making.

The prevalence of ECF impairment among the elderly is unknown. However, it is likely to be very common. This symposium reviews the association between ECF and various clinical disorders, and then examines these findings in light of ECF's expected prevalence among the aging veteran population.

Executive Control Function (ECF): A Challenge to Aging Healthcare Policy

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Introduction: In 1994, the American Psychiatric Association added Executive Control Function (ECF) to its list of the cognitive domains that can be used to establish a diagnosis of dementia. However, this cognitive domain still escapes attention from the healthcare community. The prevalence of ECF impairment among the elderly is unknown. It is not well detected by traditional cognitive screening. Nonetheless, frontal system pathology /impairment is associated with several common causes of disability, including sub-cortical vascular disease, Parkinson's disease, diabetes mellitus, and AD /FTD. Since 1990, we have made ECF assessment a routine part of our clinical practice at the San Antonio GRECC. This experience has led to several conclusions which are the basis for this symposium:

1. ECF impairment accounts for significant variance in functional outcomes. IADL's, level of care, decision making capacity and regimen compliance are all vulnerable to the loss of executive control.
2. ECF impairment is common. As many as 50% of independent living septuagenarians are impaired. The prevalence in VA clinical populations will be much higher.
3. ECF impairment is potentially reversible. Unfortunately, traditional cognitive measures do not identify those in need of services. In fact, some ECF impairment may be iatrogenic.

The goal of this symposium is to provide participants with an overview of ECF's association with various functional capacities and discuss its implications for VA healthcare delivery.

Clinical Characteristics of Frontotemporal Dementia Compared to Alzheimer's Disease

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Frontotemporal dementia (FTD) is a common dementing syndrome characterized by early neurobehavioral features. Similar features develop in Alzheimer's disease (AD), but usually later in the disease course, after the development of memory and other cognitive impairment. Recent studies suggest that FTD is more common than previously believed. However, it is still unknown how best to differentiate FTD from AD. Our UCLA affiliated VA programs have a large cohort of FTD patients. We compared the presenting characteristics of 75 FTD patients with those of 75 AD patients. FTD patients were matched on dementia severity with AD patients using the Clinical Dementia Rating Scale. The FTD patients had significantly worse global neuropsychiatric rating scores compared to the AD patients. Inappropriate activity and verbal outbursts characterized at least 69% of the FTD patients. Compulsive behaviors occurred in 38% of the FTD patients versus 10% of the AD patients ($p<.01$). There were a broad range of compulsive behaviors; the most frequent were repetitive checking activities. On cognitive scales, the FTD patients performed significantly better than the AD patients on visuospatial constructions and calculations. All of these behavioral and cognitive differences persisted after covarying for younger age and higher MMSE scores in the FTD group. Inappropriate activity, verbal outbursts, compulsive behaviors, relatively preserved visuospatial abilities, and better calculation ability distinguished the FTD patients from the AD patients early in their disease course.

Binswanger's Disease: A Prototypical Dementia with Frontal-Subcortical Executive Dysfunction

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Binswanger's disease is one of the most common forms of vascular dementia, characterized pathologically by periventricular ischemic leucoencephalopathy resulting from hypoxia-ischemia of these distal watershed territories as a result of the combined effects of arteriolosclerosis, elongation of medullary arterioles, and dilatation of the perivascular spaces (from hypertension and aging), plus decreased brain perfusion (from hypotension or low cardiac output). Clinically, Binswanger's disease presents with prominent features of frontal-subcortical executive dysfunction, Parkinsonian gait disturbances, urinary incontinence and pseudobulbar palsy. Subcortical vasculopathy may explain these symptoms in well elderly and a subgroup of Alzheimer's Disease (AD) patients. In the Cardiovascular Health Study, about one-third of subjects age 65 and older showed Binswanger-type white matter lesions on MRI. Severity of lesions increased with age, hypertension, lacunes, orthostatic hypotension, smoking, and low income. In AD, up to 60% of brains have concomitant Binswangerype periventricular white matter lesions. Recently, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL), has been mapped to chromosome 19p13. CADASIL is identical to sporadic Binswanger disease, begins in early adulthood, with recurrent TIAs and acunar strokes, but absent risk factors for vascular disease.

Executive Function in Parkinson's Disease

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Although executive dysfunction is recognized in Parkinson's disease (PD), its practical implications and neural basis are still under investigation. Neuronal loss in subcortical dopaminergic and non-dopaminergic systems may contribute. In PD with dementia (PDD), both cortical Lewy bodies and pathological changes of Alzheimer's disease occur. We present two studies. In one, we examined the effects of a frontally-mediated cognitive task on gait. In the second, we measured MRI changes in PDD. We hypothesized that poor dual-task performance might contribute to impairment in non-demented PD patients. Patients with PD and motor freezing (n=10) were asked to walk while simultaneously performing a secondary verbal fluency task. Compared to baseline performance and to age-matched subjects (with, n=9, or without PD, n=19) PD patients with freezing took significantly more steps (4.2, p=0.007) to walk 30 feet while performing the secondary task. These data suggest that executive dysfunction may contribute to PD patient's high risk of falling. In another study we hypothesized if brain regions involved in executive function are implicated in PDD (n=7), then they would have less hippocampal and more frontal atrophy than AD patients (n=9), but more atrophy than controls (n=9). Quantitative volumetric MRI confirmed this. PDD hippocampal volumes (1.26 cm3) were significantly less than control (1.5 cm3) but more than AD (0.96 cm3) hippocampi (p<0.0001). The trend for frontal volumes was: Controls>AD>PDD (p=0.02). Our first study supports the notion that executive dysfunction may be associated with falls risk in PD without dementia. The second study indicates that PDD differs structurally from AD, with less hippocampal change and possibly greater involvement of fronto-striatal circuits. Ongoing studies are investigating MRI changes in PD patients with and without dementia

Prevalence and Severity of Executive Impairment Among Diabetic Out-Patients

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Background: Diabetes Mellitus has been associated with both mild cognitive impairment and frontal cerebral blood flow reductions by SPECT. We wondered if diabetic outpatients exhibit executive cognitive function (ECF) impairment as well.

Methods: Subjects: N=117 Diabetic outpatients (AGE: M=63.3±13.6 yrs.; EDUC: M=10.4±5.4 yrs). Subjects were given a brief psychometric evaluation that included the **Executive Interview* (EXIT25)(M=16.4 ±6.4),** the Mini-Mental State Examination (MMSE) (M=26.0±3.0) and an Executive Clock-drawing Task (CLOX). The CLOX is subdivided into an ECF sensitive paradigm **(CLOX1) (M=9.9 ±2.9)** and an alternative that is more sensitive to constructional skills (CLOX2)(M=13.1±1.7).

Results: N=26 (22% of the sample) failed the MMSE at 24/30. N=69 (59%) failed the EXIT25 at 15/50. Of these, N=44 (64%) had a MMSE score >24/30. ECF impaired cases (EXIT25 > 15/50) detected by the MMSE differed from those not detected only with regard to their CLOX1 scores [Detected (N=25) **CLOX1 = 8.2 ±3.4** vs. Not Detected (N=44) CLOX1 = 10.0 ±2.2; different by ANOVA: (1,67) F=7.7, p<.001]. These differences persisted after adjusting for AGE, first LANGUAGE, and EDUCATION [by MANOVA: F(1,64) =7.9, p=.006].

Conclusions: The majority of diabetics seeking outpatient treatment for diabetic complications may have clinically significant ECF impairment. This impairment is not well detected by the MMSE. Possible causes for this impairment include depression, vasculopathy and iatrogenic hypoglycemia. ECF impairment is a potentially reversible cause of disability

***Bold type indicates impaired scores.**

305

PREVALENCE, RECOGNITION AND PREDICTION OF DEPRESSIVE SYMPTOMS AMONG HOMEBOUND OLDER ADULTS WITH URINARY INCONTINENCE

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Depression is associated with poorer prognosis, increased health care utilization, excess disability and mortality and higher health care costs. This study examined the (1) prevalence of depressive symptoms, (2) extent to which depression had been previously recognized by health care providers, (3) type and intensity of antidepressant treatment prescribed for subjects, and (4) demographic and functional characteristics associated with depressive symptomatology. **Methods**: The 15 item Geriatric Depression Scale was administered to 345 homebound adults age 60 and over referred to a study examining the effectiveness of behavioral therapy for urinary incontinence. All data were collected in subjects' homes. **Results:** 50.1% of participants had significant depressive symptomatology with 35.7% having scores suggesting mild depression and 14.5% severe depression. Only 26.4% and 34.7% of those with mild and severe depressive symptoms, respectively, had a previous diagnosis of depression and only 21.7% and 34.0%, respectively, had been prescribed an antidepressant. The most commonly prescribed class of antidepressants was tricyclics, being taken by 40 (11.6%) of the sample. 59.1% of subjects being treated with antidepressants continued to exhibit significant depressive symptomatology.

Greater dependence in physical activities of daily living, the need for assistance during ambulation, higher MMSE scores and the number of medical problems were associated ($p < .10$) with a GDS-15 score of 5 or higher. **Conclusions:** Depression symptoms may be common in homebound older adults, but clinical recognition and treatment are limited.

DEEP VEIN THROMBOSIS (DVT) AMONG NURSING HOME RESIDENTS.

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The incidence of DVT among community-dwelling elderly is 160 to 182 cases per 100,000 patient-days, and this incidence increases with age. No reports of DVT incidence among nursing home residents are available. To document this risk, DVT cases were identified through computerized databases of nursing home residents in Maryland and Alabama. Retrospective medical record review was done for identified cases to determine risk factors for DVT development.

Databases included 2087 nursing home patients in Maryland and 1095 in Alabama. Twenty-eight developed DVT in a 12-month period (2.4 cases per 100,000 patient-days). Twenty-one patients (76%) were bed/chair bound; 5 (19%) had a history of DVT; 5 (19%) were already on coumadin therapy; and 3 (10%) had a hip fracture within 6 months.

In conclusion, the incidence of recognized DVT is rare among nursing home residents. Those who are bed/chair bound account for the majority of cases. Prospective studies to confirm this low incidence would be appropriate.

INTERPRETATION OF PROSTATE CANCER SCREENING EVENTS AND OUTCOMES

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Development of materials to support informed decision-making about prostate cancer screening requires knowledge of how screening events and outcomes are understood and evaluated. This presentation is based on 2 focus groups with African American and white men and 2 with spouses. There was a total of 28 participants aged 43 to 72. A major thrust of the groups' discussions focused on their responses to numerical information related to screening translated from the scientific literature. We present responses to 3 key displays: a) results of screening tests and presence of cancer in a group of 10,000 men, b) expected deaths and cases of advanced cancer with or without screening, and c) numbers of men treated with radical prostatectomy experiencing impotence and incontinence. Interest was high, but these "facts" do not fully satisfy the range of information requested by participants. We present examples of responses to these displays. Research supported by Centers for Disease Control.

URINARY INCONTINENCE AFTER PROSTATE CANCER SURGERY: A THREAT TO PERSONAL AND SOCIAL INTEGRITY.

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The purpose of this pilot study was to characterize the nature of urinary incontinence (UI) following prostate cancer surgery, identify sub-stressors of incontinence for men treated for prostate cancer, and describe cognitive and behavioral efforts used to manage them. Levine's Conservation Model which asserts that adaptation to illness is a holistic process mediated by the conservation of energy, structural, personal, and social integrity was used to characterize adaptation to urinary incontinence post prostatectomy. A national sample of 165 community dwelling men who were at least one month post surgical treatment for prostate cancer completed mailed questionnaires. Eighty-two percent (mean age 67 yr.) described their health as excellent or good. Of the nearly three-fourths (72%) that experienced UI since their surgery, leakage was typified as at least once daily or constant dribbling. Fifty-five percent of the subjects experienced frustration, embarrassment, and degradation related to the inability to control even the most basic of bodily functions coupled with a failure to meet social norms for continence. This imposed on their self esteem, vigor, and manliness in a way that inextricably linked social and personal integrity. In fact, post prostatectomy UI affected their work lives, interpersonal relationships and fitness for physical intimacy. These consequences merited an expenditure rather than a conservation of energy to adapt to the daily assaults on their ability to function as adults in our society. Interventions that relieve these threats to integrity, and thus facilitate adaptation need to be designed.

CLINICAL CONDITIONS AFFECTING OLDER ADULTS WITH DOWN SYNDROME.

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Down syndrome is the most frequent genetic cause of mental retardation, occuring in approximately 1 per 1000 live births in developed countries. The life expectancy of persons with Down Syndrome has increased to approximately 56 years. A retrospective chart review was completed on a cohort of 47 persons with Down Syndrome. This group had been followed over a 5 year period by a consultative university geriatric assessment program. The average age of persons in this group was 51.7 years, with 51%(24) being male and 49%(23) female. 47% of the group lived in group homes, 40% in institutional settings, 11% with family and 2% lived alone. The average number of prescription medications used by this group was 2.29. The top five medical diagnosis found in this population was hypothyroidism(53%), probable dementia of the Alzheimer's type(47%), valvular heart disease (aquired and congenital)(45%), recurrent fungal nail infections(43%) and seizure disorders(36%). Further research is needed to better understand the clinical care and management of this special aging population.

Recursive Partitioning Methods to Predict Dementia in Community Dwelling Elderly. M. Kuchibhatla, G.G. Fillenbaum, Duke University Medical Center, Durham, NC.

Recursive partitioning method implemented in FIRM (Formal Inference Based Recursive Methods) software is used to determine the predictors of dementia in a sub-population of the Duke Established Populations for Epidemiologic Studies of the Elderly. Recursive partitioning is an attractive data-mining tool. The method is particularly useful when the data do not conform to strong model assumptions, and when the dataset is large. Of a sample of 547 subjects, 100 (18.3%) were diagnosed as demented. The predictors included in the model are the following dichotomized variables: race, gender, age, education, heart attack, diabetes, depression, high blood pressure, stroke, cancer, cognitive impairment, instrument and basic IADL, and requiring proxy respondent. The first and the only relevant significant split among the predictors is cognitive impairment (p =. 0000) with about a quarter of the subjects in the cognitively impaired node. The results from FIRM will be compared with another recursive partitioning method, CART. Partially supported by NIA-AG08937

URINARY INCONTINENCE AFFECTS PSYCHOLOGICAL WELL-BEING IN ELDERLY WOMEN OVER TIME.

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Urinary incontinence (UI) has been related to lower quality of life. However, the number of studies are few, the causal relationships have not been determined, and the research has generally been cross-sectional. This research was a secondary analysis of a 6-year study of chronic illness and psychological well-being in older (mean age = 72 at Time 1), community dwelling women (n = 102). At Time 1, 26 women reported having urinary incontinence. These women with UI did not differ from other women on demographic measures, but did report more difficulty with ADLs and more symptomatology. Repeated measures MANOVAs were used to examine group difference over time on numerous measures of psychological well-being, distress, and self concept. Over time, women with UI reported significantly more depression, anxiety, and self-discrepancy and significantly lower purpose in life, ideal health, positive relations with others, autonomy, self esteem, and affect balance. Incontinence has broad effects on multiple domains of psychological well-being and the self that persist over time and need to be addressed by clinicians.

Etiology Of Urinary Tract Infections In Incontinent Elderly Women.

B. Vardhini, A. Ramesh, T. Bharathan, G. Goldenberg, E. Baccash.

Empirical treatment of urinary tract infections (UTI) is based on prevalence of microbial pathogens. The **objective:** of the present study was to identify the microbial pathogens in urine and blood obtained from incontinent elderly women with UTI. **Methods**: Sixty women admitted to a teaching community hospital were randomly selected from database using ICD-9 codes for UTI and urinary incontinence .Their age was 83.5 years (SD7.4). Fifty four (90%) were cacucasian, 4 black and 2 hispanics. 24(40%) were admitted from community and 36(60%) from nursing homes. Six patients (10%) were independent in activities of daily living, 14(23%)–partially dependent and 40(67%)–totally dependent. On presentation, 36 patients (60%) had fever, 20 (33%) had delirium, 7 patients(12%) had low abdominal pain. Leukocytosis was present in 49 patients (82%), pyuria in 51 patients (85%). **Results**: Fifty urine cultures (83.3%) grew pathogens. The most common was E. coli-14(28%). Gram-negative rods grew in 31 cultures (62%), Staphylococci in 3(6%), Enterococci in 7(14%) and 2 and more pathogens in 7 (14%) patients. Eight patients (13.3%) were bacteremic with Staphylococci in 6(10%) patients. Following treatment, 52 patients (87%) improved and 8 (13%) expired from urosepsis. Among expired patients, none were bacteremic and all bacteremic patients were discharged with improvement. In 32 patients post-treatment urine was sterile. Candiduria was present in 3 patients before and in 10 patients after treatment. **Conclusion.:**Gram-negative rods were the most common urinary pathogens but Staphylococci were the most common blood pathogens. Bacteremia was not associated with a fatal outcome.

PRONOSTIC OF NOSOCOMIAL INFECTIONS IN ELDERLY – ROLE OF MALNUTRITION

N.de Rekeneire, B. Ciampa, G. Donnarel
Centre gérontologique départemental – Marseille

Frequency and mortality of nosocomial infections in elderly are important . The aim of our study is the research of pronostic factors in elderly nosocomial infections, specially malnutrition factors evaluated by the MNA . 50 elderly patients more than 65 years old, hospitalized in a geriatric unit,who presented a nosocomial infection,had an evaluation of their nutritional status : 31 women and 19 men (mean age : 84 years old) were evaluated . We found 23 pulmonary infections, 10 urinary tract infections,7 infections (mixt origin), 10 bacteriemia of unknown origin . 46 % had bedsores, 72 % an anorexia, 86 % had a moderate or severe alteration of their mental status ; 68 % had a recent acute illness before their hospitalization . BMI < 21 in 20 patients (40 %), calf circumference < 31 in 39 elderly (78%) . Only 2 patients have a normal nutritional status (MNA > or = 24), 10 (20%) are at risk of malnutrition (MNA between 17 to 23.5), 38 patients (76%) have a bad nutritional status (MNA < 17) . 10 persons died (20%), all these patients had MNA < 17 . Statistical analysis finds a significant link between malnutrition and death ($p<0.05$) . Other pronostic factors are significantly associated with death : albumin, prealbumin, PINI, leucocytosis and unbalanced food consumption . Malnutrition is very often found in elderly nosocomial infections and is a pronostic factor . Nutrition must be part of the treatment in the same way as antibiotics .

Effects of Expectancy and Severity of Urinary Incontinence (UI) on Lives of Women

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C. Brink, R. Mayer, University of Rochester, Rochester, NY 14642

A secondary analysis examined the impact of UI on the lives of women (mean age: 56.8 SD 12.47 range: 28-86) enrolled in a randomized clinical trial to evaluate pelvic muscle exercise for treatment of UI. The purpose of the study was to analyze how the severity of wetting and the expectancy belief in the ability to regain control over UI effected both the treatment outcome and the impact of UI on the lives of women. The women were categorized into four groups (hi expectancy/hi wet, hi expectancy/low wet, low expectancy/hi wet, low expectancy/low wet).

Findings: There were no differences by age in the expectancy/wetting groupings. Post-treatment, there were group differences in UI severity, effect of UI on life and a measure of ashamed feelings. Regression modeling using predictor variables of expectancy of improvement, UI severity, age, perception of health, and subject's perceptions about treatment, predicted 27% of variability on effect of UI on life, 22% of variability in ashamed feelings, 30% variability of UI severity, 14% variability in bother feelings and 14% variability in perception of improvement.

Conclusions: Age by itself, is not a significant predictor of the impact of UI on life or how subjects responded to treatment. Regardless of treatment group assignment, the combination of perceived UI severity and the expectancy to regain control were significant factors post-treatment in the effect of UI on life, the amount of perceived UI and the number of ashamed feelings about UI.

VACUUM CONSTRICTIVE DEVICES - A SUCCESSFUL APPROACH TO ERECTILE DYSFUNCTION

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To determine treatment outcomes for erectile dysfunction (ED), we conducted a cross-sectional study of patients with erectile dysfunction followed in the Geriatric Erectile Dysfunction Center (EDC) and the Urology Impotence Clinic at the Veterans Affairs Medical Center in Richmond Virginia. We reviewed medical records of all patients seen by the two clinics from February 1996 thru October 1997. A treatment was considered successful if the patient was still using it at follow-up visits.

835 patients were studied, 64% were seen by Urology and 36% were seen in the EDC. The mean age was 65.3 years. 71% of patients evaluated opted to receive treatment with an overall success rate of 60%. 5% declined treatment, 6% were either awaiting therapy or were undecided, and 18% were lost to follow-up. In the patients choosing treatment, a vacuum constrictive device (VCD) was most frequently chosen (45%) with a success rate of 73%. 37% chose intracavernosal injection (papaverine or prostaglandin E1) with successful outcomes in 53%. Oral therapy (yohimbine or trazodone) was used by 13%, and was effective in 49%. Implants were used in 3% with a success rate of 64%. 1% of the patients chose intraurethral prostaglandin E1(50% success rate) and 1% were given testosterone, which was successful in 60%.

In conclusion, ED can be effectively treated in the elderly. Given that VCDs were the preferred treatment of most patients, are the least invasive, and have the highest success rate, VCDs should be considered as initial therapy for ED.

Laxative Use in Community Dwelling Elderly.

C.M. Ruby,[1,2,3] G.G. Fillenbaum,[2] M.N. Kuchibhatla,[2] J.T. Hanlon[4]. V.A.[1] and Duke University [2] Medical Centers, Durham, NC and UNC School of Pharmacy [3], Chapel Hill, NC and University of Minnesota[4], Minneapolis, MN.

Laxative use by 4162 black and white (age 65+) baseline participants in the Duke Established Populations for Epidemiologic Studies of the Elderly was examined. 10.6% of subjects were laxative users and few users (9.4%) concurrently took two or more laxatives. The most common classes used were stimulants (6.3%) and bulk agents (2.2%). After controlling for other covariates, laxative use was significantly associated with being female (adj. OR=1.82, 95% CI=1.42- 2.34); having 1-4 or more than 4 doctor visits in the previous year (adj. OR=1.52%, 95% CI=1.09-2.12; adj. OR=1.94, 95% CI=1.38-2.73, respectively); being unable to walk a half mile (adj. OR=1.42, 95%CI=1.12-1.79); using 4 or more nonlaxative OTC medications (adj. OR=2.42, 95%CI=1.48-3.94); and using anticholinergic medications (adj. OR=1.34, 95%CI=1.02-1.76). Laxative use is common in community dwelling elderly and associated with specific demographic, health and functional status, and access to health care factors.

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ANALYSIS OF INAPPROPRIATE MEDICATION USE IN A MEDICARE MANAGED CARE POPULATION.

Fick, D. M., Waller, J. W., Maclean, J. R., Rahn, D. W., Gottlieb, M., Tadlock, J. G., & Vanden Heuvel, R. Department of Medicine, Medical College of Georgia, Augusta, GA & BlueCross BlueShield of Georgia (BCBSGA)

Study background: Medication problems in the elderly are a frequent costly problem. Thirty percent of hospital admissions in the elderly are related to adverse drug reactions (ADR) or drug toxicity. Previous studies have defined medications inappropriate for the elderly, but have not investigated cost and outcomes. Medication side effects and adverse reactions may be related to preventable problems in the elderly such as depression, constipation, falls, immobility, confusion, and hip fractures. We report on the results of one study in a collaborative partnership with BCBSGA to improve the care of these patients.

Study Aims:

1) To describe the problem of ina[illegible]opriate medication use in a commercially-insured Medicar[illegible]ged care population
2) To compare patients not on inappropriate medications with those who are on the inappropriate medications.

Research method: Retrospective review of the BCBSGA database for all BCBSGA Medicare managed care patients 65 and older enrolled three or more months during the period of 11/1/97 to 10/31/98. This study utilized the criteria for inappropriate medication use in the elderly as defined by Beers (1991;1997) and others. We did not include those medications that were dose dependent or diagnosis dependent. Patients on inappropriate medications were compared to a control group who were not on the inappropriate medications.

We hypothesized that patients on medications defined as inappropriate will have higher resource utilization compared to patients not on these medications.

Results: The data analysis revealed that 25% (602/2,526) of patients were on at least one inappropriate medication. This paper will discuss the comparison of personal & prescriber characteristics, admissions for ADRs and resource utilization between the two groups; the clinical implications and potential cost-savings. The results of this study will enable BCBSGA to plan interventions for proactively improving the care of elderly members on complex medication regimes and address issues of decreasing drug related costs, and preventing ADR admissions in the elderly.

306

STRATEGIES TO MAXIMIZE THE EFFICACY OF CAREGIVER INTERVENTIONS

C. Eisdorfer, S. Czaja, University of Miami School of Medicine, 1425, N.W. 10th Ave., Miami, Fl 33136

Participants:

T. Arguelles (University of Miami School of Medicine) The Success of an [illegible]native Marketing Model in the Recruitment of Minority Subjects into an Intervention Study

S. Arguelles & D. Loewenstein, (University of Miami School of Medicine) The Impact of Three Therapeutic Interventions on the Caregiver's Perceptions of Functional Abilities of Family Members with Alzheimer's Disease

D. Loewnstein, S. Arguelles, C. Eisdorfer (University of Miami School of Medicine) Biased Caregiver Judgements of Functional Capacity and Their Relationship to Perceived Burden and Psychological Distress

V. Mitrani (University of Miami School of Medicine) Customizing Family-Based Interventions for Particular Caregiver Types

S. Czaja & M. Rubert (University of Miami School of Medicine) Fitting Technology to the Needs of Caregivers

Discussant:

W. Haley (Department of Gerontology, University of South Florida)

Currently about 4 million Americans suffer from AD and by the year 2040 this number is expected to increase to 9 million or about 1 in 30 Americans. The majority of people with AD (~80%) live at home and are cared for by family members. During the past decade there have been a substantial number of studies directed towards development of interventions for family caregivers. However, despite the proliferation of these interventions programs they have only met with limited success for a variety of reasons. This symposium will discuss emerging interventions such as family systems therapy and communication technology which hold promise for improving the lives of caregivers and care recipients. The impact of intervention strategies on caregivers' perceptions of care recipient functional abilities and ability to provide care will also be discussed. Finally, methodological issues associated with community-based interventions such as recruitment of minority subjects will be discussed. Examples from an on-going caregiver intervention project will be presented in each of the presentations. Special emphasis will be given to how future intervention strategies need to be adapted to an increasingly diverse caregiver population. Finally directions for future research will be outlined.

THE SUCCESS OF AN ALTERNATIVE MARKETING MODEL IN THE RECRUITMENT OF MINORITY SUBJECTS INTO INTERVENTION RESEARCH.

T. Arguelles, Department of Psychiatry, University of Miami School of Medicine, Miami, Florida, 33136

Recruitment of ethnic minorities for intervention research projects represents both a methodological and a practical challenge. The paper will examine an innovative recruitment/marketing model by comparing its effectiveness in terms of recruiting two groups of family caregivers to participate in a caregiver intervention project. The two groups consist of English-speaking White non-Hispanic families, and the second group consists of mostly Spanish-speaking Cuban or Cuban-American caregivers who provide care at home for family members with AD.

Specific Marketing strategies were tailored specifically for each ethnic group to recruit a pool of about 270 family caregivers of demented individuals. Some of the subjects were recruited via traditional strategies (e.g. direct referrals from memory clinics) and some via very non-traditional methods (e.g. radio shows in Spanish). Data will be presented which corroborate the initial hypothesis that non-traditional methods prove to be more effective for recruiting ethnic minority clients. The data also show that the effectiveness of recruiting strategies varies across ethnic groups. Overall results indicate that the use of the "Adoption Process Model", an innovative marketing strategy, is an effective method for recruitment of community based samples for intervention research.

BIASED CAREGIVER JUDGEMENTS OF FUNCTIONAL CAPACITY AND THEIR RELATIONSHIP TO PERCEIVED BURDEN AND PSYCHOLOGICAL DISTRESS

D. Loewenstein, S. Arguelles, C. Eisdorfer, Department of Psychiatry, University of Miami School of Medicine, Miami, Florida, 33136

Increased cognitive and functional disability of the Alzheimer's Disease (AD) patient places the caregiver at greater risk for psychological burden and distress. However, the incongruity between caregivers' perceptions and actual functional impairment may have more adverse affects on the caregiver than absolute functional disability alone.

In this study, we evaluated these relationships using a sample of seventy-two Alzheimer's Disease (AD) patients and their family members. Measures of cognitive impairment, direct assessment of functional status, caregiver perception of functional capacity and caregiver burden/distress were obtained.

The findings indicate that those caring for their AD parents made different types of functional judgement errors than spousal caregivers and these biases were associated with different patterns of caregiver distress. The implications for successful interventions for both patients and caregivers are discussed.

CUSTOMIZING FAMILY-BASED INTERVENTIONS FOR PARTICULAR CAREGIVER TYPES

V. Mitrani, Department of Psychiatry, University of Miami School of Medicine, Miami, Florida, 33136

The University of Miami is currently evaluating the efficacy of a family-based intervention model, Structural Ecosystems Therapy for Caregivers of dementia patients. In SET, relationships within the caregiver-care recipient dyads, the family, and systems outside of the family are assessed to identify relationships to be targeted for intervention. Although the intervention is customized to meet the needs of each particular caregiver, we have found that the intervention needs to be tailored according to type of caregiver. In this regard three primary caregiver types have emerged: caregiving couples (who are caring for a parent of one of the spouses), isolated caregivers, and impaired caregivers. This paper will discuss how the SET intervention approach needs to be altered to more responsive to the needs of these caregiver types. Case examples will be presented to illustrate the relationships that are targeted in each caregiver type and the intervention strategies employed.

FITTING TECHNOLOGY TO THE NEEDS OF CAREGIVERS

S. Czaja and M. Rubert, Department of Psychiatry, University of Miami School of Medicine, Miami, Florida 33136

One challenge in intervention research is developing innovative techniques to meet changes in patterns of caregiving in the 21^{st} century. There are a number of demographic trends that will impact on caregiving in the future including changes in family structures such as fewer children, geographic distance among family members, and non-traditional relationships. These trends may decrease family resources available to caregivers. In this regard, computer and communication technologies can be effectively used to provide support and deliver services to caregivers. For example, computers and other forms of telecommunication can be used to link caregivers to health care providers, long distance family members, and local support organizations. On-line support groups can also be formed which will allow caregivers to enjoy the benefits of these groups without having to leave their homes. This paper will discuss how future and current technologies can be used to aid caregivers. Examples from an on-going research project will be provided to demonstrate how technology can be used to foster communication between caregivers and long distant relatives, other caregivers, and health care providers. The focus of the discussion will be on interface design issues important to meeting the needs of increasingly diverse family caregivers, older caregivers, and health care professionals.

THE IMPACT OF THREE THERAPEUTIC INTERVENTIONS ON THE CAREGIVERS' PERCEPTIONS OF FUNCTIONAL ABILITIES OF FAMILY MEMBERS WITH ALZHEIMER'S DISEASE

S. Arguelles, D. Loewenstein, Department of Psychiatry, University of Miami School of Medicine, Miami, Florida, 33136

Caregivers' appraisals of their family members' functional abilities are important in the clinical determination of a dementia syndrome as well as in the treatment and management of the their family members. In this study, we assessed the impact of three therapeutic interventions on the accuracy of caregivers' perceptions of their family members' functional performance on a broad array of activities required for daily living.

Sixty caregivers rated the patients' functional abilities which were then compared to actual functional performance on objective behaviorally-based measures. These measures were taken at baseline and at six months after the family was randomized to one of three therapeutic interventions: 1) Minimal Support Condition, 2) Structural Ecosystemic Therapy, and 3) Structural Ecosystemic Therapy enhanced by a Computer Telephone System. The clinical implications of this data will be discussed, as well as future trends regarding modifications in the caregivers' expectations of their family members' functional abilities.

307

DO ELDER CONSUMERS WANT CHOICE AND CONTROL OVER THEIR CARE? FINDINGS FROM THE INDEPENDENT CHOICES RESEARCH STUDIES

L. Polivka, Florida Policy Exchange Center on Aging, USF #30437, Tampa, FL 33620

Participants:

M. Sciegaj & C. Kay (Heller School, MS 035, Brandeis University, 415 South Street, Waltham, MA 02254). Elder Preferences for Consumer Direction.

J.R. Salmon and L. Polivka. (FloridaPolicy Exchange Center on Aging, USF #30437, Tampa, FL 33620). Autonomy and Meaning in Three Long-Term Care Settings: Home, Nursing Home, and Assisted Living Facility.

L.F. Feinberg (Family Caregiver Alliance, 690 Market Street, Suite 600, San Francisco, CA 94104) and **Carol Whitlatch** (Benjamin Rose Institute, 850 Euclid Ave., Cleveland, OH 44114). Making Hard Choices: Respecting Both Voices.

Discussant

R.A. Kane (National LTC Resource Center, University of Minnesota, Institute for Health Services Research, School of Public Health, D-527 Mayo Building, 420 Delaware Street SE, Box 197, Minneapolis, MN 55455).

Consumer directed care is still a new idea for long-term care policy aimed at older adults with chronic care needs although it is a guiding principle for programs aimed at the younger disabled. The Independent Choices Initiative funded by the Robert Wood Johnson Foundation in 1997 was aimed to "develop consumer-directed home and community-based services for people of all ages with disabilities." Three of the research studies funded by RWJF investigated whether there are differences by race/ethnicity, setting of care, or whether one is a caregiver or the person affected by cognitive impairment.

Sciegaj & Kay found race and ethnic differences in predicting the desire for different approaches to consumer control for elders who receive assistance in their own house or apartment. They will present findings from interviews with Chinese, African American, Latino, and White Western European elders in the Boston area.

Salmon and Polivka found a relationship between achieving autonomy and purpose and ratings of subjective well-being and satisfaction with care. They will present findings from interviews with consumers in two Florida counties who receive care at home, in assisted living facilities or in nursing homes.

Feinberg & Whitlatch describe the degree of congruence between family caregivers and individuals with cognitive impairment when responding to questions about preferences for choice and control over aspects of everyday care. They present findings from interviews with caregiver/affected person dyads in California.

ELDER PREFERENCES FOR CONSUMER DIRECTION

M. Sciegaj and C. Kay (Heller School, MS 035, Brandeis University, 415 South Street, Waltham, MA 02454

The lack of empirical data on elder preferences regarding consumer-direction in community long-term care and whether there are significant racial/ethnic and gender differences in these decision hinders community long-term care efforts to develop appropriate consumer-directed care models for elders. To fill this gap and assist the promotion of consumer-direction for elders, this project had three specific objectives: First, develop and test psychometric measurements of elder preferences regarding consumer-direction in community long-term care in the areas of community long-term care service delivery management, informal caregiver roles in community long-term care decisions, and consumer information needs. Second, it explored variants in elder preferences regarding consumer-direction in community long-term care and the role of individual characteristics such as health/functional status, availability of informal support, and current service satisfaction as determinants of preferences. Finally, it examined whether there are significant racial/ethnic and gender differences in elder preferences regarding consumer direction after controlling for the other determinants listed above in Objective 2. The project surveyed 750 elders across four racial/ethnic groups of African-Americans, Chinese, Latino, and White Western European-American elders in Boston, Massachusetts. The various scales developed for this study demonstrated high levels of internal consistency reliability. Significant findings include racial/ethnic differences in elder preferences for consumer direction in the areas of worker control, service control, and desire for information.

AUTONOMY AND MEANING IN THREE LONG-TERM CARE SETTINGS: HOME, NURSING HOME, AND ASSISTED LIVING FACILITY.

J.R. Salmon and L. Polivka (FloridaPolicy Exchange Center on Aging, USF #30437, Tampa, FL 33620)

The relationship between autonomy and meaning are explored with consumers of three types of long-term care services: in-home, nursing home and assisted living. Autonomy is often defined as the freedom to express oneself in ways that are consistent with one's identity. In order to be autonomous there must be some meaningful expression of it. Meaning or purpose may also compensate for losses in autonomy. A random sample of 480 long-term care consumers in two counties in Florida was interviewed in their residence regarding their satisfaction with life and with long-term care services. Their attained sense of purpose and attained autonomy (mastery) are measured as well. The relationship between these two areas of life and overall subjective well-being is shown. Suggestions for changes in how long-term care is provided are offered.

MAKING HARD CHOICES: RESPECTING BOTH VOICES

L.F. Feinberg, Family Caregiver Alliance 690 Market St. Ste. 601, San Francisco, CA 94104 and C.J. Whitlatch, The Benjamin Rose Institute, Cleveland, OH.

Balancing the preferences of a person with cognitive impairment with the preferences of the family caregiver is exceedingly complex. While much research has focused on caregivers, few studies have gathered data from persons with cognitive impairment alone or from both caregiver and the affected person. This study examines choice and decision making in everday care for persons with cognitive impairment and their family caregivers. Affected persons were interviewed twice, one week apart. Caregivers were interviewed once. Data on 50 dyads were examined to identify: 1) whether cognitively impaired adults are able to communicate their care preferences; and 2) the degree of congruence between the affected person's values and preferences and the needs and practices of the caregiver. Results indicate that: 1) persons with mild to moderate cognitive impairment are able to state a consistent preference at two points in time; and 2) dyads are likely to have greater congruence when the caregiver is a spouse rather than an adult child. Implications for practice will be discussed.

308

BELIEFS OF URBAN OLDER AFRICAN AMERICAN WOMEN ABOUT HIV/AIDS. V. L. Ward, D. R. Brown, L. Warren. Urban Health Program, College of Urban, Labor, and Metropolitan Affairs, Wayne State University, Detroit, MI 48202.

HIV/AIDS is considered one of the most bewildering medical challenges. Little is known about the disease in older minorities. Yet, they constitute the fastest growing segment of the population and are predicted to more than double in number by the year 2050. Epidemiological data indicate that there has been a significant increase in the rate of new cases among African Americans who are 50 years of age or older, particularly African American women. According to the Department of Health and Human Services, although the number of AIDS cases is dropping, African Americans are six times as likely to die of AIDS as are Whites. It is possible that prevention and detection have been more difficult in this population because they and perhaps their physicians do not connect risky sexual activity or drug use with HIV transmission. This research used focus group methodology, a qualitative research method utilizing guided group discussions to produce rich understanding of participants' experiences and beliefs. Four focus groups of 9 to 12 persons each of African American women age 50 and over (mean age=73.4) were recruited from centers with known HIV-infected persons, and centers with non-infected members. The purpose of the study was to discover 1) barriers to HIV risk education among older African American women, and 2) barriers to HIV intervention. The groups provided insights into the sexual health beliefs and practices of the target group. Data content analysis revealed most of the women had learned through the media of HIV/AIDS and how it was transmitted. Older participants reported that the best way to avoid HIV infection is to abstain from sex. Those age 90 and over had not seen condoms and said they were afraid of them. Younger participants said they would insist on using condoms, but were uncertain their partner would agree. Surprisingly, two of the 41 women spoke of female condoms and their use. All participants felt the best way to learn about AIDS risk and intervention methods was through small group discussions where the presenter would be culturally sensitive and respect their age.

BSS-13

MULTIPLE LINGUISTIC AND CULTURAL CONSTRUCTIONS OF DEMENTIA IN BLACK SOUTH AFRICANS

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The prevalence of dementia in older black South Africans has not been established. Factors which contribute to poor diagnosis of dementia in this population are (i) low life expectancy at birth (a small number of Africans in the high-risk oldest age groups); (ii) low priority of the condition in health services delivery; (iii) a lack of appropriate screening measures (tests are literacy and numeracy based and developed in Western countries, while the majority of the older black South African population is illiterate and speaks an African language); (iv) poor understanding of the condition in black communities, and (v) apparent cultural acceptance of symptoms of dementia in ageing individuals as "normal" or understandable (dementing individuals do not present for health care). This paper reports on a study aimed at establishing linguistic and cultural constructions of dementia in Xhosa-speaking Africans. Eight focus group interviews were conducted in African townships outside Cape Town, four each with persons in two age groups: 45-59 years, 60+ years. Data analysis revealed cultural concepts relating to dementia and a variety of terms used to describe the condition. Cultural beliefs, whereby e.g. some demented older women are labelled witches, were documented. Interviews with traditional healers (diviners, herbalists) revealed different constructions of the disease to those of lay persons. The research results will be used to inform health professionals and the design of a screening instrument for an epidemiological survey.

LATINO ELDERLY: ETHNICITY, FORMAL/INFORMAL SUPPORTS, AND PSYCHOLOGICAL WELL-BEING

Carmen G. Perez, Ph.D., NIA Training Program on Applied Aging Research, University of Michigan, School of Social Work, Ann Arbor, MI 48109-1106. (AG00117)

Evidence is emerging to support the argument that informal social support (SS) does not always result in positive outcomes for the elderly care recipient, including mental health outcomes. Latino elderly, characterized by a strong reliance on informal SS and underutilization of formal SS, are one of the fastest growing and ethnically diverse segments of the general elderly population. Using data from the 1988 National Survey of Hispanic Elderly People, this study, investigated the relationship between use of formal/informal SS and psychological well-being (PWB). Two research questions guided this research: (1) Do sources of SS (plus controls) significantly effect the PWB (life satisfaction and positive/negative affect) of Latino elderly? and (2) Does ethnicity significantly influence the relationships between controls, formal/informal SS, and PWB for Mexican, Cuban, and Puerto Rican elderly?

Findings indicate that life-satisfaction increased significantly as use of formal SS increased only; while affect increased significantly as use of both formal and informal SS increased. Findings for Mexicans mirror those of the total sample; for Cubans, life-satisfaction increased as use of informal SS increased only, while affect increased use of both formal and informal SS increased; and for Puerto Ricans, no significant associations were found. Findings for the total sample seem to suggest that increased use of formal SS may be a more influential factor in the PWB of Latino elderly than might generally be expected. Ethnic group differences found provide support against addressing the SS and mental health needs of this population as if it were homogeneous. Implications for policy, practice, education, and research will be discussed.

SELF-REPORTED DEPRESSION AND SOCIAL SUPPORT AS DETERMINANTS OF SELF-CARE AMONG OLDER AFRICAN AMERICANS WITH TYPE 2 DIABETES

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With the increase in longevity comes the concomitant rise in the number of older persons with chronic illnesses such as diabetes. It is critical to study chronic illness in older African Americans, who comprise the fastest growing segment of that ethnic group. Diabetes, the fourth leading cause of death by disease in this country, is 60% higher in African Americans than in Whites. Self-care, an essential component in the management of diabetes, can be affected by the emotional and physical state of the individual. Therefore, acceptance of the illness, social support, depression, self-esteem, and co-morbidity are likely determinants of self-care behavior. The purpose of this study was to examine the impact of acceptance, depression, co-morbidity, self-esteem and social support on the self-care of African Americans with type 2 diabetes. Fishbein and Ajzen's (1975) theory of reasoned action guided the study.

Face-to-face interviews were conducted with 63 African Americans being treated for diabetes at a community clinic. Self-care was measured using two scales: a 5-item scale of self-care activity developed by Lichty and colleagues, as well as the Health Promoting Lifestyle Profile II (Walker, Sechrist & Pender, 1995). To identify the unique contribution of each independent variable, two multiple regression models were tested. Results indicated that depression was the only significant predictor of difficulty in self-care activities, while social support was the only significant predictor of health promoting behaviors. The five independent variables explained 6% of the variance in self-care activities and 14% of the variance in health promoting behavior. Interestingly, acceptance, self-esteem and co-morbidity failed to predict self-care independently. Implications for policy, practice, and further research will be presented.

POSTMENOPAUSAL HRT USE BY OLDER MEXICAN-AMERICAN WOMEN

D. A. Newell, M.S., J. L. Freeman, Ph.D., J. S. Goodwin, M.D., K. S. Markides, Ph.D. Sealy Center on Aging, University of Texas Medical Branch at Galveston, Galveston, TX 77555

Knowledge of hormone replacement therapy (HRT) use in older women is limited, particularly for older minority women. The purpose of the current study was to determine the rate of current hormone replacement therapy (HRT) use, and identification and description of associated factors, among community-dwelling, postmenopausal Mexican-American (M.A.) women, aged 67 and above. Current HRT use was determined from examination and recording of each subject's current medications through completion of a survey questionnaire during a face to face interview with 1,424 female subjects aged 67+ for the follow-up study (time 2, 95-96) of the Hispanic Established Populations for Epidemiologic Studies of the Elderly (EPESE). In this sample of older M.A. women, 4.7% are current users of HRT. Based on a multivariate logistic regression model, current HRT use is related to years of education, osteoporosis diagnosis, hysterectomy, age at menopause, ever having had a mammogram or PAP/pelvic exam, having private insurance and Medicare, and higher level of English proficiency (speak, read, understand).

THE EFFECT OF ACCULTURATION ON SOCIAL SUPPORT, AGE AND DEPRESSION AMONG ELDERLY LATINOS: THE SACRAMENTO AREA LATINO STUDY ON AGING. A. P.

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Cupertino, R. A. Whitmer & M. N. Haan, Center for Aging and Health, University of California at Davis, Davis, CA 95616

Although research has shown that age can be a risk factor for depression and lack of social support, this has not been thoroughly examined in Latino populations. The purpose of the present paper was to examine the effect of age on depression and social support in a Latino population as well as if this association would vary by acculturation levels. This sample was composed of 295 Latinos 60 + from SALSA (Sacramento Area Latino Study on Aging). Depression was measured using CES-D and Social Support (Lubben Scale). Acculturation was measured by 21 items scale asking about language preference, associations, food practice and media preferences. Linear regression models revealed that age was significantly negatively associated with social support . ($p < .038$), but not depression. After stratifying our model by low and high acculturation groups, we found that age was negatively related to social support only for those in the high acculturation group ($p < .01$). Interestingly, ANOVA model revealed that groups were not different in social support network. Specifically, low acculturated groups had the same amount of social support but tended to be more stable and independent from aging. Even though the overall depression score was low for all three acculturated groups, those highly acculturated reported less depression ($p < .032$). These results suggest that the effect of age on social factors may vary by acculturation in elderly minority ethnic groups.

309

BEREAVEMENT: STAGES OF ADJUSTMENT, COPING WITH LOSS, AND THE ROLE OF SOCIAL SUPPORT IN RECOVERY

S. Bowler, REDA International, Inc., 11141 Georgia Avenue, #517, Wheaton, MD 10902.

Participants:

D.S. Levinson, (Baltimore, MD 21208) Roadmap for Adjustment after a Spouse's Death.

P.S. Fry (Trinity Western University, Langley, B.C. V2Y 1Y1). Widows' Regrets of Action and Inaction in Coping with Spousal Loss: A Follow-Up.

M. Caserta, D. Lund, S.J. Rice, (Gerontology Center, University of Utah, Salt Lake City, UT 84112-5880). Promoting Self-care among Older Widows and Widowers: The *PATHFINDERS* Demonstration Project.

S. Bowler (REDA International) How Bereavement Support Groups Promote Healthy Adjustment to Loss.

D. L. White (Oregon Health Sciences University, Portland, OR 97201). Exchange of intergenerational Support among Bereaved Parents and Grandparents.

Discussant:

D. Lund (Gerontology Center, University of Utah, Salt Lake City)

This session presents studies of stages of adjustment to loss, emotional reactions associated with coping, and the contributions of family, support groups, and a health promotion program toward recovery from bereavement. This work enhances understanding of bereavement, its effects, and the crucial role of social support in recovery. More needs to be known about bereavement because the number of older Americans continues to grow and it becomes a more frequent and widespread experience as we age. Studies indicate an avoidance of dying and bereavement issues and social isolation of bereaved persons in the U.S. and that unresolved grief is linked to serious physical and mental health problems. Bereavement in an aging population is an important public health issue in need of more attention.

ROADMAP FOR ADJUSTMENT AFTER A SPOUSE'S DEATH

Deborah S. Levinson, MSW, LCPC; Irma Chance, MD, P.A., 6 Springbriar Lane, Baltimore, Maryland 21208

An initial survey study of 15 young widows (ages 35-55), whose husbands had died between three and seven years earlier, formed the empirical base of a new model of adjustment following a spouse's death. The observed pattern of adjustment is consistent with the change literature and modern theories of grief. The Spousal Loss Model is a three-stage, task-oriented model for adjustment following spousal loss and is focused on adjustment after the initial mourning period which most existing literature addresses.

Additional research on 55 older and younger widows and widowers confirmed the overall pattern. A clear distinction was observed between the adjustment pattern for older and younger widows and that between widows and widowers. Older widows usually make an accommodation to their existing lives; young widows make a life change journey. Widowers typically adjust within one or two years; widows take three or more years. The difference in adjustment appears to be related to identity formation. The Model is a useful framework to establish treatment goals, and to provide direction for the adjustment process, consistent with managed care objectives for clinicians working with widows and widowers.

Additional research has provided insight regarding Bowlby's work on loss of attachment objects, and on its applicability to spousal death and adjustment to that loss.

WIDOWS' REGRETS OF ACTION AND INACTION IN COPING WITH SPOUSAL LOSS: A FOLLOW-UP.

P.S.Fry, Research Professor, Trinity Western University, Langley, B.C. V2Y 1Y1

The emerging recognition of the fact that widowhood is an extremely stressful event, with grief compounded by social isolation, loneliness, and anxiety, places considerable emphasis on the value

of understanding widows' intense emotional states of regrets of action and inaction in coping with the grief of spousal loss. The present author's earlier research reported on the results of factor analyses done on the quantitative data collected from 117 widows who responded to a questionnaire. The present study reports on qualitative data drawn from in-depth interviews designed to obtain widows' present accounts of "how they would do things differently" and also to identify major themes of remorse, self-blame, and regrets that remain central to the contents of widows' long term functioning. Implications of qualitative findings are discussed in terms of the the ineffectiveness of conventional coping responses used by widows, and the need for changing social attitudes.

PROMOTING SELF-CARE AMONG OLDER WIDOWS AND WIDOWERS: THE *PATHFINDERS* DEMONSTRATION PROJECT

M. Caserta, D. Lund, S. J. Rice, Gerontology Center, Univ. of Utah, Salt Lake City, UT. 84112-5880

The loss of a spouse can be disruptive to the survivor's self-care and health promoting practices, especially for those who lack the knowledge and skills to successfully engage in such behaviors. The *Pathfinders* project is a self-care and health promotion program, consisting of 11 weekly classes, designed for recently widowed persons, age 50+. The program utilizes goal setting and support strategies to enhance learning and positive behaviors. Pre- post- and 2-month follow-up measurements on 50 bereaved participants in the program indicate improvements in meal planning skills, household maintenance and safety, financial management, physical activity, and accessing community resources (all $p < .05$). Over two-thirds of the participants report they are regularly applying the information they have learned in their daily lives and over 90% continue to work on their health and self-care goals two months after the classes ended. Although this program may not be the only source of self-care and health information, it appears to be a useful resource for those bereaved older adults who desire to remain healthy and independent.

Funded by the Ben B. & Iris M. Margolis Foundation

S. Bowler (REDA International, Inc., 11141 Georgia Avenue, Wheaton, MD 20902) How Bereavement Support Groups Facilitate Adjustment to Loss

The past 20 years has seen a rapid growth in the number of bereavement support groups. These groups fill an important service gap in U.S. society where mourning is restricted to a few days, expressions of grief discouraged, and the bereaved socially isolated. The groups provide an acceptable social context for widows, widowers, relatives, and friends share experiences and help each other adjust to their loss. This study identifies specific ways in which these groups help participants adjust to their loss and find new meaning to their lives. Participants' experiences are compared to those identified in Stephenson's (1994) three-phase model of the grieving process and reactions of men are compared to those of women. Study results are based on qualitative analyses of data collected from participant-observation by the investigator (a widow) in bereavement support groups and interviews with 40 men and women--ages 46-70--attending support groups.

EXCHANGE OF INTERGENERATIONAL SUPPORT AMONG BEREAVED PARENTS AND GRANDPARENTS.

D. L. White Oregon Health Sciences University (L613), Portland, OR 97201.

Bereavement research has described the importance of social support for individuals coping with loss. Little emphasis has been given to the way that families cope with grief or how they might support each other in that process. Gerontological research has consistently revealed the positive connections in families between generations in terms of contact, closeness, and exchange of services. When things do not go well in an adult child's life (divorce, unemployment, illness, disability), parents often come to their aid.

When a child dies, both parents and grandparents are profoundly affected. This paper addresses social support needs and experiences of these generational partners. Interviews and focus groups were conducted with bereaved parents and grandparents who talked about their own needs and the support they gave to and received from one another. Important similarities and differences in support received from outside the family was also revealed. Bereavement support exchanged across generations is considered in terms of family development stage and role relationship to the child who died.

310

FINANCIAL CAPACITY IN ALZHEIMER'S DISEASE

D. Marson Department of Neurology, University of Alabama at Birmingham, Birmingham, AL 35233-7340

Participants:

D. Marson (Dept of Neurology, Birmingham) A Model and Four Methods for Assessing Financial Capacity in Dementia.

D. Marson, V. Wadley, T. Aldridge, A. Boothe (Dept of Neurology, Birmingham) Psychometric Assessment of Financial Abilities in Patients with Alzheimer's Disease.

K. Earnst, D. Marson, V. Wadley, A. Boothe, T. Aldridge (Dept. of Neurology, Birmingham) Neuropsychological Assessment of Financial Abilities in AD: The Role of Working Memory.

V. Wadley, T. Stalvey, A. Hammond, D. Marson (Dept of Neurology, Birmingham) Self and Informant Reports of Financial Abilities in AD.

V. Wadley, D. Marson (Dept of Neurology, Birmingham) Development of the Physician Assessment Interview for Financial Capacity.

Discussant:

L. Teri (Director, de Tornyay Center on Healthy Aging, School of Nursing, University of Washington, Seattle, WA)

Loss of financial abilities is an early and important feature of Alzheimer's disease and related dementias (AD). Financial capacity comprises a broad range of conceptual, pragmatic and judgmental abilities which are critical to the independent functioning of older adults. Impairments of financial knowledge and skills (eg., inability to manage checkbook, poor financial decisions) are often the first functional changes demonstrated by patients with early dementia. Loss of financial capacity has economic and psychological consequences for patients and families, and is closely linked to legal issues of elder abuse and of financial competency.

Despite the importance of financial capacity, surprisingly little is known about its loss in AD. This symposium will present conceptual and empirical findings from the first year of the NIMH funded Financial Capacity Study. The first presentation will discuss the study's conceptual model for financial capacity and four assessment approaches (psychometric, neuropsychological, self and informant report, physician judgment). The ensuing four presentations will illustrate these assessment approaches by examining (1) AD and control subjects' psychometric performance on financial tasks and domains, (2) the relationship of working memory to declining financial function in AD patients, (3) differences between self and informant reports of controls and AD patients' current financial abilities, and (4) a newly developed physician assessment interview for financial capacity. Methodological, clinical and public policy issues will be discussed, and directions for further research outlined.

CM1, BSS23, SRPP4

A CONCEPTUAL MODEL AND FOUR METHODS FOR ASSESSING FINANCIAL CAPACITY IN DEMENTIA.

D. Marson Department of Neurology, University of Alabama at Birmingham, Birmingham, AL 35233-7340

There currently is little understanding about how financial capacity breaks down in dementias like AD. The world of financial affairs is broad, diverse and variable across individuals, and challenging to define and conceptualize. Prior gerontological research has yielded only very general conceptual schema, such as the IADL of "managing finances." As part of the NIMH funded Financial Capacity Grant, we created a conceptual model and use four assessment methods for studying loss of financial capacity.

Our model of financial capacity has two levels: cognitive neuropsychological and clinical domain. At the cognitive neuropsychological level, the model conceptualizes financial tasks along two dimensions: underlying core knowledge type (declarative knowledge, procedural knowledge, judgment) (Dimension 1); and task difficulty level (simple or complex) (Dimension 2). Regarding Dimension 1, declarative financial knowledge involves an established store of semantic and episodic facts and events which are accessible to conscious recollection (eg., understanding parts and purposes of checkbook). Procedural financial knowledge involves a variety of pragmatic skills, routines and action sequences which are performance based and less accessible to conscious recollection (eg., counting money, writing out parts of a check). Judgment involves projection abilities, as well as recognition of emotional inputs, which together guide decision making in novel, ambiguous, and complex situations (eg., sensitivity to mail fraud, weighing of investment options). Regarding Dimension 2, financial tasks are designated simple (eg., counting coins) or complex (eg., using a bank statement) depending on the degree of novelty, structure, and working memory required by the task.

At the clinical domain level, the model organizes different financial tasks into a series of eight domains of financial activity. These domains are: (1) basic monetary skills; (2) financial conceptual knowledge; (3) cash transactions; (4) checkbook management; (5) bank statement management; (6) financial judgment; (7) bill payment; and (8) knowledge of personal assets/estate arrangements. The clinical domain level of the model is useful for guiding clinical assessment of financial capacity and for instrument development.

In the Financial Capacity Study, we apply this model using four different assessment approaches: psychometric, neuropsychological, self and informant report, and physician judgment. Psychometric assessment of financial capacity involves direct testing of AD patient performance on specific tasks within the eight domains. Neuropsychological assessment can indicate how cognitive change in AD accounts for patient declines on different financial tasks and domains. Self and informant reports of financial functioning by AD patients and by their caregivers, and by controls and by control informants, can reveal interesting differences in perception of impairment on the different financial tasks and domains of the model. Finally, physician judgment of AD patients' financial abilities represents a clinical standard for determining financial capacity and is often a part of legal competency hearings.

The use and integration of the conceptual model and four assessment approaches will be discussed in the context of the ongoing study.

PSYCHOMETRIC ASSESSMENT OF FINANCIAL ABILITIES IN PATIENTS WITH ALZHEIMER'S DISEASE.

D. Marson, V. Wadley, T. Aldridge, A. Boothe Department of Neurology, University of Alabama at Birmingham, Birmingham, AL 35294-0007

Although loss of financial capacity has important consequences for AD patients and families, little empirical research exists on this topic. In particular, no assessment instruments exist specific to financial capacity. While established measures of functional capacities in dementia such as the Blessed, Direct Assessment of Function Scale (DAFS), Structured Assessment of Independent Living Skills (SAILS), Everyday Problems Test (EPT), and Independent Living Skills (ILS) include financial items, these tests cover a diverse range of functions and are not specific to financial capacity. Study of financial capacity in older adults requires development of new psychometric assessment instruments.

In this study, we present initial psychometric findings from the Financial Capacity Study obtained using a newly revised version of the Financial Capacity Instrument (FCI). The FCI is a clinical research instrument which directly assesses performance on 20 specific financial tasks comprising 8 domains of financial activity. These domains and constituent tasks are: *Domain 1-Basic Monetary Skills* (naming, valuing, and counting coins/currency); *Domain 2-Conceptual Knowledge* (understanding and applying financial concepts); *Domain 3-Cash Transactions* (grocery store, vending machine, and tipping transactions); *Domain 4-Checkbook Management* (understanding and using a checkbook/register); *Domain 5-Bank Statement Management* (understanding and using a bank statement); *Domain 6-Financial Judgment* (detecting mail fraud, detecting telephone fraud, making investment decisions); *Domain 7-Bill Payment* (understanding and identifying bills, preparing bills for payment); *Domain 8-Knowledge of Personal Assets and Estate Arrangements*. The FCI domains and tasks have previously demonstrated strong internal, test-retest, and inter-rater reliabilities.

Study subjects consisted of normal older controls (n=21) (mean MMSE=28.6, sd=1.5) and patients meeting NINCDS-ADRDA criteria for probable AD (n=16) (MMSE=20.5, sd=4.6).

Analyses demonstrated that the FCI domains discriminated control and AD group performance. Using t-test and a conservative p value of .01, AD patients performed significantly below controls on Domains 1-7 ($p < .000$) and also Domain 8 ($p = .005$). The FCI tasks also discriminated control and AD group performance. Using t-test and again a conservative p value of .01, AD patients performed significantly below controls on all tasks except that of naming coins and currency ($p = .011$).

These results suggest that financial capacity is significantly and globally impaired in AD and related dementias. This finding is consistent with clinical reports and literature suggesting that financial abilities show impairment early on in AD patients. The findings also support the usefulness of the FCI for psychometrically evaluating domain and task specific financial abilities in dementia.

NEUROPSYCHOLOGICAL ASSESSMENT OF FINANCIAL ABILITIES IN AD: THE ROLE OF WORKING MEMORY

K.S. Earnst, D.C. Marson, V.G. Wadley, A.L. Boothe, T.M. Aldridge, L.E. Harrell, Department of Neurology, University of Alabama at Birmingham, Birmingham, AL 35233.

Recent research has demonstrated that loss of financial capacity is a common consequence of Alzheimer's disease (AD). While progressive cognitive decline is a defining feature of AD, the relationship between such decline and loss of financial capacity in AD has only recently been investigated empirically and remains unclear. Working memory may be strongly associated with financial abilities, as many financial tasks require temporary storage and manipulation of numerical and other data.

The purpose of the present study was to investigate in patients with AD the relationship between measures of working memory and financial capacity, as operationalized by a recently developed clinical assessment instrument (Financial Capacity Instrument (FCI)). Participants were 21 cognitively intact older controls and 16 patients with AD. Each participant was administered the subtests of the WAIS-III Working Memory Index (Digit Span, Arithmetic, Letter-Number Sequencing) and the FCI which directly assesses the following eight domains of financial activity: (1) Basic Monetary Skills; (2) Financial Conceptual Knowledge; (3) Cash Transactions; (4) Checkbook Management; (5) Bank Statement Management; (6) Financial Judgment; (7) Bill Payment; and (8) Personal Financial Knowledge. T-tests revealed that AD patients performed significantly below controls ($p < .01$) on each of the working memory subtests and on each of the eight FCI domains. Within the AD group, Pearson correlations of working memory scores with FCI domain performance revealed the strongest correlations for the domains of basic monetary skills ($r = .54$, $p < .02$ for WAIS-Arithmetic and for WAIS-III Letter-Number Sequencing), checkbook management ($r = .76$, $p < .001$ for WAIS-III Arithmetic), and bank statement management ($r = .50$, $p < .03$ for WAIS-III Arithmetic).

The results suggest that: (1) impaired working memory is associated with loss of financial abilities in patients with AD; and (2) working memory is differentially correlated with multiple domains of financial capacity.

SELF AND INFORMANT REPORTS OF FINANCIAL ABILITIES IN DEMENTIA

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In AD, the impact of the disease upon patients' insight calls into question the accuracy of self-report data. For this reason, clinicians and researchers often rely on data provided by collateral informants such as family caregivers. It is not known, however, whether caregiver report regarding patients' financial abilities corresponds closely with patients' actual financial functioning. We addressed these issues by comparing self report to informant report of domain-level financial abilities in a sample of 16 patients with probable AD and 21 older controls. We then compared both self and informant report to control and AD patients' actual test performance on a psychometric measure of financial abilities (Financial Capacity Instrument—FCI).

Paired t-tests of self and informant report revealed that while controls and their collateral informants' reports of controls' current financial abilities did not differ, reports of patients and their family caregivers did differ significantly in most domains of financial functioning ($ps < .01$). AD patients gave higher estimates of their current financial abilities than did their caregivers in the domains of financial conceptual knowledge, cash transactions, checkbook management, bank statement management, financial judgment, and bill payment; they also gave higher ratings of their current overall financial capacity ($p < .05$). However, patients and their family caregivers did not differ in their reports of patients' abilities in the domains of basic monetary skills and knowledge of personal assets.

Self- and informant-reported financial abilities were then compared to subjects' actual performance on the FCI. Results of discriminant function analyses indicated that many AD patients and their family caregivers overestimated patients' financial performance in all domains, whereas controls and their informants did not. For example, 33% of patients and 17% of caregivers overestimated the patients' basic monetary skills; 47% of pts and 25% of caregivers overestimated patients' financial judgment; and 60% of patients and 50% of caregivers overestimated patients' bill payment skills. Furthermore, 57% of patients and 21% of caregivers also overestimated the AD patients' overall financial capacity.

These results suggest that while family caregivers judge AD patients' financial abilities to be lower than do the patients themselves, a significant proportion of both groups overestimate financial abilities relative to actual performance on direct testing. Implications of this finding for clinicians and researchers will be discussed.

DEVELOPMENT OF THE PHYSICIAN ASSESSMENT INTERVIEW FOR FINANCIAL CAPACITY

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Although physicians increasingly are called upon by families and courts to make judgments of patients' financial capacity (FC), no standardized physician interview for assessing FC currently exists. As part of the Financial Capacity Study, a semi-structured clinical and research interview was developed by 5 physicians (2 neurologists, 1 geriatric and internal medicine physician, and 2 geriatric psychiatrists) experienced in clinical assessment of older adult capacities including FC. Among them, they had conducted over 2900 clinical and forensic capacity evaluations to date, with 775 of those evaluations specific to FC.

This presentation will discuss conceptual and practical issues related to the development of the Physician Assessment Instrument (PAI). Issues to be discussed include taking prior financial experience into account; examining the influence of potential socioeconomic, cultural, racial, and gender differences on FC; and determining markers for capable, marginally capable, and incapable performance. The presentation will include videotaped portions of the actual physician group process for developing the PAI.

The PAI was developed in 4 phases. Phase 1: The 5 physicians individually generated working definitions of FC, submitted questions and procedures they use clinically to assess FC, listed financial skills and abilities essential to FC, and weighted the importance of these abilities to a determination of FC. Their responses were then compiled, without identifying information, for their review. The physicians' responses identified a range of financial abilities consistent with the 8 domains of the study's conceptual model.

Phase 2: The physicians individually generated definitions of the 8 domains in the actual study model, weighted the importance of each domain, created a pool of questions and procedures specific to each domain, and created a pool of items for interview of collateral informants. Their responses again were compiled without identifiers for their review.

Phase 3: The physicians met as a group and reviewed their Phase 2 responses to formulate specific items for assessing the 8 FC domains within a 25 minute, semi-structured interview (PAI). This meeting was videotaped, yielding rich process data and discussion of conceptual and practical issues.

Phase 4: After reviewing a draft of the PAI, the physicians met again in a second videotaped session to finalize the PAI and determine scoring of the interview for domain-specific and overall financial capacity judgments. The physicians also developed a brief supplementary interview for collateral informants of assessed patients and controls.

The PAI currently is being administered by the 5 study physicians to assess the FC of 200 AD patients and 100 controls. Initial empirical findings from this study will be presented.

311

QUALITY OF CARE AND QUALITY OF LIFE IN LONG TERM CARE.

Z. Harel, L. Noelker, Cleveland State University, 1983 E. 24, Cleveland, OH 44115 & Benjamin Rose Institute, Cleveland, OH 44114.

Participants:

L. Noelker & Z. Harel (Benjamin Rose Inst. & Cleveland State U., Cleveland, OH) Quality of Care and Quality of Life in Long Term Care.

C. D. Phillips (Myers Research Inst., Beachwood, OH 44122) Measuring and Assuring Quality in Nursing Homes.

J.K. Eckert & L. A. Morgan (University of Maryland, Catonsville, MD) Quality in Small Residential Care Settings.

N. Chappell (University of Victoria, Victoria, British Columbia, V8W 2Y2, Canada) Quality of Care in Long-term Care: Perspectives from the Users of Home Care.

F. Ejaz & G. Antezberger (Benjamin Rose Instit., Cleveland, OH) Assessing Consumer Satisfaction with Long Term Care Services.

Discussant:

L. George (Duke University, Raleigh-Durham, N.C.)

Findings from the National Roundtable on Health Care Quality (1998) indicate there are serious and extensive problems affecting the quality of health care in the U.S., encompassing both acute and long term care. This symposium addresses the quality of care for frail elderly needing long term care and its relationship to quality of life.

While substantial attention continues to be given to developing quality care indicators and outcomes in a variety of long term care settings, the actual impact on quality of life for frail elderly has not been empirically determined. Efforts to improve care are complicated by the projected growth in the older population, evolving health care systems, attempts to control health care costs, and changes in family structure and the work force affecting the availability and adequacy of long term care.

The symposium will focus on multi-dimensional approaches to conceptualizing and measuring quality of care and quality of life. Attention will be given to quality issues related to skilled nursing facilities, domiciliary care, and home health care. The role of regulatory and accrediting bodies in evaluating and promoting quality of care in these settings will be addressed, as well as their potential to affect quality of life. The concluding presentation is directed to the relationship between quality and consumer satisfaction among home health clients, nursing home residents and their families, methods for assessing satisfaction, and utilization of satisfaction survey results to improve long term care.

SPONSORED BY RESEARCHERS IN LONG TERM CARE INFORMAL INTEREST GROUP (BSS-11)

QUALITY LONG TERM CARE: IMPACT ON QUALITY OF LIFE.

L. Noelker, Z. Harel, Benjamin Rose Institute & Cleveland State University, Cleveland, OH 44114.

A conceptual overview of quality of care and quality of life in long term care is provided to frame the discussion of how they are applied in different types of long term care settings. The overview includes a discussion of the evolution of conceptual and measurement approaches to quality of care, particularly in skilled nursing facilities and home health care, and the growing reliance on objective indicators by funders, regulators and accrediting bodies to monitor quality of care.

The broader concept, quality of life, is inherently multi-dimensional with a distinct subjective component. Taken together, they provide a basis for defining and establishing standards about the quality of long term care settings and services, and for determining the ways in which the frail elderly's perceptions about quality of care and quality of life relate to these standards. The overview concludes with a discussion of key issues affecting efforts to improve quality of care and quality of life in long term settings and services.

MEASURING AND ASSURING QUALITY IN NURSING HOMES.

C.D. Phillips, Myers Research Institute, Menorah Park Center for the Aging, Beachwood, OH

Nursing homes present special problems in measuring and assuring quality because they are both sites for health service provision and residential communities. In addition, the heterogeneity of those served by nursing homes adds difficulty to discussions of quality of care and quality of life. Given the government's role as the primary payor for nursing home care, it has also played the primary role in efforts to measure and assure quality in nursing homes. The most notable of these efforts came as a result of the Nursing Home Reform Act passed as part of OBRA-87. The various aspects of the OBRA-87 reform package will be discuss and the evaluations of the components of the reform package will reviewed. Special attention will be given to the implementation of the Resident Assessment Instrument and the performance feedback process based on that instrument and currently used by a number of states. Finally, the limitations of the current approach to quality improvement will be outlined.

QUALITY IN SMALL RESIDENTIAL CARE SETTINGS.

J. K. Eckert, L.A. Morgan, Department of Sociology and Anthropology, University of Maryland Baltimore County, Baltimore, MD 21250

Researchers operate on multiple levels as they attempt to assess quality of care, quality of life, and satisfaction in small residential settings. However, they are often not explicit in defining exactly how quality is being defined and from what point of view. For example, the most commonly represented viewpoint is regulatory and institutional, wherein aspects of quality are defined by objective criteria believed to measure quality of care and then assumed to correlate with quality of life and resident satisfaction. There are, however, other viewpoints on quality, most notably, those of residents, their direct care providers as well as residents' families. Whether these groups agree or overlap in their definitions of what constitutes quality is an important empirical question. This paper presents a conceptual framework for viewing the domains of quality for the constituent groups in small residential care settings, issues associated with measuring quality, and an overview of the findings on quality from these varied perspectives.

QUALITY OF CARE IN LONG-TERM CARE; PERSPECTIVES FROM THE USERS OF HOME CARE.

N.L. Chappell, Centre on Aging, University of Victoria, PO Box 1700, Victoria, BC Canada V8W 2Y2.

This chapter focuses on the quality of care in the receipt of home care services from the perspective of the users of those services. Despite numerous calls in the literature for greater client participation, little evidence exists to suggest that we are moving in that direction. This chapter draws on data from a random sample of users of home care in British Columbia, Canada, a focus group that delves into detail for suggestions of how they may become empowered, and a day-long workshop with managers and providers within the system to discuss the suggestions from the users. The data point to the divergent world views of users and providers. Providers see primarily obstacles to the implementation of greater client participation and less than optimism that this direction is feasible. Clients themselves, however, demonstrate the many and varied practical suggestions, many of which are easy to implement, that would go a long way to ensuring greater use participation.

ASSESSING CONSUMER SATISFACTION WITH LONG-TERM CARE SERVICES.

F.K. Ejaz, G.A. Anetzberger, The Benjamin Rose Institute, 850 Euclid Ave, #1100, Cleveland, OH 44114.

This presentation will focus on how the subjective perception of the consumer of long-term care (LTC) services has gained increasing importance in recent years and its impact on quality of life. It focuses on two types of consumers: nursing home (NH) residents and home and community based (HCB) clients. It will identify how certain movements (such as the OBRA regulations, the resident rights movement, and the competition for managed care contracts in the nursing home industry) created the awareness of the importance of the consumer perspective on quality of life and care.

Case studies will be used to demonstrate how a LTC agency in Ohio conducts satisfaction surveys with its HCB clients and NH residents. Issues covered will include defining the challenges of conducting such surveys especially with clients suffering from dementia; methodological concerns and options for different types of consumers, implementation of the survey process, and dealing with the results for quality improvement purposes. Limitations include small sample sizes, the lack of generalizability of the results, problems with response bias, the lack of benchmarking data with other facilities and not conducting multivariate analyses to analyze the important correlates of satisfaction. Viable options to overcome such limitations will be discussed including how this facility participated in an alliance of 23 other LTC facilities to conduct satisfaction surveys and use the data for quality improvement purposes based on best practice models from within the alliance.

312

SPEECH ACCOMMODATIONS TO AGING: FACILITATING COMMUNICATION WITH OLDER ADULTS.

S. Kemper, Gerontology Center, 3050 Dole, University of Kansas, Lawrence, KS 66045.

Participants:

L. C. McGuire & A. D. Morian (Department of Psychology, Allegheny College, Meadville, PA 16335) Patients' Perceptions Of Elderspeak In A Medical Consultation.

Jeff Small, Kathy Geldart (School of Audiology and Speech Sciences, University of British Columbia, Vancouver, BC V6T 1Z3 CANADA), & Gloria Gutman (Gerontology Research Centre, Simon Fraser University, Victoria BC V8W2Y2 CANADA) Communication Strategies for Alzheimer's Caregivers: Their Use and Efficacy

M. Nohara-LeClair (Gerontology Center, University of Kansas) Speech Accommodations during a Referential Communication Task: The Effects of Partner Age and Beliefs about their Partner's Knowledge.

S. Kemper (Gerontology Center, University of Kansas) Disentangling What is Beneficial about Elderspeak from What is Not.

Discussant:

E.B. Ryan (Dept of Psychiatry and Behavioural Neurosciences, HSC-3G48, McMaster University, Hamilton ON CANADA L8S 4J9)

Speech accommodations to older adults are intended to enhance and maintain communication yet "elderspeak" is often perceived as patronizing and demeaning. Speech accommodations to older adults include speaking slowly, emphazing important words, and using simple sentences yet these same accommodations are perceived as "baby talk." This symposium brings together four different approaches to evaluating the use of speech accommodations to older adults. It combines naturalistic studies with experimental studies and investigates speech accommodations in a various range of settings - physicians' offices, nursing homes, and psychological laboratories. Each presentation takes up the challenge of resolving the "communicative predicament of aging" by distinguishing strategies which enhance communication with older adults from those that demean or patronize older adults. This symposium will be of interest to all who interact with older adults, especially formal and informal caregivers, clinicians, health professionals, and those who develop consumer materials for older adults.

313

Memory and Cognition: Theoretical and Methodological Approaches to Self-Ratings, Control Beliefs, and Self-Efficacy.

S. Kwon, Berlin Center of Public Health, Technical University Berlin, TEL 11-2, Ernst-Reuter-Platz 7, 10587 Berlin, Germany.

Participants:

E.M. Zelinski (University of Southern California, Los Angeles, CA 90089-0191) Self-Reported Memory and Performance in the Oldest-Old: Comparisons Between a Representative and a Convenience sample.

S. Kwon (Berlin Center of Public Health) Control Beliefs and Cognitive Interventions Gains: Early-Dementia Identification by Non-Intellective factors.

G.J. McDougall[1], M.E. Strauss[2], E.C. Holston[3], M. Martin[2] ([1]The University of Texas at Austin, School of Nursing, Austin, TX 78701, [2]Case Western Reserve University, Psychology, Cleveland, OH 44106, [3]New York University, Division of Nursing, NY 10012) Memory Self-Efficacy and Memory-Anxiety as Predictors of Memory Performance in At-Risk Elderly.

C. Hertzog (Georgia Institute of Technology, School of Psychology, 274 5th Street, Atlanta, GA 30332-0170) Control Beliefs and Attributions about Memory Performance.

J.M. Berry[1] & A.R. Baden[2] ([1]Department of Psychology, University of Richmond, Richmond, VA 23173, [2]Physics Department, University of Maryland, College Park, MD 20742) Microanalyses of Memory Self-Efficacy Beliefs and Judgments.

Discussant:

J.C. Cavanaugh (University of Delaware, Department of Individual and Family Studies).

This symposium is devoted to the topic of memory and cognition in relation with self-ratings, control beliefs, and self-efficacy. While the theoretical status of the relationship between objective and subjective performance has not been determined, there has been a considerable amount of research in this area during the last years, particularly with regard to the *meaning* of subjective-objective differences in cognition and memory. An implication from an applied perspective is that control/self-efficacy beliefs may play a role in cognitive impairment. It is maintained that a consistent relationship between subjective memory and memory performance exists even after controlling for possible confounds, but we also evidence that new performance-influencing variables enter the picture (and old ones re-emerge) in addition to and related with the association between control beliefs and cognitive performance. Old findings are re-evaluated in the light of the growing body of empirical evidence, and long-standing issues in the field regarding conceptualizations and theory, measurement, and methods of analysis discussed.

SELF-REPORTED MEMORY AND PERFORMANCE IN THE OLDEST-OLD: COMPARISONS BETWEEN A REPRESENTATIVE AND A CONVENIENCE SAMPLE.

E.M. Zelinski, University of Southern California, Los Angeles, CA 90089-0191.

There is a very modest but consistent relationship between self-reported memory ability and performance on laboratory recall tasks. The nature of this relationship has not been examined for either the oldest-old, who may differ in important ways from the young-old, or for a representative sample of older Americans, who may differ from the very select samples who are generally studied. It is also unclear whether using an individual item in memory ratings as in AHEAD produces similar results as using a scale based on multiple items. Using regression models, we evaluated the self-report-performance relationship in participants aged 70 – 103 from two samples: the nationally representative sample of Asset and Health Dynamics of the Oldest-old (AHEAD, weighted n = 6422) and the convenience sample of the Long Beach Longitudinal Study (LBLS; n = 329). Single-item general memory ratings were predictors of list recall. After effects of covariates including age, gender, education, race, health rating, and depression had been partialled, there remained small but reliable relationships between self-reported memory and performance. Age did not interact with self-reported memory rating in predicting performance for either sample. This suggests that results are consistent across samples.

More detailed analyses of memory rating scales for the LBLS indicated that young-old individuals with positive Frequency of Forgetting ratings had higher recall scores than those with low ratings, but recall scores were uniformly low and unrelated to Frequency of Forgetting ratings in the oldest-old. Because the interaction was significant only when the entire scale was used, this finding suggests that a scale may be somewhat more informative as an indicator of subjective memory in individuals in their 70's than in those over the age of 85. The findings demonstrate the additional information available in predicting performance with more psychometrically sound measures and it suggests that the measurement weaknesses in using single questions to assess memory with self ratings may affect outcomes.

CONTROL BELIEFS AND COGNITIVE INTERVENTION GAINS: EARLY-DEMENTIA IDENTIFICATION BY NON-INTELLECTIVE FACTORS.

S. Kwon, Berlin Center of Public Health, Technical University Berlin, TEL 11-2, Ernst-Reuter-Platz 7, 10587 Berlin, Germany

Cognitive intervention results in the Testing-the-Limits (TtL) tradition had proved useful in the identification of elderly individuals at-risk for dementing illnesses. In this study, the question was addressed whether the assessment could further be improved by non-cognitive factors, particularly control beliefs. This issue was investigated in a sample of 134 community-living elderly individuals (mean age 76.7 years, SD=5.5) from senior apartments in Berlin, Germany. Participants had been recruited for a cognitive intervention study, funded by the German Ministry of Research and Technology (M. M. Baltes et al., 1995). Statistically

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significant gain predictors were cognitive internal control beliefs (Cognitive-Control-Internal), internal control beliefs specific to solving puzzles, external health control beliefs with "powerful other" attributions (Health-Control-Other), the socioeconomic-status (SES) variable "prestige", and the subjective-health item "health compared to others". An overall MANOVA model with the factor risk-gain (cognitive impairment by success in the cognitive training) and non-cognitive variables as dependent variables, was highly significant. Most subgroup differences could be attributed to the impaired group with low gains displaying statistically significantly unfavorable expressions in psychosocial resources (Cognitive-Control-Internal, Health-Control-Other, SES) compared to the remaining three subgroups. Concludingly, it is suggested that control beliefs contribute both to cognitive gain prediction, as well as to an early dementia identification by means of TtL, as do some other non-cognitive variables.

MEMORY SELF-EFFICACY AND MEMORY-ANXIETY AS PREDICTORS OF MEMORY PERFORMANCE IN AT-RISK ELDERLY.

G.J. McDougall[1], M.E. Strauss[2], E.C. Holston[3], M. Martin[2], [1]The University of Texas at Austin, School of Nursing, Austin, TX 78701, [2]Case Western Reserve University, Psychology, Cleveland, OH 44106, niversity of Michigan, [3]New York University, Division of Nursing, NY 10012.

As one loses confidence in memory, anxiety increases and sense of self-efficacy regarding using memory in everyday contexts and memory-demanding situations erodes (Bandura, 1988). One cohort of 218 older adults from the Middle West, 96 Blacks (24-M, 72-F) and 122 Whites (45-M, 77-F) aged 70 and older were drawn from a random telephone sample to participate. A three-stage telephone screening procedure was initiated. At the third telephone call, and after consent was given the SPMSQ was administered; >2 errors were not interviewed further. The mean age of subjects was 77.75 years, and MMSE scores were in the nonimpaired range M=27.45, SD=2.29. There were no racial differences on memory performance (Rivermead Behavioral Memory), memory self-efficacy (MSEQ), memory anxiety (MIA), and depression (CES-D). Based on a median split subjects were divided into high (³ 3.143) and low (< 3.143) memory anxiety. Those in the high anxiety group scored significantly lower on memory self-efficacy (MH = 26.12, SDH = 15.80, whereas those in the low anxiety group scored significantly higher ($p^2.05$) on memory self-efficacy (ML = 34.39, SDL = 18.66). In the first regression model age explained 11% of the variance in memory performance. In the second model the addition of memory self-efficacy contributed an additional 6%. In the third model age and the interaction term memory efficacy X anxiety contributed a total R2 of 15% of the variance.

CONTROL BELIEFS AND ATTRIBUTIONS ABOUT MEMORY PERFORMANCE.

C. Hertzog, Georgia Institute of Technology, School of Psychology, 274 5th Street, Atlanta, GA 30332-0170.

I will describe results from three studies concerning the nature of beliefs about control over memory functioning in adults. Lineweaver and Hertzog (1998) developed a new method for measuring two kinds of beliefs about aging and memory efficacy and control: general and personal. General beliefs concern perceived levels of efficacy and control over memory for the average adult at different ages. We use visual analog rating scales to generate perceived developmental functions for memory efficacy and control. Respondents also rate themselves currently, retrospectively, and prospectively for memory self-efficacy and control over memory. We find robust perceived age changes, with increasing age being associated with lower efficacy and control. We also find small, but reliable age differences in the age of onset of perceived decline, and in magnitude of decline. General and personal beliefs are strongly related, and control beliefs are related to attributions individuals make about memory task performance.

MICROANALYSES OF MEMORY SELF-EFFICACY BELIEFS AND JUDGEMENTS.

J.M. Berry[1] & A.R. Baden[2], [1]Department of Psychology, University of Richmond, Richmond, VA 23173, [2]Physics Department, University of Maryland, College Park, MD 20742.

Memory self-efficacy (MSE) judgments reflect beliefs about memory competence. The validity of these judgements as signposts of memory ability may vary as a function of age and intraindividual response biases. This study examined age and intraindividual differences on MSE ratings, and assessed congruence between MSE ratings and memory performance. Research participants (N= 397 adults; age range = 20-89 years) completed a 5-hour cognitive test battery, including several measures of MSE. To date, MSE research employing Bandurian methodology has used aggregate measures of MSE including level (SEL) and strength (SEST) which are summed or averaged across item levels. In the present study, negative age differences on SEL, multivariate $\underline{F}(8.706) = 11.33$, $\underline{p} < .001$, and SEST, omnibus $\underline{F}(8.734) = 5.90$, $\underline{p} < .001$, were obtained on each of four memory tasks. SEL and SEST correlated with memory performance scores, $\underline{r}$ range = .32 to .47. Additional analyses will utilize distributions of MSE ratings across multiple item levels as the unit of measurement, and compare these parameters (e.g., slope, intercept, asymptote) against conventional MSE measures (e.g., SEL, SEST) for relative performance prediction accuracy. Implications for valid measurement of the memory self-concept (Cavanaugh, Feldman, & Hertzog, 1998) are discussed.

314

DEPRESSIVE SYMPTOMS IN HISPANIC AND NON-HISPANIC WHITE RURAL ELDERLY: THE SAN LUIS VALLEY HEALTH AND AGING STUDY.

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Older age alone has not been shown to increase the risk for depression but several factors associated with aging are risk factors for depression. Information on ethnic differences in health is important to address the needs of an increasingly multi-ethnic, older population in the U.S. This report describes the prevalence of high depressive symptomatology and associated risk factors in 1151 community-dwelling, Hispanic and non-Hispanic white (NHW) subjects, $\geq$ age 60 in rural Colorado. High depressive symptoms was defined as a Center for Epidemiologic Studies Depression scale score $\geq$16. Odds ratios were estimated using multivariate logistic regression. The overall crude prevalence of high depressive symptoms was 11.4%. Consistent with other studies of depression in older persons, female gender, $\geq$ 2 chronic diseases, dissatisfaction with social support, living alone, low income, and less education were associated with high depressive symptoms. There was no ethnic difference in depressive symptoms in the men. The age adjusted odds ratio of high depressive symptoms comparing Hispanic women with NHW women was 2.11 (95% CI:1.32,3.38). The odds ratio for depressive symptoms in Hispanic women after adjustment for multiple risk factors was 2.06 (95% CI 1.16,3.69). The odds ratio in Hispanic women in the high acculturation strata was 1.55 (95% CI 0.74,3.22) and in the low acculturation strata was 2.39 (95% CI 1.06,5.40) which suggests that further study of factors that increase depressive symptoms among lower acculturated Hispanic women is important.

Assessing Social Adjustment in the Depressed Elderly

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Elderly depressed patients are commonly observed to have elevated levels of social role maladjustment. The association between depression and social dysfunction has been demonstrated for a non-geriatric adult sample. It has been difficult, however, to extend this finding for the elderly in the absence of age-specific norms. Recently reported levels of social adjustment for the normal elderly as measured by a modified self report instrument, Social Assessment Scale – Self Report (SAS-SR), confirm the importance of age-specific norms in assessing this dimension. A study was undertaken to compare acutely depressed geriatric patients to the same normative base. Subjects were 44 patients diagnosed with depressive disorder selected from consecutive admissions to a geriatric partial hospital. They had a mean age of 75.7 (±6.9) and education of 11.98 (± 3.0) yrs. Subjects were administered a modified version of the SAS-SR as part of an initial screening battery. Results of their scores were compared with scores obtained by a community sample of elderly. Results show the acutely depressed elderly reported significantly more maladjustment in the domains of Social and Leisure ($t = 6.8$, $df = 44$, $p < .001$), Extended Family ($t = 2.3$, $df = 173$, $p = .02$), and Total Score ($t = 6.5$, $df = 48$, $p < .001$). While the nature of this group's proximal family units may explain reports of less dysfunction in those areas, these findings confirm general role dysfunction in the depressed elderly and highlight the need to use age-specific norms in their assessment.

ATTITUDES TOWARD TREATMENT & HELP SEEKING PREFERENCES FOR DEPRESSION IN AN ELDERLY SAMPLE

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Attitudes toward treatments for depression, as well as help seeking preferences for depression in an elderly sample of 462 older adults were described. A stigma associated with pharmacological treatment for depression was evident. Between 26% and 53% of the sample did not report opinions on the four attitude statements, suggesting the need for education about depression & treatment options in this age group. As expected, the majority of the sample (52%) would seek help from their regular doctor for depression. Forty percent indicated that they would keep their own depression to themselves. Of those who originally indicated that they would keep their depression to themselves, 49% indicated on a follow-up question that they would most likely speak to a physician. Since most subjects (79%) had a physical exam in the previous year, the crucial role physicians play in the recognition of depressive symptoms in patients with an affective disorder is emphasized. When prompted on various sources of help, subjects reported preferences for either formal mental health care providers (psychologists, psychiatrists, counselors) or from informal sources (religious figures, family, friends). Hence, the availability of both formal and informal sources of help, as well as the role physicians play in detecting depression, are important to ensure adequate treatment of late life depression.

SYMPTOMS OF DEPRESSION IN ELDERLY MALE VETERANS

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Identifying depression in older men is critical due to health and suicide risks. However, depression can present atypically in older men. As such, clinicians need guidelines for screening for depression in this population. This study examines how elderly male veterans present symptoms of depression, both through self-report (Geriatric Depression Scale, 15-item) and clinician ratings (Hamilton Depression Rating Scale, 24-item). Data were obtained through a DVA-sponsored national, multisite study (UPBEAT). To date, 906 male veterans over the age of 60, who were previously screened for mental health concerns while on medical or surgical inpatient services, completed a comprehensive psychogeriatric evaluation. 9.3% were diagnosed with major depression via SCID interview. 23% scored above GDS cut-off for depression. 10% scored above HDRS cut-off for depression. Item scale correlations and item factor analyses were computed to identify symptoms most strongly related to underlying depression. Self-report symptoms most discriminant for depression (as measured by depression severity on GDS) were: feeling worthless (item-scale $r=.60$), helpless ($r=.53$), that life is empty ($r=.59$), and not feeling happy or in good spirits most of the time ($r=.57$, $r=.54$, respectively). Observer-rated symptoms most strongly related to severity of depression on HDRS were: feelings of hopelessness ($r=.64$), depressed mood ($r=.59$), helplessness ($r=.58$), psychic anxiety ($r=.52$), loss of interest in activity ($r=.50$), worthlessness ($r=.50$), and suicidal ideation/intent ($r=.48$). Results will be discussed in light of age and gender differences in depression and clinical recommendations provided.

Community Screening for Dementia and Correlates with Depression. Piero Antuono, MD*, Jennifer Jones, MS, and Christine Kovach, PhD. *Department of Neurology, Medical College of Wisconsin, 9200 W. Wisconsin Ave., Milwaukee, WI USA 53226.

Objectives: To evaluate a new dementia screening protocol in a community setting and determine the incidence of depression in older adults who are concerned about their memory. ***Methods:*** Sixty-seven older community residents (mean age=65 yrs) requested cognitive screening at a senior health fair. Each subject completed a brief background questionnaire and the Geriatric Depression Scale (GDS).

The Mini-Mental-State-Examination (MMSE) and Clock Drawing Test (Clock) were administered by experienced psychometricians. Based on the test results and the judgment of the psychometrician, each subject was given one of three recommendations: (1) visit the primary care physician (PCP) within six months to be evaluated for depression and/or memory loss, (2) visit the PCP as soon as possible to be evaluated, (2) no specific recommendation. ***Results:*** No subjects were being treated for memory loss at the time of the screening, but 19% were being treated for or had been treated for depression. 21% had a first-degree relative who had or may have had Alzheimer's disease. 43% indicated that they were "worried" about their memory. The mean MMSE score was 29.22 (range: 24-30) and the mean Clock score was 3.82 (range: 2-4). The mean GDS score was 6.27 (range: 0-22). 85% of subjects received no specific recommendation. 10% were told to visit their PCP within six months, and 4% were told to visit their PCP as soon as possible. Subjects with lower MMSE scores (p=.00011 and/or higher GDS scores (p=.0001) were significantly more likely to be told to visit their PCP. Those who indicated that they were "worried" about their memory had higher GDS scores (p=.0001). MMSE and GDS scores were inversely correlated (p=.0111, r^2=.0966). ***Conclusions:*** 15% of screened subjects were referred to their PCP due to depression and/or memory loss. All 15% had high GDS scores. There was only one case of undiagnosed dementia. These findings indicate that, of older subjects who worry about dementia, few actually have positive symptoms of dementia but are more likely to display symptoms of depression.

BSS-3

ONSET OF DEPRESSION AMONG NEWLY ADMITTED NURSING HOME RESIDENTS.

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Identifying newly admitted nursing home residents vulnerable to depression can inform the development of targeted interventions. Among a random sample of first admissions in four U.S. states participating in the HCFA Nursing Home Case Mix and Quality Demonstration project (1994-6), risk of a new diagnosis of depression among those admitted without a diagnosis was modeled with multivariate Cox proportional hazards models. Initial assessment characteristics (sociodemographics, cognitive and physical functioning, continence, comorbid diagnoses, and medication utilization) were examined as possible risk factors. The obtained sample of 4,354 residents provided 4420 person years (PY) of observation. The incidence of depression was 13.7 per 100 PY. Probable Alzheimer's disease or other dementia, very severe cognitive impairment, bowel incontinence were protective factors. Evidence of daily pain, higher number of depressive symptoms at admission, and use of antidepressants (without a diagnosis of depression) increased the risk of a diagnosis of depression. The strongest risk factor, which was an apparent protective factor, was for Black, non-Hispanics, at about half the risk relative to other race/ethnicity groups. Unmeasured admission characteristics, socialization and experiential influences may determine the onset of depression in this frail population. Findings regarding race/ethnicity suggest measurement bias.

ANXIETY AND DEPRESSION IN THE ELDERLY: OUTPATIENT TREATMENT PATTERNS.

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The present study examined the relationship of background variables (e.g., past psychiatric history), treatment factors (e.g., comorbidity), and health care services utilization to adjustment outcomes of older outpatients with anxiety and depression diagnoses. Specifically, we compared two age groups of psychiatric patients (younger and older) on: 1) "extra treatment" profiles of co-morbid medical conditions, non-mental health service use, program service needs, current service involvement, and clinic utilization (including type of treatment); 2) changes in adjustment across the two age groups as a result of psychiatric treatment; and (3) service needs (non-mental health and mental health) due to treatment.

One hundred older and 100 younger outpatients, matched on diagnosis and ethnic group and treated at a psychiatric outpatient clinic were administered the BASIS-32 before and after treatment. Other background and treatment variables were also obtained. Results obtained suggested that there are basic differences between younger and older groups and extra-treatment factors are an important component. Implications for clinical care and treatment are discussed.

CONCORDANCE ON RATINGS OF DEPRESSION AND ANXIETY AMONG LONG-TERM CARE RESIDENTS AND THEIR INFORMANTS

C. Konnert, M. Hertzsprung, J. Brinker, Dept. of Psychology, U. of Calgary, Calgary, AB, T2N1N4.

The assessment of mental health problems among long-term care residents often relies, in part, on reports from significant others. This study examined the concordance among residents, their family/friend caregivers, and staff on ratings of depression and anxiety. Symptoms of depression and anxiety were assessed in 69 residents (mean age = 80) using a diagnostic interview (SCID-IV) and the Geriatric Depression Scale (GDS). Caregivers and staff rated residents using SCID-IV symptom checklists. Caregivers also completed the collateral form of the GDS. Results indicated that staff endorsed approximately twice as many symptoms of depression and anxiety, compared to residents and their caregivers. In addition, there were significant correlations ($p<.05$) between staff and caregivers' ratings of residents' symptoms, although neither of these were significantly correlated with residents' reports. However, there was a significant correlation ($p<.05$) between the residents' scores on the GDS and the collateral GDS ratings provided by caregivers. Item analyses will be presented, showing the differences in SCID-IV symptom endorsement among sources. Moreover, those symptoms that best distinguish depressed from nondepressed and anxious from nonanxious residents will be reviewed. These findings will enhance our ability to assess depression and anxiety in this population.

This research was funded by a grant from the Alberta Heritage Foundation for Medical Research.

LIVING ARRANGEMENTS, DEPRESSION, AND HEALTH STATUS AMONG ELDERLY RUSSIAN-SPEAKING IMMIGRANTS.

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This study examines the relationship between living arrangements, depression, and health status in a community-based sample of elderly Russian-speaking immigrants. Data

were collected via self-administered questionnaire survey method. The questionnaire was designed to investigate various aspects of health, mental health, health services utilization, and health behaviors. A team of bilingual professionals were involved in the construction and translation of the survey instrument. The sample consisted of 150 females and 150 males. Respondents' average age was 73.2 years. The regression analysis revealed that elderly Russian-speaking immigrants who live alone were more likely to experience a higher level of depression than those living with others. This relationship remained statistically significant after controlling for age, education, income, ability to speak English, years in the US, gender, and health status. Since health status is known to influence depression, further regression analyses ware performed to investigate whether living arrangements were statistically related to health status. It was found that health status serves as an intermediate variable between demographics and depression. Implications for future research are discussed.

Depression, Service Utilization, and Treatment Costs Among Medicare Elderly: Gender Differences

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This HCFA funded study compares gender differences in depression (Bipolar, major depression, and dysthymia), service utilization, and health care costs among a 5% randomly selected sample of Medicare elderly beneficiaries of Tennessee during 1991-1993 (n=35,673).

Prevalence rates based upon per 1,000 elderly show that among the depressed patients, females had significantly higher rates of bipolar disorder (51.8 vs. 39.1 respectively), major depression (47.6 vs. 35.2 respectively), and dysthymia (31.8 vs. 20.2 respectively) than males. Further, depressed females including those with dysthymia, had significantly more home health care services than males (1.4 vs. 1.0, respectively).

The cost analyses indicated that total mental health cost was significantly higher for females with bipolar disorder and major depressive disorder than for males ($1,411 vs. $943 and $1,616 vs. $1,126, respectively). However total health care costs were higher for males than females, particularly inpatient costs for dysthymia patients ($8,597 vs. $6,498, respectively).

The results indicate that depressive disorders, home health care services, and total mental health costs are higher for females than males; however, total health care costs are higher for males than females. BSS-12

METHODOLOGICAL ISSUES FOR DEPRESSION SCREENING

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A sample of 1284 people from the Swedish Twin Registry were screened for depression by telephone using both a short form of the Center for Epidemiological Studies Scale (CES-D) and a short form of the Computerized International Diagnostic Interview (CIDI). We found significant age and gender differences on the CES-D. Women showed significant quadratic, $F(1, 677)=20.24$, $p<0001$, and linear, $F(1, 677)=4.02$, $p<.05$, trends, with both younger and older women scoring as more depressed than middle-aged women. Men showed no age differences. Average scores for women on the CES-D were significantly higher than for men. 245 respondents (19.1%) met CIDI criteria for a lifetime history of depression. There were no significant age or gender differences. 106 respondents scored above clinical cutoff on the CES-D, but did not qualify for lifetime history of depression. This result cautions investigators in epidemiological studies that instrument selection can have significant implications for prevalence rates of depression in a sample population.

PSYCHOSOCIAL AND SOMATIC PREDICTORS OF DEPRESSION IN OLDER MEDICALLY-ILL INPATIENTS

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Older adults with medical illness have been recognized as a group that may be at risk for developing depression. These individuals may be at increased risk during periods of acute illness requiring hospitalization. Past research suggests there may be differences in psychosocial and physiological correlates of depression in men and women. The purpose of this study was to examine the incremental contribution of demographic, psychosocial, and physical variables in explaining severity of depression in older medical patients. Participants were 438 patients (Mean age=69.5, 51% female) on the cardiology, neurology, and medicine services at a university medical center. All participants completed the CES-D and a structured interview schedule that provided information on a number of demographic, psychosocial and physical variables. Initial zero-order correlations were examined to identify psychosocial and physical predictors variables that were correlated with depression scores. These variables were then grouped and used to perform a number of hierarchical regression analyses to predict depression scores for the entire sample, as well as separately for men and women. Regression analysis on the full sample indicated that demographic, physical health, and psychosocial variables incrementally accounted for 2.5%, 13.2% and 10.6% of depression scores, respectively. For the female sample, the incremental variances were 1.2%, 9.6%, and 9.9%, for a total explained variance in depression scores of 20.7% For the male sample, these variances were .9%, 20.3%, and 13.4%, for a total explained variance in depression scores of 34.6%. For both genders, physical health variables were most important in predicting Somatic subscale scores, and psychosocial variables were most important in predicting Depressed Affect subscale scores. However, significantly more variance was explained by predictor variables in men than in women for both Depressed Affect (27% vs. 18%) and Somatic (26% vs. 13%) subscales. Results of these analyses suggest that psychosocial and physical variables may be differentially related to depression in older medically-ill men and women.

DEPRESSION AND SOCIAL SUPPORT AMONG ELDERLY KOREAN IMMIGRANTS: AN EXPLORATORY STUDY.

A. C. Mui, L. M. Chen, & S. Y. Kang. Columbia University School of Social Work, 622 West 113th Street, New York City, New York 10025.

The effects of life stresses and social support on depressive symptoms for

older Korean immigrants (n=67) recruited at senior centers and meal sites were examined. Elderly Korean Americans who reported poorer health, who had more stressful life events, who were dissatisfied with help received from family members, and who reported few good friends were more likely to be depressed. The impact of these factors on the quality of life of elderly Korean immigrants can be understood in the context of their immigration experience and Korean cultural values.

PREDICTORS OF IMPROVEMENT IN SOCIAL AND PSYCHOLOGICAL FUNCTIONING AMONG GERIATRIC PSYCHIATRY INPATIENTS WITH MAJOR DEPRESSION

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Depression is the most prevalent disabling psychiatric syndrome of aging and leads to substantial morbidity and high economic costs. Depressed persons require hospitalization once a "critical point" is reached since their mental, physical, and social functioning often break down all at once, overwhelming families and physicians. The goal of this study was to identify patient characteristics and clinical predictors associated with improvement in health-related quality of life (HRQL) .

Methods: Subjects were consecutive patients (n=100) admitted to a 26-bed inpatient geriatric psychiatry unit from 1994 through 1997, who were residing in the community, and were not demented. Demographic and clinical information, including the Geriatric Depression Scale , Medical Outcomes Study 6-Item General Health Survey (MOS-6), and Cumulative Illness Rating Scale - Geriatrics CIRS (G) were obtained on admission. The GDS and the MOS-6 was also completed within 48 hours of discharge and administered over the telephone at three months. Results: Series of logistic regression indicated that patients who had better physical health on admission were more likely to improve in their psychological functioning at three months post discharge (OR=0.90, CI 0.82,.099, p=0.03). In addition, both severity of depression and residential status were significantly associated with improvement in social functioning at three months post discharge: Patients who were less depressed and those who lived with someone on admission were more likely to improve in social functioning at three months post discharge (OR=0.96,CI 0.50,0.86, P=0.01). However, patients' residential status did not predict better psychological outcome. Conclusion: treating depression is an effective strategy for improving function and therefore enhancing quality of life.

SYMPTOMS OF DEPRESSION IN THE OLDEST OLD: A LONGITUDINAL STUDY.

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The relationship between depression or depressive symptoms and aging is ambiguous. Several studies have suggested both linear and curvilinear properties with higher depression scores in young adulthood, lower in middle age, and higher scores in the oldest age cohorts. This study examines depressive symptoms in a population-based, longitudinal sample of people aged 80 and older to determine initial prevalence of depressive symptoms and changes over time. Depressive symptomatology was assessed with the Center for Epidemiologic Studies Depression scale (CES-D). The sample was drawn from the OCTO-Twin study, which examined 351 intact twin pairs over age 80 living in Sweden. For the present study, one member of each twin pair was randomly selected. The resulting sample had an average age of 83.6 years and was comprised of 66.7% women. A comprehensive biobehavioral assessment was conducted at 3 waves over a 4-year period. Depressive symptoms were initially relatively low and decreased significantly between Wave 1 and Wave 2. At Wave 3, depressive symptoms increased slightly but nonsignificantly. Predictors of longevity and depression were examined. Initial levels of depression were associated with subsequent mortality. These results suggest that depressive symptoms remain relatively low in very late life, but may be indicative of an increased risk of mortality.

STRESS, COPING RESOURCES AND AGE AS FACTORS IN THE ONSET OF DEPRESSION.

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The predictive relations of coping resources and stress to depression in adults aged 30 and over were examined using two-year longitudinal data from the Canadian National Population Health Surveys (Statistics Canada). Of the 3924 men and 5127 women in the adult sample, the responses of 101 men and 357 women to the 1996-7 survey met the criteria for probable clinical depression. Predictors, all from the 1994-5 survey, included age, gender, marital status, physical health status, and measures of economic, personal and social coping resources, childhood trauma, and current stress. Younger age, poorer physical health, fewer personal coping resources, greater childhood trauma and higher stress levels in 1994-5 predicted the incidence of depression in 1996-7 and also predicted the development of depression among those who, in 1994-5, reported no depressive symptoms whatever. There were fewer significant results for the men but men and women showed a similar pattern of relations. The findings indicate the importance of stress and coping resources as determinants of subsequent depression. They also provide counter-evidence to the view that older adults are at greater risk for depression.

DOES DEPRESSION INCREASE WITH AGE? THE VA NORMATIVE AGING STUDY

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Cross-sectional studies suggest a U-shaped relation between self-reported depression and age. That is, depressive symptoms decline in young adulthood, bottom out during middle age, and increase during later life. We analyzed longitudinal data to determine whether individual longitudinal changes support this model.

Data were from the VA Normative Aging Study, a 35-year-old study of aging men. We used the 6-item depression scale from the Brief Symptom Inventory. Between 1985 and 1996, 1,364 men responded three to seven times, for a total of 6,262 observations. In 1985, the mean age of the sample was 60, with a range from 41to 87. To estimate the trajectory of depression across this age range, we fit a quadratic random-effects model to age, and allowed individual differences in both level and rate of change in symptoms.

The quadratic model provided a good fit to the data, and indicated a shallow U-shaped curve for depressive symptoms from 40 to 90 years. Men who reported previous treatment for emotional problems (8%) had more symptoms, but their change over time did not differ from other men. These results suggest that longitudinal data do demonstrate that depressive symptoms increase with age, although there is significant inter-individual variability.

OLDER ADULTS' ACCEPTANCE OF PSYCHOLOGICAL AND PHARMACOLOGICAL TREATMENTS FOR DEPRESSION.

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Previous research has shown that older adults find psychological treatments for depression to be equally or more acceptable than antidepressant medication. This study extends this work (a) by examining two different formats of psychological treatment, and (b) by exploring relationships between acceptability ratings and both the clients' and the raters' depressive symptoms. Two hundred participants aged 65 and over and recruited from four different family medicine clinics rated the acceptability of three treatments for geriatric depression: Cognitive therapy (CT), cognitive bibliotherapy (CB), and antidepressant medication (AM). Each participant rated the acceptability of each treatment for a fictitious client described as presenting either mild to moderate or severe symptoms. Participants also filled out the Geriatric Depression Scale. Results show that the acceptability of the treatments is a function of the severity of the symptoms of the client to whom they would be applied. CT and CB are rated as more acceptable than AM when client symptoms are mild to moderate. However, CT is more acceptable than both CB and AM when symptoms are described as severe. Acceptability ratings are not related to the raters' own depressive symptoms. These results confirm the findings of previous studies and suggest that similar acceptability ratings would be found in depressed older adults. The results also highlight the acceptability of bibliotherapy for mild to moderate depression. This is an acceptable and relatively inexpensive treatment for a sizeable proportion of older adults suffering from depression.

UNINTENDED EFFECTS OF THE MEDICARE HOME HEALTH BENEFIT EXPANSION ON COMPOSITION OF SOURCES OF HELP FOR CHRONIC ADL AND IADL LIMITATIONS BY RACE IN THE 1989 AND 1994 NATIONAL LONG-TERM CARE SURVEYS (NLTCS).

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Two sets of questions regarding unintended effects of the 1989 expansion of the Medicare home health benefit (EMHHB) are addressed: 1- did EMHHB result in declines in the use of relatives and employees as sources of help for chronic ADL and IADL limitations as compared with agency supplied helpers? 2- did the effects of EMHHB differ by race?

Medicare home health benefit regulations were designed to promote substitution of community-based *post-acute* and *rehabilitation* services for institutional care. Subsequent court decisions produced regulatory changes that resulted in EMHHB encompassing *chronic* ADL and IADL services provided by Medicare certified home health agencies. This reduced the prices faced by the chronic care consumer for agency supplied services relative to the other major sources--individuals employed by the family, which constitutes the largest component of formal home care in 1989 (13.8% versus 8.9% for agency based helpers), and relatives, the largest source of informal or formal care (69.5%).

Thus, incentives for substitution among sources of help resulted from EMHHB. Changes in composition of sources of help between 1989 and 1994 in NLTCS data indicate that the unintended substitution did occur. For example, the percent of helpers who assist with **bathing** and are from **agencies rose** from 3.5 to 7.6, while the corresponding percent of helpers who are **relatives fell** from 23.9 to19.3, and who are **employees fell** from 6.7 to 5.8. Differences between blacks and whites in the initial composition of source of help used, also resulted in racial differences in the effect of EMHHB.

MEASURING QUALITY OF LIFE IN NURSING HOME RESIDENTS WITH DEMENTIA

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Assessing QOL in nursing home residents with dementia is potentially unreliable or invalid due to their reduced ability to understand and respond to test items. This study measured aspects of health-related QOL (cognition, ADLs, pain, depression, frequency of problem behaviors, and nursing home satisfaction) in nursing home residents with dementia. The purpose of this analysis was to examine the stability of the measures over time, possible relationships between the measures, and possible differences between proxy and patient results. Six nursing homes provided the setting for the testing. Results showed stability over time for all measures. Nursing assistants reported significantly more depressive symptoms than residents. When nursing assistants reported more depressive symptoms they also reported more frequent problem behaviors. Residents who reported more depressive symptoms were less satisfied with nursing home life. Cognition was positively correlated with ADL ability, and negatively correlated with problem behaviors. Issues related to choice of assessment tools, stability of the tools, mode of administration, and the use of QOL measures as outcome measures in intervention research will be discussed.

Race Differences in Post-Hospital Care: The Impact of Medical Treatment Regimes.

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Objectives Recent literature indicates that older African Americans are less likely to undergo invasive medical treatments, such as coronary revascularization, than their White counterparts. It is also known that African Americans have lower rates of formal long-term care (LTC) service use. Although a major health event often precipitates the need for LTC, the relationship between these two phenomena has rarely been explored. This research examines whether likelihood of formal LTC use among African American elderly may in some part be due to less frequent use of more invasive therapeutic treatments in their care. Post-hospital care decisions provide early information about a LTC service profile and thus act as markers for future LTC service use. **Methods** Linking measures form the 1989 National Long-Term Care Survey with Medicare claims data (1989-93), I explore race differences in the use of post-hospital care with Cox proportional hazards modeling. I examine whether race differences in treatment regimes for conditions such as hip fracture, heart disease and stroke account for the risk differential between African Americans and Whites in the use of post-hospital care. Controls are introduced for health status, socioeconomic status and family structure. **Results** Accounting for hospitalization related to hip fracture, heart disease and stroke significantly decreases the risk differential in the use of skilled nursing care between African Americans and Whites by 16%, but Whites continue to use this care at a greater rate by (33%). **Conclusions** Race differences in the use of post-hospital care are partially but not completely explained by differential treatment regimes prior to decisions about care.

CORRELATES OF STAFF REPORTED PAIN AND ANALGESIC DRUG USE IN NURSING HOME RESIDENTS WITH DEMENTIA

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Previous research has shown that cognitively impaired nursing home residents are prescribed and administered significantly less analgesic medication than their more cognitively intact peers. Complaints of pain by residents who are cognitively impaired and who frequently engage in disruptive vocalization (DV) may have the potential of being misattributed to the resident's desire for attention rather than a genuine need for the relief of pain. The present study attempts to examine the relationship among staff reported pain, regularly prescribed and administered analgesics, ADL functioning, and cognitive/verbal abilities in nursing home residents with DV. Residents are participants of a larger study examining interventions to decrease DV. Both pain and ADL functioning (Lawton & Brody, 1966) were assessed using proxy measures, administered to the resident's primary nursing assistant (NA). Analgesic medication use was determined through an examination of the resident's medical record and cognitive functioning was assessed using the Mini Mental Status Exam (MMSE). Relationships among these factors and procedures for improving staff response to pain in residents with dementia will be discussed.

THE DYNAMICS OF FORMAL CARE IN THE UNITED KINGDOM

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Emily Grundy, London School of Hygiene and Tropical Medicine
James Laditka, Center for Policy Research, Syracuse University

Our research investigates the extent to which the demand for formal in-home long-term care services is dampened by the existence of nuclear-family kin who might serve as substitute caregivers. We use data from six waves of the British Household Panel Survey (1990-1996), and develop panel-data models of the usage of three types of services: meals on wheels, home health aides, and visiting nurses. The results indicate that the existence of children produces only a modest reduction in service usage, and that this effect is larger for daughters than for sons, paralleling findings for the United States. The results indicate that demographic change may have relatively little effect on the composition of demands for public services.

HEALTH QUALITY OF LIFE AND ACTIVITY DIFFERENCES AMONG RESIDENTS IN CONTINUING CARE RETIREMENT COMMUNITIES Amy M. Pienta, K. Rahrig Jenkins, A. Horgas, J. Steinberg Institute of Gerontology, Wayne State University, 87 E. Ferry, Detroit, MI 48202.

The goal of this study is to examine levels of health quality of life and activity among residents in Continuing Care Retirement Communities (CCRCs). Prior research has indicated that involvement in activity is an important correlate of healthy aging. We examined age-related differences in health quality of life that are likely to occur as older individuals seek out additional assistance by moving to a higher level of care within a CCRC. We hypothesize that health quality of life differs according to level of care sought by residents and that their involvement in activities partially accounts for this pattern.

Data are collected from 165 independent apartment and assisted living residents in two Detroit-area CCRCs. Quality of life is measured through the SF-36 items and collapsed into nine health domains (e.g., physical and social functioning, pain). Activity is defined as the frequency of visits made to different places and amount of time spent in active or passive types of activities each day. We estimated a series of OLS regression models and found apartment residents to report higher health quality of life. For example, level of social functioning is higher among apartment residents, but most of this difference is mediated by one's involvement in more active types of activities. We discuss implications of our findings for the mission and organization of CCRCs.

Healthcare Team Members' Preferences for Characteristics of Hospice Families. Hills, William E., & Palm, Linda J. Dept. of Psychology & Sociology, Coastal Carolina University, P.O. Box 261954, Conway, S.C. 29586.

The ability of multidisciplinary, healthcare team members to recognize and accept fellow professionals' preferences for characteristics of client families is basic to team-building and improved team performance. Pilot work involving an informal focus-group format resulted in a survey tool that was sent to hospices from seven states in the southeastern United States. In addition to a request for demographic data, the instrument included the request that hospice team members independently identify their preferences for family characteristics. This descriptive study provides support for differences in preferences for client characteristics among Social Work and Nursing health professionals, who together comprise the largest number of individuals working in the hospice setting. Additional data examining the preferences of all hospice team members will be presented as will qualitative data indicating the usefulness of this approach to the team concept of service provision. BSS-19

SLEEP DISTURBANCE IN OLDER ADULTS WITH KNEE OSTEOARTHRITIS

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Knee osteoarthritis (OA) is a common cause of disability in older age. There is no cure for OA, and current treatments focus on relieving pain to improve physical functioning and health-related quality of life (HRQOL). Sleep disturbance, a dimension of HRQOL, has received little empirical study in knee OA. Chronic pain, limitations in physical functioning, physical inactivity, and impaired HRQOL are factors associated with sleep disturbance in sleep-impaired populations, and these factors are also common in OA. This study examined biopsychosocial factors associated with sleep complaints in 429 men and women (65-88 yrs.; 82% White) with knee OA who participated in the Observational Arthritis Study in Seniors (OASIS). Sleep complaints were found to be relatively common in individuals with knee OA. Bivariate correlates of greater sleep disturbance were less education ($p<.05$), cardiovascular disease ($p<.01$), chronic obstructive pulmonary disease ($p<.10$), more arthritic joints ($p<.01$), poorer self-rated health ($p<.01$), poorer physical functioning ($p<.01$), knee pain ($p<.05$), depression ($p<.01$), and less social support ($p<.05$). Age, gender, ethnicity, knee OA severity (from x-ray ratings), hypertension, smoking status, body mass index, and physical activity were not significant. Multivariate correlates of sleep disturbance were depression ($p<.001$), white race ($p<.05$), physical functioning ($p=.06$), and self-rated health ($p=.10$) [model: $F(16,361)=4.40$, $p<.001$, $R^2 = .16$]. We conclude that sleep disturbance is relatively common in older adults with knee OA, and variables associated with sleep disturbance are best conceptualized through a biopsychosocial model.

315

A COUPLEHOOD CONTINUUM FOR SPOUSES OF INSTITUTIONALIZED MATES WITH ALZEIMER'S DISEASE

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When one spouse is institutionalized with AD, the community-dwelling partner's sense of couplehood (perception of being part of a "We" or an "I") may be affected. Degree of couplehood may be important in understanding the caregiver's well-being. If a goal is to keep caregivers healthy, then understanding which caregivers cope well and which become stuck in the coping process becomes important. Toward that end, a qualitative analysis of 68 community-dwelling spouses was conducted to assess couplehood. Five groups emerged along a continuum, ranging from strong feelings of being part of a "We" to no couplehood at all. Groups were given the following names: 'Til Death Do Us Parts; "We, but . . . "; "Husbandless Wives"/"Wifeless Husbands"; "Becoming an I"; and "Unmarried Marrieds." Ways to interpret this continuum and future research implications are described.

PATTERNS IN THE TRANSFER OF CARE TO ELDERLY PARENTS

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The purpose of this research is; 1) to assess the organization of intergenerational transfers in detail, and determine how, within the couple household, caregiving for elderly parents is organized; and 2) to determine how mitigating circumstances such as the resources of the couple affect the organization of assistance, identifying characteristics that discriminate between couples who provide care and couples who do not. Using logit analysis with selection we examined data from the Health and Retirement Survey to understand the way in which intergenerational transfers are organized by couples with surviving parents, and the extent to which there are lineal differences in the flow of assistance. The results of the analysis point to the existence of a number of trends in the transfer of care. The flow of all three types of assistance follows a unilineal pattern, very few couples provide any of the three types of assistance to parents on both sides; transfers of both housing and time are organized in a matrilineal fashion, whereas financial transfers appear to flow more along patrilineal lines; personal care assistance was not contingent on resources of the couple, nor was it affected by competing demands on the couple's time; financial ability and race/ethnicity emerged as the only determinants of cash assistance, with non-white couples more likely to provide financial assistance to both matrilineal and patrilineal parents net of household income and need for assistance.

Determinants of Burden: A Comparison of African Americans and Whites Caring for Elders in the Community.

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This study has two objectives: 1) to compare the determinants of caregiver burden for African Americans and whites caring for community-dwelling frail elders and 2) to investigate the role of social support in modifying the relationship between contextual factors and primary stressors and caregiver burden. A previously developed framework of the stress process is used as a theoretical foundation for analysis and discussion. Our sample was randomly selected and screened for frailty, defined by ADL status, and includes an over-sample of African Americans to provide a reasonable sample size for inquiry (n = 473). A structural equation model will be used for analysis. Theoretical and practical implications of our results will be presented.

EFFECTS OF SOCIAL SUPPORT ON LONGEVITY OF REMISSION IN DEPRESSED ELDERLY

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Approximately 50% of all elderly depressed patients suffer from a relapse of depression after an initial remission of symptoms. Since social support has been linked to recovery from depression, it is beneficial to determine how social support affects longevity of remission. The objectives of this study were twofold: 1) to identify a relationship between social support and length of remission and 2) to discuss possible treatment strategies based on this relationship. We hypothesized that a strong level of social support (social network, social interaction, instrumental support and subjective social support) has a positive impact on the longevity of remission in late life depression. Subjects (n=102) were drawn from patients in the Duke NIMH Clinical Research Center for the Study for Depression in Late Life. The age range of the sample was 59-96 years (mean = 70 years). Logistic regression analyses at baseline, 6 months post remission, and one year post remission elucidate the relationship between social support and recovery from depression. The implications for appropriate treatment modalities in this clinical population include the particular benefits of psychotherapy as treatment for late life depression.

Social Isolation, Perceptions of Risk, and HIV Prevention: A Mixed Method Study of Older Injecting Drug Users:

T.L. Anderson and J.A. Levy

The current paucity of information regarding HIV risk among the elderly poses an increasingly significant social problem today since current data show an escalation in rates of AIDS among older Americans. The purpose of our paper is to contribute to this literature by studying how social isolation, current drug use, and sexuality shape perceived risk of HIV and prevention-related behaviors among injecting drug users (IDUs) over 50 years of age. Furthermore, we study gender differences in these matters to better inform prevention efforts.

Methods: Our sample consists of male and female active IDUs not-in-treatment over the age of 50 who were recruited using snowball sampling techniques as part of a larger research project that examines community-based HIV counseling, testing, and partner notification in curbing HIV transmission. Our data are drawn from four sources: focus groups, in-depth interviewing, HIV testing, and a quantitative questionnaire. We used Atlas.ti, a software program for qualitative research, to code our focus group and interview transcripts. Analyses of the more quantitative data were completed with SPSS.

Results: Our analysis shows that older IDUs perceive their risk for contracting HIV considerably lower than expected or what their behaviors would justify. The reasons for this have to do with their extreme social isolation and the heuristic devices (e.g., gossip and assessment of appearance) they use to estimate their risk. Dissociation from long-time drug buddies (most often due to death or relocation), decreased mobility, unemployment, family fallout, and fear or avoidance of the medical community or services act to isolate our older IDUs and prevent them from having a valid standard against which they can assess their HIV risk. As a consequence, they use various heuristic devices to underestimate their risk, which later alters their commitment to prevention behaviors. We found this phenomena to be more problematic among our older female IDUs. Furthermore, sexuality and extent of current drug use also contribute to discrepancies between risk perception and prevention-related behaviors.

Conclusions: Addressing the social isolation of the elderly may promise to reduce the escalating rate of AIDS among older Americans. Outreach education and targeted harm reduction strategies in under-privileged communities may act to do the same.

THE COMMUNICATIVE IMPACT OF AN OLDER ADULT PARENT ON THE ADULT CHILD/SPOUSE LONG-TERM MARITAL RELATIONSHIP. Bethea, L.S., U. of Texas-San Antonio, 6900 N Loop 1604 W., SA, TX 78249 & Nussbaum, J. F Penn State-University, 234 Sparks Bldg, University Park PA 16802-5201.

This study investigated the communicative changes that occur within long-term marriages of couples after a parent moves into their home. Results indicate significant communicative differences for couples married 25 years who have a parent living in the household (28 couples) when compared to couples who do not have a parent living with them (34 couples). First, multivariate repeated measures (MANOVA) results indicate a significant parent effect for communicative competence and elements of relational communication (immediacy/affection; composure; equality). Second, MANOVA results for the long-term marital relationship indicate that a parent living in the household had a significant effect on relational communication. In addition, ANCOVA results indicate the effect of a parent living in the adult child/spouse household on the long-term marital relationship exists in a negative way regarding communicative competent behaviors and elements of relational communication (immediacy/affection; equality) when pretest measures are statistically controlled.

CAREGIVER/CARE RECEIVER ASSESSMENTS OF FUNCTIONING: ARE THERE GENDER DIFFERENCES? J.C. Shaver, D.E. Allan, M.J. Penning, Centre on Aging, University of Victoria, PO Box 1700, Victoria, BC Canada V8W 2Y2.

Caregiver and care receiver assessments of functioning are often considered interchangeable. Yet studies addressing caregiver/care receiver agreement remain limited in scope, focusing primarily on cognitive functioning and caregiver relationship. This study broadens the range of research in this area by examining caregiver/care receiver reports of individual ADL items by care receiver gender. As well, the degree to which care receiver's age and mental/physical health status influence agreement are

investigated. Data for this study come from a sample of 388 Manitoba older adults aged 65 and over. Results (using Cohen's kappa) suggest less agreement with regard to the functioning of men than women, particularly among those aged 75-84. Differences by health status were also revealed. The implications of the findings for assessments of functioning are considered.

316

THE CASH AND COUNSELING DEMONSTRATION AND EVALUATION (CCDE): EARLY IMPLEMENTATION LESSONS.

K.J. Mahoney, L.Simon-Rusinowitz. Center on Aging, U-MD, College Park, MD, 20742.

Participants:

K.J.Mahoney (U-MD, College Park, MD)
The CCDE: Steps Toward Implementation
P.Doty (USDHHS, ASPE, Washington, DC)
The CCDE: Federal Implementation Issues
L.Simon-Rusinowitz (U-MD, College Park, MD)
Implementing Consumer-Directed Services: Views from Policy Experts
L.Simon-Rusinowitz (U-MD, College Park, MD)
The CCDE: Consumer Focus Groups Inform Program Design and Communications Efforts
S.Crisp (AR Aging and Adult Services, Little Rock, AR) Ready or Not: CCDE Implementation Lessons from Arkansas' First Year

As long-term care expenditures have risen, policymakers have sought new ways to control costs while maintaining consumer satisfaction. "Cash and Counseling," a consumer-directed (CD) option, offers a cash allowance to persons with disabilities so they may purchase personal assistance and other services that best meet their needs. The CCDE, a four-state, policy-driven experiment, promises valuable information about implementing this CD option in state Medicaid programs. The CCDE has begun implementation in three states. This symposium begins with an overview of the CCDE, focusing on steps leading to implementation. As implementation depends on coordinating with key federal agencies, including approval of waivers from the Health Care Financing Administration, Social Security Administration, and others, these critical steps will be discussed. Next, findings from policy expert interviews and consumer focus groups will be presented as they informed the CCDE's program design and communications efforts. Finally, lessons from the first state to implement, Arkansas, will be presented, including issues regarding communications, outreach, enrollment, and quality control, as well as training counselors and fiscal agents and obtaining traditional provider support,

THE CASH AND COUNSELING DEMONSTRATION AND EVALUATION (CCDE): STEPS TOWARD IMPLEMENTATION

K.J. Mahoney. U-MD Center on Aging, College Park, MD 20742.

Today, in most states, elderly individuals and younger persons with disabilities who need Medicaid personal assistance services (PAS) typically have little choice regarding what services they will receive, who will provide those services and when they will be delivered. But, for some years people with disabilities have been saying, "If I was in control, my life would improve and the services would not cost as much." The Cash and Counseling Demonstration is a policy-driven evaluation of one of the ultimate forms of consumer direction. Under the CCDE, funded by the Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services, consumers in the states of Arkansas, Florida, New Jersey and New York will be given the option of receiving the cash equivalent of the traditional services they would have received under the traditional system. Those who agree to be part of the demonstration, and who are randomly selected to be part of the "cash treatment group", will also be able to select from an array of supportive counseling and Fiscal Intermediary Services to assist them in managing their own PAS.

This introductory presentation will provide a brief overview of the demonstration, its goals, the state selection process and the evaluation design, thus laying the groundwork for the later presentations focusing on implementation issues.

THE CASH AND COUNSELING DEMONSTRATION AND EVALUATION (CCDE): FEDERAL IMPLEMENTATION ISSUES

P.Doty. US DHHS, ASPE, Washington, D.C. 20201

As co-funder of the CCDE with the Robert Wood Johnson Foundation, ASPE has committed considerable resources to this policy-driven demonstration and evaluation of a consumer-directed cash option. The national project promises to increase our understanding about a model that offers increased choice to personal care consumers in state Medicaid programs. Focusing on federal aspects of project implementation, this presentation will explain reasons for ASPE's interest in the research, the policy context of the project, and the necessity of coordinating with various federal agencies. Prior to beginning enrollment, the CCDE needed to obtain approval of waivers from the Health Care Financing Administration, Social Security Administration, and other federal agencies. This presentation will discuss the purposes for these waivers and key steps in obtaining them. Finally, the cash option will be compared with consumer-directed programs that are possible under current law, without such waivers or legislative change.

IMPLEMENTING CONSUMER-DIRECTED SERVICES: VIEWS FROM POLICY EXPERTS

L.Simon-Rusinowitz, A.M. Bochniak, K.J. Mahoney, D.Hecht. U-MD Center on Aging, College Park, MD 20742.

Little is known about implementation issues for large, consumer-directed (CD) programs serving Medicaid consumers in general, and even less is known about programs serving older consumers. Do elderly consumers want CD services? Are these preferences related to age or other characteristics? To explore these issues and others, in-depth qualitative interviews were conducted by telephone with 20 aging and disability policy experts. Experts discussed key issues in implementing CD programs from the perspectives of consumers, providers, payers and policymakers as well as technical assistance needs for CD programs. Extensive data analysis identified experts' views about consumers' skills, training for self-direction, potential consumer abuse, and consumer characteristics that may influence a desire for CD. They discussed provider concerns related to loss of business, the impact of managed care, worker conditions, quality assurance, training, and legal liability. Finally, experts identified payer/policymaker concerns about client safety, liability, accountability, cost savings, and the influence of managed care. Technical assistance needs include educating all parties about CD principles, access to supportive services for consumers and providers, and information about quality assurance and legal liability for payers/policymakers. Experts' views have helped guide the CCDE program design.

THE CASH AND COUNSELING DEMONSTRATION AND EVALUATION (CCDE): CONSUMER FOCUS GROUPS INFORM PROGRAM DESIGN AND COMMUNICATIONS EFFORTS

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Limited information exists concerning the preferences of consumers for consumer-directed personal assistance services (CD PAS) vs. traditional services. To learn about these consumer preferences and to inform the CCDE program design and communications efforts, a three-part study (pre-and post-survey focus groups and telephone surveys) was conducted. This presentation reports results from post-survey focus group discussions with PAS consumers and surrogate decision-makers in AR, NY, NJ, and FL. Telephone survey data guided the discussion structure and purposes. Research questions addressed consumers' and surrogates' opinions about a cash option (a CD PAS model), characteristics of consumers with different opinions, and differences between consumers and surrogate decision-makers. Focus group discussions offered insight into key program issues including program features that were attractive or unattractive to consumers and surrogates, types of support services requested, and types of services and products consumers would like to purchase. The discussions guided communications efforts by exploring critical issues including: how to explain key program features, consumer/surrogate responsibilities, support services available, and randomization, as well as consumers' views that differed by racial/ethnic groups and gender.

READY OR NOT: CASH AND COUNSELING DEMONSTRATION AND EVALUATION (CCDE) IMPLEMENTATION LESSONS FROM ARKANSAS' FIRST YEAR

S.Crisp, Arkansas Division of Aging and Adult Services, Little Rock, AR. 72201

Arkansas, one of four CCDE states, has been the first to begin enrolling consumers in the consumer-directed cash option. Focusing on lessons from the first year of implementation, this presentation will begin with an overview of Arkansas' reasons for participating in this national project and a description of its program design. It will discuss issues related to communications efforts, outreach, consumer enrollment, and quality control. The presentation will also address critical steps in training counselors and fiscal agents as well as obtaining support from traditional provider agencies. Findings from Arkansas' enrollment data will be reported, including a profile of typical enrollees, reasons why consumers decide to enroll, program features that consumers find attractive, how participants spend their cash allowance, and who they hire to provide personal care services. Finally, the discussion will reflect on major challenges from the first year of program experience.

317

INTERNATIONAL AGING AND ELDER CARE

V.E. Richardson, The Ohio State University College of Social Work, 1947 College Road, Columbus, OH 43210.

Participants:

Y. Asamoah (Hunter College, NY, NY 10021) Aging in Africa.

C. Emlet (Solano County Health and Social Service Department, Fairfield, CA 94533) Elder Care in Transitional Societies of Central and Eastern Europe.

M. Hokenstad (Case Western Reserve University, Cleveland, OH 44106) Sweden's Elder Care System.

S. Keigher (University of Wisconsin-Milwaukee, Milwaukee, WI 53201) Aging and Services in the British Isles.

J. Lubben (University of California-Los Angeles, Los Angeles, CA 90095) Aging and Elder Care in Japan.

Discussant:

J. Kosberg (Florida International University, North Miami, FL 33181)

The United Nations General Assembly on Aging determined that 1999 would be the International Year of the Older Person. Increases in the number of people aged 65 and over are not confined to the United States. The world population is rapidly expanding. This symposium addresses the impact a growing elderly population will have on elder care in Japan, The British Isles, Sweden, Central and Eastern Europe, and Africa. Experts, representing various countries, on international aging and intergenerational relationships, will compare and contrast the growth of older persons around the world. The focus is on how these changes alter intergenerational relations and elder care. As mortality rates in late life continue to decline, they increase the number of surviving parents for an adult child. More vertical kinship relationships will arise and an increasing number of generations will be comprised of smaller sized nuclear families. The implications these changes have on elder care around the world are analyzed. Data from research conducted in specific countries will illustrate the various approaches rom institutional care to home care that regions of the vorld have taken. Political, economic, and social contexts hat affect how different countries care for their elders will e examined.

318

QUALITY OF EXPANDED CHRONIC CARE SERVICES AND MANAGEMENT IN THE SOCIAL HMO: NEW DATA AND DIRECTIONS

Walter Leutz, Heller School, Brandeis Univ.,
Waltham MA 02454

Participants:

W. Leutz, (Brandeis, Waltham) Benefit Adequacy: How Can Limited In-home and Community Services Meet the Needs of Frail Elders?

J. Capitman (Brandeis, Waltham) Quality of Caring Relationships: Improving Collaboration among Care Managers, Physicians, and Service Users.

To be Named* (FL Dept of Elder Affairs, Tallahassee, FL 32399) QA Standards for Integrated Dual Eligible Programs: Can the Market Bear what States Want?

Discussant:

M. Greenlick (Oregon Health Sciences Univ, Portland, OR 97227)

Since 1985, three Social HMOs have had Medicare and Medicaid waivers to foster expanded coverage of in-home and community-based long-term care services (e.g., homemakers, personal care aides, transportation) for enrollees with functional disabilities. This symposium reports on the first-ever cross-site study of the quality of Social HMO expanded care services and management, as well as the satisfaction of members. Qualitative interviews with expanded care eligibles (and their family caregivers) (N=48) explored members' needs for support, understanding of services, mix of formal and informal care, unmet needs, assessments of physicians' roles, and overall satisfaction. Also reported are the results of post-study efforts to develop new QA protocols based on findings. A third paper reports on the QA efforts of a state agency sponsor of a Social HMO for dual eligibles. These efforts have direct policy and practice relevance, since the government is now developing recommendations for standards for making Social HMOs permanent under Medicare+Choice.

*The anticipated State of Florida presenter was hospitalized at the time of this writing. Her name could not be submitted without her consent, which will follow ASAP.

BENEFIT ADEQUACY: HOW CAN LIMITED IN-HOME AND COMMUNITY SERVICES MEET THE NEEDS OF FRAIL ELDERS?

W. Leutz, Heller School, Brandeis Univ.,
Waltham MA 02454

Since 1985, three demonstration Social HMOs have had Medicare and Medicaid waivers to foster expanded coverage of in-home and community-based long-term care services (e.g., homemakers, personal care aides, transportation, personal alarm, assistive devices) for enrollees with functional disabilities. To date the quality and adequacy of these services, which are limited in amount per user, has not been assessed across sites. This paper reports on a qualitative study (N=48), which finds that these services are generally meeting the support needs of a broad range of members. The paper reports on service patterns, circumstances where benefit caps are exceeded, member and family satisfaction, and how well needs are met. Also discussed are emerging quality assurance approaches that are being developed with sites as a result of the study.

QUALITY OF CARING RELATIONSHIPS: IMPROVING COLLABORATION OF CARE MANAGERS, PHYSICIANS, AND SERVICE USERS.

J. Capitman Heller School, Brandeis Univ.,
Waltham MA 02454

Since 1985, three demonstration Social HMOs have had Medicare and Medicaid waivers to foster expanded coverage of in-home and community-based long-term care services (e.g., homemakers, personal care aides, transportation, personal alarm, assistive devices) for enrollees with functional disabilities. To date there has been no cross-site evaluation of the quality and adequacy of these services or of the work of care managers in coordinating the efforts of formal providers, informal caregivers, and physicians. This paper reports on a qualitative study (N=48) of care management. Interviews show that members and families generally know their care manager and how to use her, that physicians are involved in expanded care on an as-needed rather than proactive basis, and that care management and services reduce but don't eliminate caregiver burdens. Also discussed are emerging quality assurance approaches that are being developed with sites as a result of the study.

QUALITY ASSURANCE STANDARDS FOR INTEGRATED DUAL ELIGIBLE PROGRAMS: CAN THE MARKET BEAR WHAT STATES WANT?

To be Named* (FL Dept of Elder Affairs, 4040
Esplanade Way, Tallahassee, FL 32399)

The move toward managed care strategies for the delivery of long-term care (LTC) services by states has precipitated the need for innovative quality assurance (QA) standards. Adapting traditional standards, such as provider qualifications, network capacity, quality of care studies, grievance procedures, customer satisfaction, outcome measures, and independent review of delivery presents a significant challenge. Further, additional QA standards are required to address the unique nature of LTC and the strategy of integrating acute, skilled, and LTC services. The State of Florida has developed and continues to refine QA standards for managed LTC for several pilot projects that are currently in various stages of development and implementation, including a Social HMO for dual eligibles. Current standards, future innovations, and critical issues/difficulties will be discussed. In addition, preliminary findings from operational projects will be presented.

*The anticipated State of Florida presenter was hospitalized at the time of this writing. Her name could not be submitted without her consent, which will follow ASAP.

319

End Of Life Care: An Interdisciplinary Perspective. Leela R. Bolla, MD. University of Colorado Health Sciences Center, Center on Aging, 4200 E. 9th Avenue, Denver, CO.80262.
Marshall Kapp, JD, Geriatric Medicine, Wright State Univ School of Medicine, P.O.Box 927, Dayton, OH.
Participants:
L.R.Bolla, MDAsst Prof of Medicine, UCHSC, Denver, CO. Clinical Applications of State and Federal Laws.
M.B. Kapp JD, Geriatric Medicine, WSUSOM, Dayton, OH. Legal Perspectives of Advance Directives.
M.L.Smith, S.T.D., Bioethicist, Cleveland Clinic Foundation, Cleveland, OH.Role of Ethics in Conflict Resolution and Patient Rights.
E. Kotthoff-Burrell RN, Exec Dir, GITT Program, UCHSC, Denver, CO. Nursing: A Continuum of Caring.
J. R.Swaney, M.Div. Chaplain, UCHSC. Denver, CO. Accepting the End: Spiritual Counseling for Patients, Families and Health Care Providers.

Planning for end of life care is of paramount importance for most elders. Advance Directives (AD) are the law's primary response to the many ethical dilemmas posed by end of life decision-making .The medical, spiritual, ethical, legal and financial issues involved in appropriate end of life care planning is best accomplished through an interdisciplinary approach, as the patient may initiate this discussion with a variety of care providers. In this symposium an expert panel including a Geriatrician, Attorney, Ethicist, Nurse Practitioner and Pastoral Care counselor will present a comprehensive framework that highlights the role of each professional in providing for optimal planning for end of life care.

320

STRATEGIES FOR INTERVENTION WITH GRANDPARENT CAREGIVERS. D. Burnette, School of Social Work, Columbia University, 622 West 113th St. NY, NY 10025.

Participants:
C.B. Cox Fordham University Graduate School of Social Service. NY, NY 10023. Intervening through empowerment.
P. McCallion, S. Kolomer, M. Janicki, & Lucinda Grant-Griffen. University at Albany, Albany, NY 12222. Support groups for grandparents caring for children with intellectual disabilities.
R. Goldberg-Glen, Center for Social Work Education, Widener University & R. Sands, University of Pennsylvania School of Social Work. Profiles of cross-generational caregivers and their family systems.
B. Hayslip, R. Toledo, D. Ragow-O'Brien, M. Emick, C. Toledo, & C. Toledo, Department Psychology, Univ. of North Texas, Denton, TX 76205. Cross-cultural differences in custodial grandparenting: A qualitative approach.

This symposium addresses practice applications of a growing body of research on custodial grandparents. The first 2 papers focus on innovative group models. Cox reports on a 12-session course in empowerment skills for grandparents, e.g. accessing and using help and advocating for change. Using a pre-, post-test design, McCallion et al. assess the effectiveness of a support group intervention for grandparents caring for children with intellectual disabilities. They report on the unique needs of this group and on pre- and post-test comparisons of treatment conditions.

The other two papers use qualitative data to enhance assessment of grandparent caregivers and their families. Using visual assessment tools, such as genograms, eco-maps, and video-taped interviews, Goldberg-Glen & Sands demonstrate multiple sources of diversity in 20 families. And, Hayslip et al. describe cultural differences in American-born and Mexican grandparents with respect to their experiences, role perceptions, and role changes in when raising a grandchild.

CROSS CULTURAL DIFFERENCES IN CUSTODIAL GRANDPARENTING: A QUALITATIVE APPROACH. B. Hayslip, R. Toledo, D. Ragow-O'Brien, M. Emick, C. Toledo & C. Toledo, Department of Psychology, University of North Texas, Denton, TX 76205

Seventy-five American-born grandparents (M age=58) (23 traditional, 52 custodial) and 54 Mexican grandparents (M age=57) (16 traditional, 38 custodial) answered open-ended questions regarding salient grandparental experiences, perceptions of their role, and role changes when raising a grandchild. Traditional American grandparents emphasized autonomy and satisfaction in contributing to their grandchildren's lives, while traditional Mexican grandparents stressed the relationship between earlier parenting and the quality of their grandchildren's lives. American custodial grandparents discussed role confusion, yet emphasized experience as helping them deal with their new role. Having less energy, patience, and privacy were the most negative aspects of surrogate parenting. Mexican surrogate parents stressed being able to parent again and the rebirth of earlier parental experiences in raising a grandchild. They saw few disadvantages in their new roles. These findings underscore the primacy of the family as an intergenerational unit for Mexican grandparents, while American grandparents value clearly defined role boundaries within the family system.

Title: Support Groups for Grandparents caring for children with intellectual disabilities. **Authors:** Philip McCallion, Ph.D., Stacey Kolomer, MSW., Matthew Janicki, Ph.D. & Lucinda Grant-Griffin, Ph.D.. Address University at Albany, Albany, NY 12222.
There have been growing reports in the United States of older women and men caring for their grandchildren an great grandchildren. Many of these grandparents are caring for children with intellectual disabilities.
Objectives: To systematically examine the effectivenes of a support group intervention for grandparents caring children with intellectual disabilities.
Methods: Grandparents recruited by three agencies in New York city were assigned to treatment and wait list control conditions. Baseline data was collected on grandparent demographics, extent of contact with the grandchild's parent, extent of caregiving in addition to grandchildren, and reasons for assuming care. Pre to post comparisons were made on measures of strains a burdens resulting from caregiving, psychosocial well-being, personal health and functional status, degree of reliance on informal supports, and need for, use of an satisfaction with formal services.
Results: The unique needs of grandparents caring for children with developmental disabilities will be profile including high reported levels of depressive symptoms Results from the pre to post comparisons of treatment conditions will also be reported.
(Funded by the Joseph P. Kennedy, Jr., Foundatio

PROFILES OF CROSS GENERATIONAL CAREGIVERS AND THEIR FAMILY SYSTEMS. R.S. Goldberg-Glen, Center for Social Work Education, Widener University, & R.G. Sands, University of Pennsylvania, School of Social Work.

This presentation is based on results of qualitative interviews from 20 families consisting of grandparents or great grandparents caring for their grandchildren. These families were selected from a larger quantitative study of 29 grandparent caregivers. Among the participants, 60% were represented by single grandmother or a great grandmother headed families while married grandparent headed families represented 40% of the sample. Genograms, eco-maps, children's drawings and video taped interviews were used as data sources. Analysis of the data illustrate the diversity found within these family units. These include differences in: family structure and authority systems, emphasis on informal support, cut offs with prior generations, family secrets, and intergenerational patterns of substance abuse. These findings have implications for clinical practice and research.

Intervening Through Empowerment, C.B. Cox. Fordham University,Graduate School of Social Service, 113 W. 60th St., New York, New York. 10023.
Empowerment-oriented strategies seek to develop self-reliance and the ability for self-help and thus are particularly suited for enabling and strengthening custodial grandparents. Learning to reach out to others, to use resources, and to advocate changes are important parts of the empowerment process. Strategies to foster empowerment are usually presented in groups and are well-suited to the needs of custodial grandparents. The 12 session course in empowerment was offered to 14 African American grandparents. Sessions were held twice weekly with participants receiving stipends upon completion of the program. The training was held in conjunction with an on-going support group that continued to address immediate concerns of the grandparents. Having this group available greatly facilitated the empowerment training. At completion of the program, participants were required to begin giving presentations to other groups and to engage in some community outreach. These activities continue under direction of the support group leader.
Recommendations for the development of these programs will be offered.
Funded by the New York Community Trust

321

UPDATE ON PRODUCTIVE AGING CURRENT CONCEPTS, RESEARCH, AND PROGRAMS.
N. Morrow-Howell, J. Hinterlong, Washington University, St. Louis, MO 63130.
Participants:
J. Hinterlong, N. Morrow-Howell, M. Sherraden, (Washington University, St. Louis, MO

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63130) Productive Aging: Definitional and Value Issues.

S.A. Bass (University of Maryland, Baltimore County, Baltimore, MD 21250) Developing the Conceptual Underpinnings of Productive Aging.

F. Caro, J.A. Burr (University of Massachusetts Boston, Boston, MA 02125) Interplay among Forms of Productive Activity.

M. Freedman (Civic Ventures, San Francisco, CAL 94118) Reinventing Retirement: The New Social Entrepreneurs.

Discussant:

R. Butler (The International Longevity Center - USA, Ltd., New York, NY 10028)

A literature on productive aging has been developing since the early 1980's, but without the advantages of conceptual clarity or a multi-disciplinary research agenda. This symposium presents current knowledge-building efforts on productive aging and the concept's application in policy and practice innovations. The opening paper focuses on several controversial value and definitional issues. The next paper presents the most developed conceptual model of productive aging, presenting factors across multiple domains related to productive engagement. The third paper presents empirical analyses on the interplay between the forms of productive activity from two large data collection initiatives on the topic. The last paper focuses on some of the most current program and policy innovations aimed at maximizing the productive engagement of older adults. The discussant, an originator of the concept, will reflect on the current state of knowledge and practice on productive aging.

PRODUCTIVE AGING: DEFINITIONAL AND VALUE ISSUES

J. Hinterlong, N. Morrow-Howell, M. Sherraden, Center for Social Development, Washington University, St. Louis, MO 63130

Some scholars have worried that the concept of productive aging is a dangerous one if productive activity is narrowly defined with a work-oriented, economic definition. There is concern that individuals who are disabled and thus "nonproductive" will be further marginalized. Knowledge-building on the topic of productive aging will be thwarted unless some of the definitional issues are resolved. In an effort to advance scholarship on the topic, this paper seeks to offer a conceptualization of "productive activities in later life" as well as an articulation of the underlying values. In this definition, there are two categories of productive activities: basic (activities which meet activity of daily living needs of self and others in the immediate household) and extended (volunteering, working, and assisting others outside of the household). Strategies to support productivity differ between the categories. Policies and programs seeking to maximize extended productive activities should create choice and opportunity, and increased engagement should not be obligatory.

DEVELOPING THE CONCEPTUAL UNDERPINNINGS OF PRODUCTIVE AGING

S.A.Bass, Graduate School, University of Maryland, Baltimore County, 1000 Hilltop Circle, Baltimore, MD 21250

It has been nearly 15 years since the term productive aging first appeared in the literature (Butler and Gleason, 1985). Over that time period a scholarly record has been amassed and a small but growing body of research has emerged. As the term productive aging becomes further embedded in the gerontological lexicon, there has been interest expressed in clarifying the conceptual underpinnings to the terminology (e.g., Morrow-Howell, 1998).

A conceptual model developed by Bass and Caro will be presented which provides a multi-disciplinary perspective on productive aging and a productive aging society. The model explores a variety of influences which enhance or reduce individual participation in productive activities. The framework proposed will provide a perspective from which future research may emerge. The model is designed to both be informative to the scholar in pursuit of knowledge as well as illuminating to the practitioner seeking to change participatory outcomes

INTERPLAY AMONG FORMS OF PRODUCTIVE ACTIVITY

F.G. Caro, J.A. Burr, Gerontology Institute, Univ. of Massachusetts Boston, Boston, MA 02125

The focus among gerontologists on productive aging suggests that there may be some systematic interrelationships among the forms of productive activities. To date, these possible interrelationships have received little attention. It is possible, for example, that activity in one sector leads to activity in another sector. Still another possibility is that older people vary in what might be described as a drive to be productive. The presence of such drive may lead to extensive activity in one sector or to activity across sectors. The presentation will draw upon both the Commonwealth Fund Productive Aging Study and the 1999 Boston Area Survey. Evidence of the extent to which older people are active in more than one productive activity across sectors will be reviewed.

The extent to which activity in one sector predicts activity in other sectors will also be examined. The personal characteristics of those engaged in multiple forms of productive activity and those engaged in extensive activities in more than one sector will be examined. In addition, among those who are not engaged in either work or volunteering, the characteristics of those willing to both work and volunteer will be examined. The presentation will emphasize useful directions for future research.

REINVENTING RETIREMENT: THE NEW SOCIAL ENTREPRENEURS

Marc Freedman, President, Civic Ventures, San Francisco, CAL 94118.

Making the most of the aging society will require a new set of institutions capable of harnessing the time, talent, and experience of older Americans on behalf of communities. While America has plenty of nursing homes, senior centers, and retirement communities, we continue to lack compelling vehicles for individuals in the third age to continue to contribute. This mismatch is especially disturbing as we prepare for the retirement of 76 million baby boomers. Fortunately, however, in rectifying this situation we are not required to start from scratch. A new group of social entrepreneurs, many of them in later life themselves, are taking matters into their own hands and creating new opportunities for older adults to make significant contributions in areas of great social need. This session will examine a range of these efforts--including the Samaritan House Medical Clinic in San Mateo, California and the Experience Corps initiatives now in over 30 cities--describing their evolution, effectiveness, and implications for the aging of America.

322

POST-REFORM COMMUNITY-BASED CARE IN THE UK: USER AND CAREGIVER NEEDS, SERVICE UTILISATION AND PROCESS, CAREGIVER INPUTS, AND OUTCOMES

L.Bauld & B.Davies

PSSRU at the LSE & the Universities of Kent and Manchester, England, Canterbury CT2 7NF

British reforms aimed to make an excessively provider- and service-driven system, driven more by user needs and wishes. Little evidence is from large collections covering needs and wishes, service utilisation, content and process, and users and caregivers. This outcome unbalances academic comment. The paper describes these. *Evidence* for the presentation is focused on triads of 419 new users, their caregivers and case managers recruited in 1995. The collection include depth interviews at the end of the set-up stage of the case-managed process and six months later, the continuous tracking of broad needs and service utilisation. The main *method of analysis and presentation* used in the paper is tabulation and diagrammatic presentation. *Results* illustrate benefits from purposive targeting and the new flexibility of service packaging and content, reflecting in particular the new emphasis on better performing care management tasks. Questions are begged about assessment reliability and the failure to make use of services for accomplishing the rehabilitative goals implicit in making increased independence a main policy goal.

Siderails and Injuries in Nursing Homes

R.R. Neufeld, J.M. Dunbar. The Jewish Home & Hospital/Mt. Sinai School of Medicine, NY, NY 10025.

Our study explored whether the size, shape and configuration of siderails affected falls and injuries among nursing home residents. Incidents were as any bed-related occurrence, regardless of whether any injury occurred. For 1 year, we compared the rate of incidents of more than 300 residents in beds with a variety of standard siderails and an equal number of residents in a bed with smaller siderails that could be lowered to 13 inches off the floor.

The study and control groups were highly correlated with each other -- 17 of 18 categories of ADLs were statistically significant at $p>0.05$. Correlations between the type of bed, and the number of residents' injuries and accidents, and ADL status were not statistically significant.

There was, however, a difference between single and multiple fallers in the two groups. In the study group, there were approximately 20% more fallers than in the control group and they experienced 50% more incidents than residents in the control group. This included one resident in the study group who had 13-bed related incidents and one in the control group had 18 bed-related incidents.

The type of siderail may affect whether a resident has a bed-related incident. Controlling for the type of siderail, we found that residents in the standard beds with full-length or four half-rails were significantly less likely to experience a bed-related incident. This paper will discuss these and other findings in detail.

Attitudes to Siderails in Nursing Homes

J.M. Dunbar, R.R. Neufeld. The Jewish Home & Hospital /Mt. Sinai School of Medicine, NY, NY 10025

The use of siderails in nursing homes is controversial, yet few studies have examined their use. Our study explored attitudes and knowledge about siderails among residents, families and staff. We surveyed 36 family members, 120 residents and 103 staff members. Families and residents came from a large urban nursing home, while staff came from 6 facilities in 5 states.

Preliminary analyses of the data suggest that residents and families are more likely than staff to view bedrails as necessary and favorable. Both residents and families believe that residents use bedrails to turn in bed, to get in and out of bed, but not to move up and down in bed.

Significantly more men than women use the bedrails as hangers -- for urinals as well as call lights. Frequency distributions show that 60% of residents a) spontaneously stated that bedrails prevent them from falling out of bed; and b) help them feel safe without limiting their movement. The majority of families disagree with HCFA's warnings that bedrails can cause serious injuries.

However, 94% of staff reported that residents use bedrails to turn in bed; move up and down in bed (74%); to get in and out of bed (62%). 50% of the staff reported that siderails pose a risk to safety, and 67% reported that they can cause injuries.

EXPLORING REASONS FOR NOT USING COMMUNITY-BASED SERVICES

L. A. Strain and A. A. Blandford, Centre on Aging, University of Manitoba, Winnipeg, MB Canada R3T 2N2

Although community-based services have been identified as critical in assisting older adults to remain in the community, relatively few caregivers and elders rely on such services. This poster focuses on reasons for not using community-based services, and elder-caregiver characteristics associated with various reasons for non-use. The data are from 293 elder-caregiver pairs who participated in the 1996/97 Manitoba Study of Health and Aging (44% of elders were cognitive impaired). Services examined include homemaker services, home-delivered meals, personal care services, in-home nursing services, day centres, day hospitals, and respite services.

Reasons for not using services varied depending on the service. Caregivers who were caring for elders with cognitive impairment and those with higher levels of caregiver burden were more likely to indicate that a service was not used as assistance was provided by family/friends. Caregivers frequently indicated that they did not use day centres, day hospitals, and various respite services as they were unaware of their availability. Implications for future research and practice are discussed.

ELDERLY PEOPLE WITH COGNITIVE IMPAIRMENTS: CAN THEY MEET MEDICAID'S LEVEL-OF-CARE CRITERIA FOR NURSING HOME AND HOME AND COMMUNITY BASED SERVICES?

J. O'Keeffe, AARP, 601 E Street NW, Washington DC 20049.

A frequently voiced concern by advocates for persons with dementia is that Medicaid level-of-care (LOC) criteria for nursing home and home and community based (HCB) waiver programs do not include measures of functioning that are relevant for this population. The Advisory Panel on Alzheimers Disease (and other dementias) recommended two functional measures to use when determining eligibility for long-term care (LTC) services. The purpose of this study was to determine whether states use these measures, and whether elderly persons with functional limitations caused by cognitive or other mental impairments can meet states' Medicaid LOC criteria. This paper reports that persons who meet either of the two recommended criteria would meet the LOC criteria in only six states; nine states require that both functional criteria be met, and the remaining states consider only one or the other of the recommended criteria to be sufficient. In the other 16 states, people with cognitive or other mental impairments would not meet the LOC criteria unless they also had some physical impairment or nursing needs.

DELIVERING HIGH-TECH HOME HEALTH CARE IN THE WAKE OF THE BALANCED BUDGET ACT OF 1997.

L.W. Kaye and J.K. Davitt, Graduate School of Social Work & Social Research, Bryn Mawr College, Bryn Mawr, PA 19010.

Findings from national research on 154 home health care agencies are analyzed in light of the recent changes in Medicare reimbursement policies for home health care brought about under the Balanced Budget Act of 1997 (BBA). These changes have dramatically altered the reimbursement policies and procedures associated with the home health care benefit. The analysis highlights major concerns regarding continued access to home health care by high volume high-tech users under the Interim Payment System because of the effort to curb the number of visits provided as well as the cost per beneficiary. Agencies may choose among several strategies to avert financial hardships including: severely restricting the types of admitted patients; restricting the number of visits that a given patient will receive; and attempting to substitute lower cost services. This analysis highlights repercussions for low income, severely impaired patients in terms of out of pocket costs, quality of care, and safety issues in high-tech care situations.

DIFFERENCES IN THE RELATIONSHIP BETWEEN SOCIAL NETWORKS AND SERVICE AWARENESS BY IADL AMONG THE JAPANESE ELDERLY.

E. Kobayashi, H. Sugisawa, H. Shibata (Tokyo Metropolitan Institute of Gerontology, 35-2 Sakae-cho, Itabashi-ku, Tokyo), J. Liang (University of Michigan)

This study examined the role of social ties on the awareness of the number of formal services among Japanese elderly. We hypothesized a differential importance of social networks on awareness, by level of instrumental activities of daily living (IADL) disability. The analyses draw on data from interviews with a national probability sample of 2,447 non-institutionalized persons aged 60 and

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over. We used six measures of social networks: existence of a spouse, co-residence with children, separately living with children, number of close friends and close neighbors, participation in community groups. Findings support our hypothesis. Contact with children living separately made significant positive contributions to service awareness among participants with IADL limitation, though it was not true for those with no IADL limitation. Living with a spouse or children had only a weak association with awareness. Children living apart might serve as important lay referrals to formal services for frail elderly having difficulties collecting information on services, but when living in the same household, the perceived need for information sharing may be decreased. In non-kin networks, participation in community groups significantly increased awareness in either high or low levels of IADL. The effect of number of friends and neighbors on awareness was non-significant among both levels of disability. SRPP-15

HEALTH AND FUNCTIONAL TRANSITIONS AMONG NURSING HOME RESIDENTS

G. Arling, Cookingham Institute, University of Missouri-Kansas City, Kansas City, MO 64110;
J. Robinson, Center for Health Systems Research and Analysis, University of Wisconsin-Madison, Madison, WI 53705

We developed a model of health and functional status transitions among nursing home residents that can be applied to planning, delivery, and financing of care. The model was derived from a study of 10,000 nursing home admissions in South Dakota and Mississippi that were followed for 24 months. Using survival analysis and maximum likelihood estimation, we examined changes in health and functional status between 90-day periods during the resident's stay in the facility. From their Minimum Data Set (Plus) assessments we classified residents according to major RUG-III categories (Rehabilitation, Extensive, Special Care, etc.), ADL impairment, and cognitive status. We also took into account mortality and community discharge. We found that transition rates varied significantly by length of stay, medical condition, use of licensed therapies or skilled nursing requirements, and level of cognitive impairment. Although many residents experienced a decline in health or functioning, a substantial number improved. We describe rates of transition and discuss factors that are related to health and functional change.

TIME-VARIANT FACTORS OF NURSING HOME ADMISSIONS BY THE ELDERLY

H. L. Wang, Department of Health Care Management, Chang Gung University, Tao-Yuan, Taiwan 333

Previous researches on risk factors of nursing home admissions by the elderly have mostly used static information and focused on individual characteristics. This study used time-variant proportional hazard model to examine the impact of 1) ADL/IADL changes, 2) current Medicaid coverage, 3) current paid/unpaid help with ADL/IADL and 4) housing conditions on the probability of being admitted to a nursing home by the LSOA population. After controlling for the factors of demographic characteristics, social and living arrangement, health status and economics status, the study found that those experiencing greater ADL deterioration, having current Medicaid coverage are more likely to enter a nursing home by 67% and 53%. Those having current paid help with ADL/IADL, unpaid help with ADL/IADL, living in a house with major activity rooms on the same floor are less likely to enter a nursing home by 39%, 40% and 21% respectively. As the results indicated, change in ADL dependence, in addition to the level of ADL status, is also an important predictor. Stronger impacts from paid/unpaid help and Medicaid coverage were exhibited as more updated information were gathered. The findings on housing conditions encourage policy makers and program administrators alike to redirect their intervention strategy at the community level.

THE EFFECT OF MANDATORY LONG TERM CARE INSURANCE IN GERMANY ON INVALID ELDERS' SATISFACTION WITH HEALTH AND LIFE

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This study focuses on care recipient's reported satisfaction with their health and their overall satisfaction with life using a panel data set of invalid elders in Germany collected before and after the implementation of statutory long term care insurance (SLTCI). A sample of elder individuals who have some level of invalidity and were at least 60 years of age in 1994 were selected for inclusion. A sample selection model was used to estimate level of satisfaction pre- and post-SLTCI. The independent variables include various predisposing, need and enabling characteristics. Models to predict satisfaction with health and satisfaction with life show similar results. Based on likelihood ratio tests, we reject the null hypothesis, "there is no change in the satisfaction after the implementation of SLTCI." Effects of income, immigration, financial worries, use of the medical system for sickness care, and ability to better deal with personal health issues while remaining independent show positive outcomes on satisfaction.

PERCEPTIONS OF NURSING HOME STAFF REGARDING COMPANIONSHIP INTIMACY ISSUES OF COMMUNITY-DWELLING SPOUSES OF RESIDENTS WITH DEMENTIA

R. Frankel, Psychiatric Institute, Department of Psychiatry, University of Illinois at Chicago, 1601 W. Taylor St. Chicago, IL 60612 and D. Kuhn, Rush Alzheimer's Disease Center, Rush-Presbyterian St. Luke's Medical Center, Chicago, IL 60612

According to the 1995 National Nursing Home Survey (12/97), an estimated 1.4 million people aged 65 and up (75% female) lived in US nursing homes that year. A total of 16.5% were married. Little is known about lifestyles and relationships of their community-dwelling spouses, and even less is known about the attitudes of nursing home (NH) staff regarding companionship and intimacy issues of married nursing home residents and their spouses. When the NH resident has dementia, these issues become even more complicated. A survey was undertaken to assess the perceptions of NH staff in relation to companionship and intimacy issues of community-dwelling spouses of residents with dementia. Questionnaires were distributed to NH staff: administrators, directors of nursing, registered nurses, social workers, activity directors, and unit managers, from throughout northeastern Illinois attending a dementia care training program. Out of 145 attendees, 109 (75%) completed questionnaires. Responses

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revealed the ambivalence of NH staff regarding relationships that sometimes develop between the well spouse of NH residents and others residing in the community. Eighty-five percent of staff agreed that community-dwelling spouses were entitled to become close friends with someone of the opposite sex; however, only 42% agreed that a spouse was entitled to have a sexually intimate alliance outside the marital relationship. Whereas 72% of staff reported that no training on these issues had taken place in their facilities in the past year, 90% indicated a need for education on companionship and intimacy needs of residents and their spouses. Thus, education and training appear to be needed to increase comfort levels of dementia care NH staff in addressing these issues.

ACTIVITY-BASED COSTING APPLIED TO NURSING FACILITY MODELS FOR RESIDENT ASSESSMENT & CARE PLANNING

M.J. Bott, S. Forbes, R. Lee, D. Swagerty, L. Redford, R.L. Taunton, University of Kansas Medical Center School of Nursing, Center on Aging, & Health Policy & Management Department, 3901 Rainbow Blvd, Kansas City, KS 66160-7503

In 1987, federal guidelines mandated the *Minimum Data Set for Resident Assessment and Care Screening* (MDS) be implemented to improve the planning and delivery of care in nursing homes. Although there is an overriding process, nursing homes take different approaches in implementing the national system. The purpose of this 3-phase feasibility project was to develop and evaluate tools that could be used in studying the cost effectiveness of facility models for resident assessment and care planning. In Phase I, 1996 Kansas MDS data for Medicaid and self-pay residents were analyzed for differences on targeted variables—falls, weight loss, urinary incontinence, and pressure ulcers. The outcomes were not related to facility ownership, funding mix, size, or location. Phase 2 comprised a telephone survey of MDS coordinators in 20 randomly selected facilities to develop a typology of nursing models for resident assessment and care planning. Four models emerged that varied in regard to centralization, integration, and leadership. Phase 3 included on-site data collection in 4 facilities, each representing one model, to validate and refine the survey questionnaire and to develop protocols for collecting activity based cost data. For each facility, a map was generated to describe the process. Activity analysis based on interviews, direct observation, and chart audit identified personnel and time parameters associated with each step on the map. Salary data and the activity analysis facilitated cost calculations that could be used for between-facility comparisons. Activity-based costing is a feasible approach for assessing the cost effectiveness of nursing facility models for resident assessment and care planning. SRPP-14

INNOVATION CENTRES: LONG-TERM CARE FACILITIES AS RESEARCH PARTNERS AND LEARNING SUPPORT SYSTEMS.

O.W. Malott, PhD & R.S. MacPhee, MA, Murray Alzheimer Research and Education Program, Faculty of Applied Health Sciences, University of Waterloo, Waterloo, Ontario Canada, N2L 3G1.

Six long-term care facilities representative of the diversity of these facilities found in the province of Ontario are for information sharing and learning. Since 1996, research staff from the Murray Alzheimer Research and Education Program (MAREP) has collaborated with staff at these facilities in the design and implementation of studies to identify optimal models of care. MAREP has also facilitated the delivery of educational programs to enhance resident focused care. Research projects are both facility specific and cross facility in nature, depending upon feasibility and interest. Results from the studies are shared at an annual conference sponsored by MAREP and submitted for publication. The Innovation Centre concept is unique to Ontario and as results from this partnership emerge, other facilities are requesting information on participation. MAREP provides the research expertise and access to clinical specialists while the facilities provide the "living laboratories" where new approaches can be developed and evaluated and creative thinking regarding care of persons with dementia promoted. MAREP also provides co-op students to each facility for one four-month period per year. The students assist in data collection, prepare reports and work with staff in the implementation of programs to support quality of life. This presentation will detail how the network was established how it maintained, the role of co-op students and the studies that have been conducted or are in progress.

PREDICTORS OF NURSING HOME USE FROM A POPULATION HEALTH PERSPECTIVE

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Over the past 30 years, numerous studies have explored predictors of nursing home use among older adults. Many studies have been guided by the Anderson-Newman model of health care utilization. For a study on predictors of long term care use among people aged 85+, 29 studies published between 1976 and 1998 were analyzed using an alternate conceptual framework. The purpose of this analysis was to identify gaps in current knowledge by exploring the existing literature from a population health perspective. Potential predictor variables from previous studies were categorized into one of the nine components of the Evans and Stoddard (1990) population health framework. Patterns and inconsistencies were then explored. Findings indicated that previous studies have focused primarily on health and functioning, social environment and disease predictors. To a limited extent, health care, prosperity and genetic endowment predictors have also been explored. Predictors in the areas of the physical environment, well-being and individual responses have rarely been addressed. The findings of this work indicate that many factors that may be contributing to nursing home use remain unexplored. These knowledge gaps have implications for researchers and policy makers involved in planning for nursing home use in the future. (This research was supported by Health Canada through a National Health PhD Fellowship).

THE UNINTENDED IMPACT OF DEVOLUTION ON LONG TERM CARE FOR THE ELDERLY IN THE SAN FRANCISCO BAY AREA

R. Beard, K. Linkins, C. Estes, S. Shostak, S. Goldberg, Institute for Health & Aging, University of California, San Francisco, Box 0646, San Francisco, CA 94143

The provisions of the Welfare Reform Act have had major ramifications on the lives of many people. Most research has focused on the impact of this legislation on children and families, with little attention to the effects on the elderly. Data for this study were collected through telephone and in-person interviews of 24 community-based health and social service providers and 10 county officials in San Francisco. Results of this study delineate the varying effects of welfare reform on older persons, which include both direct and indirect effects.

Overall, Welfare Reform has had a negative effect on many subpopulations of the elderly, including low income and disabled elders (of which 332,464 are SSI/SSP recipients in California), legal noncitizen elderly (who comprise 54% of all elderly SSI/SSP recipients), and grandparents raising grandchildren. In addition, state and county program changes related to Welfare Reform have altered the health and social service delivery system in San Francisco, with myriad unintended consequences, including increased demand for information and referral services, legal assistance, and other social services for which there have been no additional resource allocations. The implications of this study for both policy and practice will also be discussed.

WHO PURCHASES LONG-TERM CARE (LTC) INSURANCE: FACTORS IN THE PURCHASE OF PRIVATE LONG-TERM CARE INSURANCE

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The increasing demands for long-term care(LTC) associated with current demographic trends only reinforce the need to understand the factors influencing the purchase of private long-term care insurance. Out-of-pocket costs accounted for almost 40 percent of the LTC expenditures for the aged in 1995. The purpose of this study is to investigate factors associated with the purchase of private long-term care insurance using nationally representative data from the 1993 Asset and Health Dynamics Among the Oldest Old (AHEAD) (N=8,222). Logistic regression analysis were used to probe factors -demographic, socio-economic status, health and functional status, living arrangement, knowledge on LTC and expectation-associated with the purchase of private insurance. According to estimation of statistical analysis, those who more educated, middle income group ($30,000-$50,000), having a financial advisor, expecting to go to a nursing home, and expecting to exhaust savings for medical expenditures are likely to purchase LTC insurance. The results suggest that more education and knowledge on LTC can increase the LTC insurance purchase. Also private LTC insurance is likely to be limited to middle income people. The implications for public policy are discussed.

Factors Influencing the Experience of Dying in Nursing Homes

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Currently, 20% of all deaths occur in nursing homes and 34% of all elders over the age of 85 die in nursing homes. Death is part of the fabric of the nursing home culture, yet little research has evaluated the quality of care at the end of life. The purpose of this study was to describe the experience of dying for nursing home residents with a chronic illness diagnosis. A focused ethnography was used to provide an in-depth exploration of the experience of dying in one nursing home. Care for 13 declining residents was observed over a 4-month period. Residents and family members participated in multiple interviews, a total of 65 encounters. Thirty staff participated in interviews. Qualitative content analysis was used to analyze field notes and transcribed interviews. The experience of dying was described by staff and residents as cold, lonely, and painful. Staff expressed discomfort with death and there was little evidence that staff attended to residents' changing physical and psycho-spiritual needs. One dominating pattern, conflict, as well as five themes (communication, quality of life, staff education, teamwork, work environment) emerged to described factors that facilitated or impeded end-of-life care in this nursing home.

LENGTH OF STAY IN HOME HEALTH CARE: AN ORGANIZATIONAL ANALYSIS

K. E. Peters
Health Research and Policy Centers, School of Public Health, University of Illinois at Chicago, Chicago, IL 60607

Variability in average client length of stay (LOS) in home health care is expected. However, the influence of agency organizational factors on average client LOS has important implications for addressing inequality and inefficiency in the delivery of such services. This paper examines such influences using data from the 1992 National Home Health and Hospice Care Survey (NHHCS). A multilevel theoretical framework and analytical approach was used. Random intercept linear regression models using HLM were developed to assess the effects of organizational form on average LOS. Findings from models that control for client characteristics indicate that 29% of variance could be explained by agency level variables and being chain affiliated was marginally associated with reduced average LOS in home health care. Cross level interactions between client and agency level factors were also assessed. These findings suggest that organizational form does result in some differences in average LOS. Policy change/reform must consider the impacts on service provision because organizational arrangements such as chain affiliation, may result in differential responses among agency types which may have unintended consequences for a number of stakeholders in the industry. Also, if variation in health service delivery 'runs counter' to stated objectives for service provision, there is a need to consider policy or practice options to reduce the amount of variation.

Funded by: Agency for Health Care Policy and Research

Deciding To Care For Nursing Home Patients: Attitudes of Thirteen Primary Care Physicians. C.T. Wise, J.D. Gazewood, D. Cravens, B. Manning, School of Nursing and Department of Family Medicine, University of Virginia, and Department of Family and Community Medicine, University of Missouri-Columbia.

With a rising elderly population, the number of physicians engaged in nursing home care is inadequate. Pervious studies have shown an association between physician nursing home practice and external factors such as locality and reimbursement patterns. This study provides a composite, qualitative analysis of the internal attitudes and experiences expressed by physicians who have chosen to care for nursing home patients and those who have not.

Thirteen primary care physicians were interviewed who practiced in Central and Southwest Virginia with seven having an active nursing home practice.

All of the physicians openly discussed their decision reflecting upon their background, practice environment, and attitudes towards the elderly and nursing homes. Nursing home physicians had meaningful experiences with the elderly during their medical training, and believed that their office policies enabled them to provide nursing home care. Non-nursing home physicians had little memorable experience with the elderly or within nursing homes

during their medical training. These physicians perceived that demands of their office practice prevented them from caring for nursing home patients.

However, both groups mentioned similar problems within nursing homes such as inconsistent nursing care, poor reimbursement, and increased time commitments. Non-nursing home physicians perceived nursing homes as being depressing places to work where it was not possible to provide high quality care. In essence, physicians who chose not to care for nursing home patients believed that providing nursing home care was, "just too hard." In contrast, those who provided nursing home care enjoyed working with the staff and caring for patients and their families. Essentially, nursing home physicians understood their decision as an extension of a larger obligation to care for the elderly.

Implications of this study are that primary care residents receive a more carefully mentored nursing home experience and that practice policies should enable physicians to extend their care to those who live in nursing homes.

IMPACT OF STATE SPENDING FOR HOME CARE ON FRAIL ELDERS

C.M. Murtaugh, Ph.D., B.C. Spillman, Ph.D., P.H. Feldman, Ph.D., A. Litke, M.A., & A. Basch, M.P.H.,
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Public spending on home care has grown substantially over the past 15 years. Little is known, however, about how state and federal programs interact and jointly affect access to home care. The objective of this project is to determine how the level of state spending on HCBS and program characteristics affect who pays and the amount care elders receive in their homes. The 1994 NLTCS is the source of person-level data. State expenditures on HCBS for elders were collected directly from the states. Preliminary results indicate that disabled elders who are Medicaid-eligible have a much higher probability of receiving formal care (58.1 vs. 40.5 percent) and average more hours of care (26.3 vs. 16.1 hours) if they live in states in the top third in per capita expenditures on Medicaid HCBS as opposed to states in the bottom third. The probability of receiving a Medicare home health aide visit and mean visits tended to be higher in states with low Medicaid HCBS spending consistent with some substitution of Medicare for Medicaid HCBS. The impact on low-income elders of state spending on home care outside of the Medicaid program also was analyzed. Information on the interaction among HCBS programs is critical to efforts to better coordinate home care policy.

STATE ALLOCATION MECHANISMS FOR LONG TERM CARE (LTC): WHAT ARE THE NEXT GENERATION LTC POLICY PRIORITIES?

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As the number of elderly who need long term care services grows, many states are seeking more affordable strategies for providing long-term care. At the state level, various policy strategies are being considered and implemented but little is known about the range of LTC resource allocation strategies and trends. This study identifies and evaluates the (1) range of allocation strategies that are in greatest use; (2) perceived barriers in implementing such strategies; and (3) next generation LTC policy priorities and allocation methods. Primary data on various LTC allocation mechanisms and policy priorities were collected through a survey of LTC policy experts in the Medicaid and State Unit on Aging (SUA) offices in the 50 states and the District of Columbia in 1998. Preliminary findings of 46 states indicate that states are pursing multiple LTC allocation strategies rather than one strategy to meet their goals. However, expansion of Medicaid HCBS waiver programs, managed and/or integrated LTC, and development of assisted living facilities were strategies most used and identified as the top three policy development areas by the states. Next generation LTC allocation mechanisms and policy trends will be discussed.

ASSURING QUALITY IN CARE MANAGEMENT UNDER LONG TERM CARE INSURANCE

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Long Term Care Insurance (LTCI)has emerged in recent years as a significant component of efforts to meet the needs of older adults with chronic health conditions. Care management is a key component of consumer protection provisions in private LTCI. This study represents a first step to meet the need for mechanisms for assuring quality in care management services in LTCI. The study sample consists of 15 LTCI policyholders who were followed for a total of six months using in-person and telephone interviews and detailed record review of individual care plans. The study provides in-depth case studies of the experiences of LTCI policyholders that illustrate: the adequacy of eligibility determination procedures; the extent to which care plans accurately reflect policyholder needs; the ability of elderly consumers to access the services they need,; the impact of LTCI benefits on consumer expenses; and the mechanisms utilized to promote consumer protection and assure effective and efficient service provision. The findings suggest modifications in existing quality assurance procedures in LTCI.

EVALUATING A DECADE OF COMMUNITY-BASED LONG-TERM CARE ASSESSMENT

P. Alt, Department of Health Science, Towson University, Towson, MD, 21252

Many states are planning to integrate acute and long-term care services under managed care arrangements, and are seeking methods to accurately assess long-term care needs. This presentation analyzes over 100,000 assessments of community-dwelling elders seeking advice about long-term care services in Maryland over the past decade. The Statewide Evaluation and Planning Services (STEPS) assessments are done by Local Health Department workers and reimbursed by Medical Assistance for individuals who are currently Medicaid eligible

or would spend down to eligibility within six months in a nursing home. Over time, the types of medical conditions reported and the recommended plans of care have shifted for what appear in summary data to be quite similar clients. Statistically significant patterns that are emerging in the assessment process are identified. Particular attention is paid to the risk of clients being deflected to lower than optimal levels of care as increasing emphasis is being placed on managing care use.

AN ORGANIZATIONAL MODEL FOR NURSING-HOME VARIATIONS IN HOSPITALIZATION RATES

O. Intrator, CGHCR, Brown University, Providence RI 02912 and Hebrew University, Jerusalem, Israel.

Acute medical problems arising in the nursing home often lead to emergency room visits and hospitalization. A significant proportion of transfers to ER and admissions to hospital have been found to be inappropriate. In addition, many more hospital admissions may be considered discretionary because the resident's condition could have been diagnosed and treated in the nursing home.

Castle and Banaszak-Holl (1997) report that as the number of full time equivalent (FTE) hours of nursing home administrators increases, quality indicators (such as proportion of residents catheterized, have pressure ulcers, given psychoactive drugs, and number of health deficiencies) improved. This indicates that management plays a significant role in quality care, perhaps including hospitalization rates as well. Intrator, Castle and Mor (1999) show that nursing homes with more physicians or physician extenders, and homes with special care units hospitalize their residents less often, suggesting that specific elements of management and organizational characteristics can be identified as being associated with reduction in hospitalization rates.

This paper presents an organizational model that provides a conceptual framework for understanding some recent results regarding facility effects on hospitalization of nursing home residents. This model integrates two organizational theories: contingency theory, which considers the ways in which internal organizational structure produces a product, and resource dependency theory, which addresses how organizations act within an environment in producing a

IMPLICATIONS OF PRODUCTIVITY AND EFFICIENCY ANALYSIS FOR STEERING THE BRITISH REFORM OF BRITISH LONG-TERM CARE

B.Davies & J.Fernandez, PSSRU at LSE and Universities of Kent and Manchester, England

After five years of implementation, the Blair government has published its proposals for steering the reform strategy in the white paper *Modernising Social Services*. The paper discusses the proposals in the light of 13 research-based policy propositions. The *introduction* [a] summarises proposals from each document and [b] derives propositions relevant to them illuminated by knowledge about productivities and efficiency analysis. *Evidence* is for triads of 419 new users, their caregivers and case managers. They include depth interviews at the end of the set-up stage of the case-managed process and six months later, the continuous tracking of broad needs and service utilisation, interviews with 153 agency managers, and policy and practice documentation in the field agencies. The *methods of analysis* are the estimation of production functions using Tobit, OLS, and 3SLSL modelling, and optimisation analysis assuming various scenarios. The *results* show 70 substantial productivity effects, but also substantial variation in efficiency. *Conclusions* suggest that the White Paper ingeniously handles some issues in ways which makes the best of research evidence, but is unnecessarily vague in its proposals about others.

323

HANDS ACROSS TIME: THE APPLICATION OF GERONTOLOGICAL HEALTH THEORY AND RESEARCH ON AN INDIVIDUAL BASIS

One (15 minute) /Color videotape/1999.
Produced for the Adult Health & Development Program at the University of Maryland by Visual Edge

This videotape is geared for students, faculty and administrators interested in (1) the clinical education of students and volunteers to work on a one-to-one basis with older institutionalized and non-institutionalized adults, (2) positively affecting the health, well-being, and health knowledge of older adults, and (3) developing the Adult Health & Development Program model at their university or college.

The videotape shows aspects of the training of students and volunteers in the use of physical and social activities, and health education as means to "successful aging," and/or rehabilitation of their individually-assigned older adults. The videotape then shows the AHDP in action followed by the training of faculty to become directors of their own AHDP at their college or university (called the *National Network for Intergenerational Health*.

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324

UNITED NATIONS INTERNATIONAL YEAR OF OLDER PERSONS:
A ONE YEAR CELEBRATION OR A CATALYST FOR NEW GLOBAL AGING POLICIES?

The world's elderly population has been increasing by 750,000 persons a month from the middle of 1998 to the middle of 1999. Today in the world, there are more than 30 countries that have 2 million or more persons over age 65 and that number will rise to 60 countries by 2030. According to Kevin Kinsella of the National Academy of Sciences, "As we approach the 21st century, population aging is poised to emerge as a preeminent worldwide phenomenon." For these nd other reasons, the United Nations designated 1999 as the ıternational Year of Older Persons. As this year, built on the heme of "Towards a Society for All Ages", concludes, the uestion is what has this year produced and how will its egacy e determined? Has worldwide public awareness been raised bout aging and can that contribute to individual policy hanges within nations and the emergence of a global aging ›olicy?

\ distinguished panel of national and international figures in ıging, all of whom have been involved in the United Nations ear, will assess the impact of the IYOP in this session. A ›articular emphasis will be directed at determining what the IYOP has contributed to all aspects of aging related research. In addition, the panelists will offer projections of what policy changes may emerge as a result of IYOP both in the United Nations and in selected other nations. Finally, a specific discussion will be held on follow-up research and policy initiatives from the International Year including the First International Conference: "Rural Aging: A Global Challenge" scheduled for June 7-11, 2000 in Charleston, West Virginia.

MODERATOR: Robert B. Blancato, M.P.A. Principal Matz, Blancato & Associates; and Executive Director, 1995 White House Conference on Aging

PANELISTS Gary Andrews, M.D. (Invited) Special Advisor on Aging, Department of Economic and Social Affairs, United Nations; Hana Hermanova, M.D., Ph.D. Center on Aging, School of Medicine, West Virginia University; Janet Sainer, M.S.W. Consultant Brookdale Foundation; and Program Co-Chair United States Committee for the United Nations International Year of the Older Person; Helen K. Kerschner, Ph.D. President Beverly Foundation; and Executive Director American Association for International Aging

Implications of the 1999 IYOP for Rural Aging

Hana Hermanova, MD, Ph.D., Director
WVU Center on Aging, Morgantown, WV

There are no solid estimates of global age structure broken down by urban vs. rural residence; the UN estimates that approximately 56 - 60% of the entire world population live in "rural" (as defined by each country) areas. Based about what we do know about rural/urban differentials among the elderly, it seems clear that the elderly aged 60+ are disproportionately rural in most countries, though not to a great degree. Thus any project on rural elderly is in fact addressing the concerns of a majority of the world's older persons.

As part of the UN's 1999 IYOP, the West Virginia University Center on Aging, the UN Programme on Ageing Advisory Site on Rural Aging, convened an Expert Group Meeting on Rural Aging in May 1999 in Shepherdstown, West Virginia. The group including 41 experts from 17 countries explored predicted changes in the demographic composition of rural populations, transitions and changes at the end of the 20th century and their policy implications in the four main areas of the 1999 IYOP.

The group identified the global rural aging issues, needing policy development in the future, namely: " migration among cities and rural places and resulting deterioration of rural nfrastructures; " existing inequities: socioeconomic; education; gender; life expectancy; health among and within aging rural populations; " access to services and shopping; " gaps in knowledge addressing rural aging issues; and " respect diversities or rural aging populations.

These issues are being followed up by a report which will be presented at the International Conference on Rural Aging in June 2000, Charleston, West Virginia.

325

NATHAN SHOCK CENTERS SYMPOSIUM: THE GENETICS & MOLECULAR BIOLOGY OF AGING.

Co-Organizers: A. Richardson and V. Cristofalo, U of Texas Health Sci. Ctr., San Antonio, TX; Lankenau Medical Res. Ctr. & Thomas Jefferson Univ., Philadelphia, PA

Participants:

H. Warner (NIA) Introduction

K. Khrapko, N. Bodyak, J. Vijg, J. Wei (Beth Israel Deaconess Medical Ctr. & Harvard, Boston MA) Role of Somatic Mitochondrial DNA Mutations in Aging.

W. Ladiges, M. Hannibal, L. Hood (U of Washington, Seattle, WA) Aging, Autoimmunity and Tolerance in Transgenic Mice.

D. T. Burke (University of Michigan Medical School, Ann Arbor, MI) Experimental Studies of Aging as a Complex, Quantitative Genetic Trait.

J.F. Nelson, S. Hilsenbeck, A. Richardson, Z.D. Sharp, E.S. Han (U. of Texas Health Science Ctr., San Antonio, TX) Using Gene Expression Arrays to Study Aging and Calorie Restriction.

E. Friedman, C. Cai, X.L. Ma (MCP Hahnemann School of Medicine & Thomas Jefferson Univ., Philadelphia, PA) Aging and the Cardiovascular Protective Action of Adenosine in Ischemic-Reperfusion Injury.

In this symposium, examples of research emanating from the five Nathan Shock Centers for Excellence in the Basic Biology of Aging will be presented. Khrapko et al. will describe the development of a PCR-based method for the amplification of whole mitochondrial genomes from single cells. Using this method, they have evaluated the effect of age on the overall load and distribution of mtDNA mutations in various tissues. Ladiges et al. will describe a collagen-specific T cell receptor transgenic mouse that shows T cell reactivity. This mouse phenotypically expresses signs of joint disease when immunized with mammalian type II collagen. Burke will describe an analytical approach that will identify genetic loci that influence the age-independent levels of specific phenotypes, as well as genetic loci whose influence on the trait varies with animal age. Nelson et al. will present data gathered using the newly developed gene array technology to study aging and dietary restriction. They show that 1-2% of the genes in the array are significantly altered (0.5- to 2-fold) in mouse liver by age and/or 40% calorie restriction. Friedman et al. will show that the protective effect of adenosine in myocardial ischemia-reperfusion is reduced in hearts of aged rats. This decrease may be due to an increase in basal NO and/or the loss in NO release in response to adenosine.

Role of somatic mtDNA mutations in aging.

Konstantin Khrapko, Natalya Bodyak, Jan Vijg, Jeanne Wei
Beth Israel Deaconess Medical Ctr & Harvard, Boston MA

A method for PCR amplification of the whole mitochondrial genomes of single cells developed in our Center allows us to scan for all possible somatic mutations on a cell-by-cell basis. These analyses are yielding the long-awaited picture of the overall load and distribution of somatic mitochondrial mutations in tissues as a function of age and will help to re-evaluate the mitochondrial theory of aging.

Aging, autoimmunity and tolerance in transgenic mice

Warren Ladiges, Department of Comparative Medicine, University of Washington, Seattle, WA 98195
Mark Hannibal, Department of Medical Genetics, Gamal Osman and Leroy Hood, Department of Molecular Biotechnology, University of Washington, Seattle, WA 98195

Immune function related to aging often results in inappropriate responses manifested as autoimmunity and autoimmune disease, or adverse inflammatory reactions. Basic research in immunology and aging has provided unprecedented knowledge of relevant molecular pathways, new technologies and new reagents. However, the application of this knowledge to the clinical setting is lacking. We have developed a collagen-specific T cell receptor transgenic mouse model of T cell reactivity that phenotypically expresses signs of joint disease when immunized with mammalian type II collagen. We have generated data showing that this model is responsive to the antioxidant N acetyl cysteine, can be manipulated to express an antigen specific tolerance, and exhibits an age-related decrease in incidence of inflammatory joint disease. We propose that this transgenic mouse line is a useful preclinical animal model to study mechanisms of T cell senescence related to a decrease in T cell proliferative response and the accumulation of potentially autoreactive T cells. In addition, it will provide a relatively simple in vivo model system for intervention experiments that focus on antigen specific tolerance as a means of preventing or controlling adverse immune functions associated with aging.

Experimental studies of aging as a complex, quantitative genetic trait

D. T. Burke
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The genetic analysis of mammalian aging poses particular challenges. The traits of interest, such as the incidence of late life diseases, the pace of age-related changes in a variety of organ systems, and lifespan, cannot be measured inexpensively even in short-lived species (such as mice), since the tests must be preceded by months or years of costly husbandry. In addition, differences among the inbred strains in mean lifespan or in age-sensitive traits may well represent differential susceptibility to specific early-life diseases, rather than more general alterations in the aging process. Mutant-hunting approaches, which can lead to the discovery of new loci with developmental or morphological effects, are generally not feasible for analysis of phenotypes that require years to develop. We have attempted to circumvent some of these difficulties by a strategy in which each mouse in an aging population is tested for several age-sensitive traits. To increase the level of potential allelic variability, we have generated our test population by a heterozygous-parent breeding method, so that each animal can be considered a full sibling derived from parents with known linkage phase. This approach provides a reproducible heterogeneous population in which a range of late-life illnesses develop and influence longevity. The breeding system is amenable to rapid, automated, DNA-marker based genetic analysis using simple sequence length polymorphism (SSLP) markers already known to discriminate among the grandparental strains. The analytical approach can identify loci that influence the age-independent levels of specific phenotypes, as well as loci whose influence on the trait varies with animal age.

Using gene expression arrays to study aging and calorie restriction

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Gene expression arrays offer for the first time the opportunity to obtain an unbiased assessment of the overall pattern of altered gene expression during aging and in animal models with modified lifespan. We have therefore applied this approach to identifying which genes are altered during aging and/or 40% caloric restriction (CR) in livers of C57BL/6J male mice. Using the commercial Clontech Expression Array and statistical methods we developed to analyze the data, we have found 1-2% of the genes in the array are significantly altered (range: 0.5- to 2-fold) by age or CR. Onging studies using PCR and Northern analysis have confirmed most of the changes identified by array analysis, thus validating the approach. These results indicate that this technology is feasible and has excellent promise for profiling the pattern of altered gene expression that contributes to aging as well as its retardation.

AGING AND THE CARDIOVASCULAR PROTECTIVE ACTION OF ADEUOSINE IS ISOHEMIC-REPERFUSION INJURY

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Increased incidence of myocardial disease in the elderly is well documented. This may be due to an increased susceptibility of the aged myocardium to ischemic-reperfusion injury are altered with age and, if so, to define the mechanisms underlying this change. Isolated perfused hearts from 6M and 24M Fischer 344 rats were exposed to 30 min of ischermia followed by 60 min of reperfusion. The effects of Ado on post-ischemic myocardial function and cellular injury were assessed. In the adult hearts, administration of Ado significantly stimulated nitric oxide (NO) release, increased coronary flow (CF), improved cardiac functional recovery, and reduced myoczrdial creatine kinase (CK) loss. In the aged hearts, basal NO release was markedly enhanced, but Ado-

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stimulated NO release was significantly attenuated. CF was only slightly increased after Ado administration and the cardioprotective effexcts of Ado that are noted in adult heartrs during reperfusion were reduced in hearts of aged animals, and that the increase in basal NO or the Isos in NO release in response to Ado may be at least in part be responsible for this age-related alteration.

To determine if these findings are due to changed Ado A1 receptors (AdoA 1 R) and/or AdoA 1 R/G protein coupling in senescent hearts, the density and dissociation constant for AdoA 1 R were determined in ventricular membranes from 6 and 24-month-old male rats using the specific AdoA 1 R autagonist, (3H)DPCPX. Bmax and Kd were unchanged with age. Analysis of the displacement of (3H)DPCPX binding by the selective agonist, N6-p-sulfophenyladenosine (SPA), yielded two affinity-binding sites in both age groups. The proportion of high affinity AdoA 1 R in the senescent hearts was significantly less than that found in young hearts (24% vs. 55%). Specific (3H)DPCPX binding sites were detected in immunoprecipitants of Gai3 and Gao proteins but not other Ga antisera. Basal levels of Gai3 and Gao coprecipitation of AdoA 1 R with Gai3 and Gao by 287% and 245% in young hearts but only by 129% and 140% in old hearts ($p<0.01$). The absence of changes in AdoA 1 R density and G protein levels, a decline in high affinity binding sites, and reduced association of AdoA 1 R with Gai3 and Gao suggest that the age-related decrease in ventricular AdoA 1 R mediated responses is due to a reduction in coupling between AdoA 1 R and G proteins. This receptor uncoupling is associated with enhanced phosphorylation of the AdoA 1 R that may be mediated by an age-related elevation in myocardial NO.

326

Effect of caloric restriction beginning at different ages on the age-related decline of autophagy in rat hepatocytes

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In view of the hypothesis that aging is the consequence of a failure of somatic maintenance (1), we explored the age-related changes in autophagy (A), a major pathway for protein, RNA and membrane degradation, and the protective effect of antiaging caloric restriction, in liver cells. A is active during fasting only, under receptor-mediated control by plasma aminoacid and pancreatic hormones (2).

Hepatocytes were isolated by the collagenase procedure (3) from male Sprague-Dawley rats at different ages (2, 6, 18 and 24 months old) fed either ad libitum (AL) or ad libitum every-other-day (EOD) from ages 2, 6, 12 and 18 months. Similar changes were obtained by measuring both the percent LDH retained into sedimentable corpses of elettrodisrupted cells according to Kopitz et al. (4) and the valine release in the incubation medium by the HPLC procedure according to Venerando et al. (5).

Our result show that in AL fed rats A exhibits an age-related decline in the sensitivity to aminoacid and hormone regulation. EOD beginning at 2 or 6 (but not at 12 and 18) months of age prevents decline. Similar results were reported with regard to EOD effects on longevity (6). In conclusion, results are compatible with the hypothesis that anti aging effect of diet restriction results primarily from a chronically exploiting of liver A activity as an evolutionary adaptation to short periods of food shortage.

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327

EFFECT OF AGE AND CALORIC RESTRICTION ON BASE EXCISION REPAIR PATHWAY IN MICE AND RATS

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Aging is an inevitable biological process that affects most living organisms. An age-related decline in the ability of a cell/organism to maintain the integrity of its genome has been proposed to be a fundamental mechanism underlying the aging process. Base excision repair (BER) involves removal of DNA damage that occurs spontaneously in all living cells, e.g. deaminated and oxidized bases. Recent studies suggest that DNA polymerase β (β-pol) is the enzyme responsible for the gap filling reaction involved in BER pathway. In this study, the effect of age on BER pathway in C57BL/6 mice and Fischer 344 rats was analyzed. Initially, using an *in vitro* gap filling assay, the β-pol activity in nuclear extracts from brain, liver, and testes of young (3-4 month) and old (24-25 month) mice and rats was quantified. Interestingly, there was a 40-50% decrease in the activity of β-pol in old animals as compared to young animals. Furthermore, the age-related decrease in the β-pol activity was directly correlated to a decline in the β-pol expression (i.e. 50-60% decrease in mRNA and protein levels, $p< 0.01$). Subsequently, BER activity in these animals using a G:U mismatch repair assay as well as repair of an oligonucleotide containing an oxidized base, 8-hydroxyguanine, was analyzed. Data from these assays also show reduced ability to repair DNA damage in old animals as compared to young animals. Thus, the reduced BER activity observed in old mice and rats appears to be due to an age-related decrease in β–pol expression/activity. Preliminary data suggest that the reduction of calorie intake by 40% reverse the age-related decline in BER activity in these animals. (Supported by grant 7RO3AG14242 and an American Institute for Cancer Research Grant 97A113).

328

PROMOTING HEALTH: PERSPECTIVES FROM ETHNIC ELDERLY WOMEN

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This study investigated health promoting measures used by 30 elderly women from three ethnic backgrounds - African American, Chinese American, and European American - who reside in an urban area of the north-eastern part of the United States. Two major research questions were asked: (1) what measures were used by the ethnic elderly women to promote their health? And (2) what were facilitators and barriers with respect to health promotion in this sample? Data were collected through in-depth interviews and survey questionnaires. Content and descriptive statistical analyses were employed. Similarities and differences of health promoting measures within and across ethnic groups were identified and compared. Social, economic, political, cultural factors were identified and their roles in either facilitating or impeding health promotion were implicated. Ethnic elderly women in this study provided insightful perspectives for health promotion. These perspectives have significant implications for health service providers.

CHANGES IN AN INDEX OF SUCCESSFUL AGING OVER ONE YEAR

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Subjects in year one and two of a longitudinal study of healthy aging were given a score on an Index of Successful Aging, based on the framework of Rowe and Kahn. The index was developed to include the three components of the framework: high physical and mental function (SF12 scores), avoiding disease (a scale of eight health behaviors) and active engagement with life (Baum Activity Checklist). Subjects are members of OASIS, a national education program for older adults and about 2/3 are participants in HealthStages, a health promotion component of OASIS (mean age 73.8 ± 7.2, 94% white, 43% married). Subjects with index scores for year one and two are included in this study (n=394). Scores from year two were subtracted from year one and subjects were grouped into those whose scores improved (39%), those who stayed the same (14%), and those who declined (47%). One way ANOVAs were done to compare the relationship of other factors with the changes in index scores. There were significant differences between the three groups, with those having a decline in index scores being older ($p<.001$), having more difficulty with ADLs or IADLs ($p=.013$), lower morale on the PGC Morale scale (p,.001), more encounters with health professionals in the past six months ($p=.019$), a higher number of chronic conditions ($p<.001$), more prescription medications ($p=.008$), and lower perception of their activity engagement using the Reintegration to Normal Living scale ($p<.001$). Further study is needed to learn more about predicting and intervening to promote successful aging.

DETERMINANTS OF HEALTH PROMOTION IN LONG-TERM MARRIED COUPLES

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Diminished functional health is the primary cause of loss of independence in older adults. A major factor in maintenance of functional ability will be the success of programs for health promotion and disease and disability prevention. However, older adults have not been systematically included in health-promotion research, study of predictors remains incomplete, and research using a family perspective remains scant. The purpose of this study was to identify determinants of participation in health-promotion activities by elderly couples. Selection of variables was guided by Pender's (1987) Health Promotion Model, Cicirelli's (1992) Model of Dyadic Family Caregiving Decision-Making, and previous research and included: perceived health, self-efficacy, and barriers, relationship quality, social support, and demographics. The sample consisted of 40 community-residing couples married more than 30 years. Data were individually completed in the couples' homes over a period of 9 months. Preliminary findings demonstrated the significance of selected study variables in predicting participation in health-promotion activities. Increased understanding of variables that contribute to elderly couples' participation in health promotion represents a critical link in the design and implementation of strategies to maintain functional health.

ELDER AND FAMILY SUPPORT SERVICES: A MODEL FOR PROMOTING AUTONOMY OF FAMILY CAREGIVERS AND ELDERS WITH AD

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A consistent frustration expressed by families providing care to older adults with AD is the lack of information provided by health care providers and the difficulty in accessing available services. Family members become discouraged and suffer increased stress and burden because of the difficulty trying to locate and access available services. The EFSS uses an anticipatory guidance model of health promotion to assist family caregivers and elders with AD design a long term plan for maintaining care at home. The model brings together a medical/psycho-social model for supporting family caregiving. A nurse practitioner and social worker team working with a MD consultant meets with the elder with AD and family caregivers in the home. Based on data from AD focus groups the EFSS team visit: 1) reviews diagnostic evaluation data; 2) explains the trajectory of AD and potential crisis points; 3) assists with development of a plan of care for each stage of AD; 5) identifies points of contact for health and social services most appropriate for specific stages. Three, six and nine month follow up evaluations compare caregiver burden, mastery, depression, coping, health status and satisfaction with caregiving as well as questions related to feelings of ability to maintain caregiving with initial assessment data. CM-12

PREDICTING HEALTH SERVICES UTILIZATION FROM A MULTIFACTORIAL DEFINITION OF FRAILTY

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"Frailty" is a term frequently used to describe elderly people at risk of adverse health outcomes, but it is as yet inconsistently defined or quantified. Recently, analysis of data from the Canadian Study of Health and Aging (CSHA) demonstrated a dose-response relation between grade of frailty and risk of subsequent institutionalization and death, using a four-level operationalization of frailty [Rockwood et al., *Lancet* 1999; 353: 205-6]. The present study linked the CSHA data to Nova Scotia's administrative health care database, to further test the frailty scale's ability to predict service use in a provincial subsample of the cohort. In Poisson regression models, accounting for overdispersion and controlling for the potential confounders of age, sex, and education, frailty was significantly ($p<0.05$) associated with health care use over a 24-month follow-up. Whether measured by physician visits, hospital days, or medication days' supply, the pattern was increasing use with increasing frailty, except among those most frail, whose use of resources was similar to the well group. Additional variables, such as age and self-rated health, remained significant independent predictors in most models, suggesting that the present frailty definition is incompletely specified. Low use among the most frail group may represent poor access to care.

329

The Rehabilitation Outcomes Study: Comparing Baseline Characteristics of Medicare Patients in Fee for Service and Managed Care. Vivian W. Chan, B.Sc., Judy Y. Yip, M.A., Kathleen H. Wilber, Ph.D. & Robert C. Myrtle, D.P.A. Leonard Davis School of Gerontology, University of Southern California, Los Angeles, CA 90089-0191.

The purpose of the Rehabilitation Outcomes Study (ROS) is to compare quality of post acute health care provided by Fee-for Service (FFS) and managed care by examining baseline, treatment and outcome differences under different payment structures. Using patient Medical Information System (MIS) data, Angelelli (1998) found significantly shorter lengths of stay and lower levels of treatment among managed care patients with no differences in baseline or outcome (n=934). To further test for differences at baseline, more indepth interview data were collected on a subsample (n=144) of Angelelli's subjects. This paper examines the socio-demographic, health, and functional characteristics of this subsample of study participants admitted to skilled nursing facilities for rehabilitation. Functional measures include the Medical Outcome Study Short Form (SF-36) and the Sickness Impact Profile (SIP). Preliminary analyses confirm Angelelli's findings. In addition to no significant differences in demographics between subjects in FFS and managed care, one way analysis of variance (ANOVA) showed no significant differences in health status measures by weighted physical dimension scores on the SIP and all 8 scales of the SF-36. Results do not support previous research which suggests restricted access or favorable selection under managed care.

POST-ACUTE CARE USE OF ELDERLY MEDICARE PATIENTS W.-C. Lin, R.L. Kane (Division of Health Services Research & Policy, Box 729 Mayo, University of Minnesota, Minneapolis, MN 55455), M.D. Finch (Center for Health Care Policy & Evaluation, United HealthCare), and S.J. Potthoff (Carlson School of Management, University of Minnesota)

This study examines how patient, hospital, and market area factors influence Medicare PAC use. PAC services have been the fastest growing component of Medicare program in the 1990s. With the enactment of BBA 1997 and an increasing interest in developing an integrated Medicare PAC payment system, it is important to better understand how particular hospital or market area factors affect PAC use.

To examine the impact of hospital and market area factors, we used data on 1993 Medicare short-term hospital discharges in 9 states (1 state from each census region) for 9 DRGs obtained from the HCFA's MEDPAR file (281,782 cases). Hospital and market area factors are derived from the POS file, the AHA Annual Survey, and the ARF. The 9 DRGs accounted for a substantial amount of Medicare acute care hospitalization, including stroke, COPD, pneumonia, CHF, major joint procedure, hip and femur fracture with procedure, and diabetes. The dependent variable, any PAC use within 3 days after hospital discharge, is used in logit regressions for the initial analysis.

Our findings show: (1) The proportion of error reduction ranges from 6% to 27% for the 9 DRGs studied. (2) Patient characteristics are consistent predictors of PAC use. Patients with older age, female gender, non-white race, any surgery, and any ICU use are more likely to use PAC. Among patients with stroke, pneumonia, and hip procedure, Medicare and Medicaid dually eligible are less likely to use PAC. (3) Patients with major joint and hip fracture procedures are more likely to use PAC after discharge from for-profit hospitals and hospitals that own LTC units or swing-beds. (4) There is moderate increase of PAC use for pneumonia and CHF patients discharged from for-profit hospital; stroke, pneumonia, and CHF patients discharged from hospitals owns LTC units or swing-beds, and COPD, pneumonia, and CHF patients discharged from teaching hospitals. (5) Higher managed care penetration is positively associated with higher PAC use, except diabetes patients. (6) Nursing home occupancy rate is negatively associated with PAC use for pneumonia, CHF, major joint, and hip fracture procedure patients. (7) Number of nursing home beds per 1000 aged persons is positively associated with PAC use for stroke, pneumonia, CHF, and diabetes patients.

Findings suggest that, in addition to patient factors, some hospital and market factors also play a major role in the use of PAC. The final analysis will examine separately multiple types of PAC (SNF, HHA, and inpatient rehabilitation). A hierarchical model will be used for the final analysis to take into account the nested structure of the discharge process (patients nested in the hospital and market area; hospitals and market areas nested in the state).

ELDERLY CARE IN OWN HOMES DURING EVENING AND NIGHT C Lindencrona, Dr med. RN, The National Board of Health and Welfare, SE10630 Sweden

Home care evenings and nights may be vulnerable periods in home care practice and has been very little studied. In Sweden, each municipality is responsible for providing total care for its elderly inhabitants. Since all municipalities (n=288) have their own local political board and individual organisation, the aim was to describe differences and similarities of resources, services and quality of evening and night home care.

In a statistically representative sample of municipalities (n=93), questionnaires were distributed to the head of home care services. Ten of the selected municipalities were in addition studied during one particular week from the perspectives of evening and night staff, caretakers and significant others. For the selection of data questionnaires and structured home interviews were used.

The municipalities greatly varied in their organisational preparedness. Local policy documents and or guidelines for home care were scarce. The competence of staff did not necessarily match the needs for professional assistance. Client documentation was often separate between day and night shifts and not always communicated. In service education for evening and night staff was less implemented as compared to members of the day shift and so was general information. For caretakers, the social and psychological input was low, but much wanted. Medical demands and information needs were not always met. In spite of this, caretakers and their significant others were mostly content. Most often pointed out for improvement was allocation of time, short visits and information.

Relationship Between Self-Reported Vision Function and Clinical Measures in Early Age-Related Macular Degeneration Patients. G.R. Jackson, K. Scilley, C. Owsley, G. McGwin, Department of Ophthalmology, University of Alabama at Birmingham, Birmingham, AL 35294.

The Activities of Daily Vision Scale (ADVS) was originally designed to assess self-reported difficulty with visual activity in cataract patients. We explored its use with patients with age-related macular degeneration (AMD), the leading cause of untreatable blindness in older adults. The purpose of this study was to examine the relationship between the ADVS and demographic and clinical variables in a sample of early-AMD patients (n=80) and older adults with good ocular health (n=78). The presence and severity of

AMD was determined by grading fundus photographs. The ADVS was interviewer administered and subjects' best corrected distance visual acuity, photopic and scotopic sensitivity were assessed. Logistic regression was used to calculate odds ratios (OR). Across all subjects, females (OR=2.3), those 75 years or older (OR=5.0), and those with greater impairment in visual acuity (OR=21.0), photopic sensitivity (OR=20.6), and scotopic sensitivity (OR=7.2) were more likely to report severe difficulty with visual activities of daily living. Moreover, AMD patients were 53.8 times more likely to report severe difficulty with visual activities. Examination of the subscales found AMD patients were more likely to report severe difficulty with day driving (OR=9.7), night driving (OR=5.6), glare disability (OR=18.4), far vision (OR=21.0), and near vision (OR=13.2). After adjusting for differences in gender, age, comorbidity, visual acuity (better eye), and photopic sensitivity, AMD patients were still 27.5 times more likely to report severe impairment with activities. All ORs were significant (p<.05). These data suggest that the ADVS provides additional information not assessed with standard clinical measures. The results of this study support the external validity of the ADVS in a population of early-AMD patients and older adults with good ocular health.

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Calcium Channel Blocker Use and Cancer Among Community Dwelling Elderly Residents. HJ Cohen[1], CF Pieper[1], JT Hanlon[2], WE Wall[1], BM Burchett[1], R. Havlik[3] [1]Duke University Medical Center, Durham NC 27710, [2]Univ. of Minnesota, Mpls, MN, 55455 and [3]NIA, Bethesda, MD 20892.

It has been suggested that calcium channel blocker (CCB) use is associated with the development of cancer. This study evaluated the association between calcium channel blocker use and incident cancer in 3983 subjects from the Duke Established Populations for Epidemiologic Studies of the Elderly. CCB use was determined during in-home interviews; cancer via ICD-9 codes (140-208-excluding skin cancer) in those hospitalized (HCFA part A data) or those who died (death certificate data) over a ten year follow-up period. 564 subjects had incident cancer. CCB use at baseline was 3.8% and rose to 13.9% six years later. Controlling for covariates, compared to non-users, neither CCB use at baseline nor time-varying CCB use was associated with cancer morbidity or mortality (Adj RR OR=0.80, p=0.28; Adj. RR=0.87, p=0.39, respectively). Moreover, there was no dose-response (low dose-Adj RR 0.85, p=0.42; high dose-Adj RR 0.91, p=0.73) relationship found. CCB use does not appear to be a risk factor for cancer in community dwelling elderly residents.

330

MANDATED FORMS IN THE CLINICAL SETTING: PROBLEMS AND SOLUTIONS

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Government-mandated measures, such as MDS and OASIS, are now a part of the practice of nurses, rehabilitation specialists, and physicians. Nursing homes and, more recently, home health agencies collect data that allow government payors to track a beneficiary's status from assessment to discharge. Function is an essential component of a person's ability to manage daily living tasks. Are these measures helping or hindering the practice of geriatric rehabilitation care ? Presenters from different disciplines will report on experiences with OASIS and MDS in geriatric research and clinical practice.

Participants

M. Rantz. Univ of Missouri -Columbia, MO 65211. Evaluating Care in Nursing Homes: Using Quality Indicators Derived from the MDS to Evaluate Care Processes and Resident Outcomes.

M. Holm. Univ of Pittsburg School of Health and Rehabilitation Sciences. 5022 Forbes Tower. Pittsburg, PA. 15260. Commonalities and Differences in the Functional Status Sections of the MDS-Post Acute Care (PAC) and OASIS Tools.

J. Schnelle University of California Los Angeles Boren Ctr. 7150 Tampa Ave. Reseda, CA 91335. Resource Requirements to Accurately Complete the MDS: Do They Exceed Nursing Home Capacity?

V.F. Engle. Univ of Tennessee, Memphis. 877 Madison Ave. #616. Memphis, TN. 38103. Care of the Living/Dying: Limits and strengths of the MDS.

Discussant
E. Cornelius. Retired HCFA Project Officer. Nursing Home Case Mix Quality Demonstration.

331

Risk factors for unawareness of high blood pressure in an older biracial population.

M Pahor, LV Franse, M Di Bari, DC Bauer, AB Newman, TB Harris, EM Simonsick, SB Kritchevsky for Health ABC Study Research Group. Department of Preventive Medicine,University of Tennessee, Memphis.

Unawareness of hypertension is an important public health problem, but little is known about the factors associated with it, especially in the elderly. Diastolic and systolic blood pressure (DBP, SBP) and socio-economic factors were assessed in Health ABC, a cohort of 3,075 well-functioning African American and white men and women aged 70-79 years. Body composition was assessed with DXA and CT scans. A total of 1766 (57.4%) persons either used antihypertensive medication, or had a DBP ≥ 90, or a SBP ≥ 140 mmHg, 395 (22.4%) of them were unaware of having a high blood pressure. In separate analyses, adjusted for age and study site, unawareness was associated with male gender (OR=1.26, 95% CI 1.01-1.58), white race (OR=1.54, 95% CI 1.22-1.94) and having no doctor (OR=5.06, 95% CI 3.12-8.21). Inverse associations were found with BMI (OR=0.94, 95% CI 0.91-0.96 for 1 kg/m^2 increase), total % fat (OR=0.96, 95% CI 0.94-0.98 for 1% increase), abdominal visceral fat (highest vs. lowest quartile: OR= 0.47, 95% CI 0.33-0.67, p-trend= 0.001) and comorbidity, especially cardiovascular disease (OR=0.47, 95% CI 0.37-0.61). Socio-economic status was not associated with unawareness. Old leaner and healthier white male hypertensive persons without a personal physician are at high risk for being unaware of the condition.

Type 2 diabetes in older persons: Who is unaware?

LV Franse, M Di Bari, RI Shorr, JTM van Eijk, DC Bauer, HE Resnick, AB Newman, M Pahor. For Health ABC Study Research Group. Department of Preventive Medicine, University of Tennessee, Memphis.

Previous studies suggest that about half of the individuals meeting criteria for diabetes are unaware of the diagnosis.Data about the risk factors for unawareness are limited. Fasting plasma glucose (FPG), 2-h glucose tolerance test (2HG), physical performance and socio-economic factors were cross-sectional assessed in Health ABC, a study of 3,075 African American and White men and women aged 70-79 years. In this cohort, 641 (20.8%) persons either used diabetic medications or met the WHO criteria for diabetes (FPG ≥ 140 mg/dL or 2HG ≥ 200 mg/dL), 240 (37.4) of them were unaware of the condition. In separate logistic regression analyses, comparing aware with unaware diabetics and adjusting for age, sex, and study site, unawareness was only associated with white race (OR= 2.40, 95% CI 1.71-3.35), having no doctor (OR=10.25, 95% CI 3.43-30.60), income (highest vs. lowest quartile: OR=3.25, 95% CI 1.52-6.94, p-trend=0.005), alcohol use (8 or more drinks/wk vs.no drinks: OR=7.73, 95% CI 3.27-18.27, p-trend <0.001) and physical performance score (best vs. worst tertile: OR=2.11, 95%CI 1.20-3.71, p-trend =0.007). The results were virtually unchanged when we used the ADA (FPG ≥ 126) diabetes criteria. These data suggest that in an older diabetic population, white, physically healthier persons with a higher income and no personal physician are at high risk for being unaware of the condition.

THE EFFECTIVENESS OF A MULTIBEHAVIORAL INTERVENTION TO DECREASE CARDIOVASCULAR RISK IN OLDER MEN

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Metabolic and psychological factors contribute to the development of cardiovascular disease (CVD). Although interventions such as exercise, diet, and stress management reduce morbidity and mortality in patients with CVD, no studies have evaluated the combined effects of these interventions on CVD risk factor reduction. This study examines the effectiveness of a multibehavioral intervention (diet, exercise, and stress management) in reducing major CVD risk factors in 27 older (66± 5.5 yrs.), obese (BMI = 31 ± 4 kg/m^2) men. Twenty-five of the 27 men who began the 6-month program completed it (7% attrition). Men exercised twice weekly at ≥70% heart rate reserve for 40 minutes and received 12 hours each of nutrition and stress management class instruction. The group reduced weight (96 ± 13 vs 92 ± 11 kg., p< .0001), IA fat (222 ± 35 vs 180 ± 69cm^2, p< .005), SC fat (307 ± 78 vs 264 ± 71 cm^2, p<.005), CHOL (189 ± 28 vs 174 ± 28 , p = .001), LDL (119 ± 23 vs 109 ± 20, p= .005), TG (150 ± 73 vs 126 ± 66, p< .005), supine systolic BP(139 ± 14 vs 129 ± 13, p<.05) and diastolic BP (82 ± 11 vs 71 ± 8, p<.0001) and increased VO_2 (2.5 ± 0.6 vs. 2.7 ± 0.6 L/min., p<.005). There were no significant changes in glucose tolerance, HDL, or supine heart rate. These results suggest that a 6-month multibehavioral intervention dramatically reduces risk factors for CVD in older men. This multifaceted behavioral program also significantly decreases the attrition from the usual 20-25% rate identified in most weight management programs.

Screening for alcohol-related problems in older home-dwellers: an epidemiological study in Italy.

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Appropriate screening tools are needed to recognize alcohol-related problems (AP) in the elderly. We compared the performance of the CAGE questionnaire and the MCV-γGT test (combined increase in mean corpuscular volume and γ-glutamyl-transpeptidase) in the screening of AP in unselected older adults (≥65 years) living in Dicomano, Italy (ICARe Dicomano Study). Of the 649 participants (75.1% of the eligible population), 19.1% drunk above 40/20 g of alcohol per day (men/women). The CAGE questionnaire (cut-off of

1) and the MCV-γGT test were 21.8% and 11.3% sensitive and 89.7% and 96.0% specific, respectively, in detecting participants who drunk above this limit. Their concordance was poor (kappa=0.10) and they identified subjects who differed for several characteristics. CAGE positive subjects exhibited psychosocial distress, whereas MCV-γGT positive subjects were sicker and more frequently disabled. Participants aged ≥75 years drunk less, but had similar prevalence of CAGE and MCV-γGT positive markers as compared with younger participants. Thus, AP are frequent in the elderly and are independently identified by psychosocial and biological markers, which therefore should be used in conjunction.

COMPARISON OF HEALTH STATUS IN TWO DIVERSE COMMUNITIES FOR OLDER ADULTS. Ian Busby Whitehead, C. Giuliani, J. Purser, M. Hartman, J. Schrodt, L. Peele. Institute on Aging and Department of Medicine, Univ. of North Carolina, Chapel Hill, NC 27599-

In preparation for a prospective cohort study we examined impairment, function, and disability measures in two communities for older adults. We compared ADL, IADL, Mini-mental State Exam (MMSE), Timed Manual Performance (TMP), Geriatric Depression Scale (GDS), Reaction Time (RT) and Physical Performance Test (PPT) values of older adults living in a continuing care retirement community (CCRC) with residents of a public housing complex for older adults (PHC). Gender ratios, ADL, IADL, and GDS scores were similar for the two samples. Significant differences were observed for level of education, the number and type of disease (CCRC= HPB 20%, CVD 13%, CVA 1.4%, Diabetes 3%, Arthritis 43%; PHC= HPB 53%, CVD 21%, CVA 47%, Diabetes 42%, Arthritis 42%), racial composition, and level of education (CCRC 95% with BS or better; PHC 63% less than HS diploma).

Table. Mean or percent values for each community

	Age	M/F	Race	ADL	IADL
CCRC	79	26/76	Black 0 % White100%	11.9	13.3
PHC	69	30/70	Black 40% White 55%	11.8	12.7

	MMSE	GDS	PPT	TMP	RT
CCRC	28.4	5.6	21	8.53 sec	.363 sec
PHC	25.6	5.7	19	9.04 sec	.493 sec

Older adults living in this PHC were younger, but had more diseases, impairment, and functional limitation, than older adults living in the CCRC.

332

IMPROVED OUTCOMES OF HOME HEALTH CARE ARE ASSOCIATED WITH A GREATER INTENSITY OF NURSING CARE

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The hypotheses tested in this study was: H_1: Home health care patients with functional problems who receive a greater intensity of skilled nursing visits will have improved outcomes as compared to those patients who receive usual care.

Data were abstracted retrospectively from 120 closed records of elderly patients receiving skilled care from two home care agencies following hospitalization. These patients received home care services on the average of 48 days (SD = 34 days), were predominately female (53.3%), Caucasian/non-Hispanic (92.5%), with a mean age of 79.74 years (SD = 8.6 years).

Positive outcomes were experienced by 79%, while the remaining 22% experienced negative outcomes; 59 subjects received a low intensity care, while 61 patients received high intensity. The association between intensity of care and outcomes was statistically significant, $X^2(1) = 5.156$, $p = 0.02$, indicating that a high intensity of nursing care was associated with positive outcomes; however, high intensity patients received services for a statistically significantly longer period of time [$t(96.378) = -6.121$, $p = 0.0001$]. To determine whether outcomes were a function of intensity or duration, logistic regression was conducted. Only nursing intensity was statistically significant (OR = 1.86, p = 0.004, CI = 1.21, 2.83); thus, intensity and intensity alone explains the effect on outcomes.

This study was funded by the UIC College of Nursing Internal Research Support Program.

The Effect of Tele-Home Care on the Self-Management of Diabetes in Homebound Elders. K.H. Bowles, Visiting Nurse Association of Greater Philadelphia, Philadelphia, PA 19131, K. H. Dansky, & L. Palmer, Pennsylvania State University, State College, PA 16802

The objective of this study was to examine the effect of home care, supplemented with tele-home care, on the knowledge, behavior and symptom management of homebound elders with diabetes compared to elders treated with traditional home visits.

Elders with diabetes, admitted to a large, urban, home care agency were randomly assigned to an experimental group to receive tele-home care video visits in addition to traditional home care. Tele-home care includes the transmission of voice, video, and data via telephone lines and a computer installed in the patients' home for 60 days. Nurses conducted video visits 2-3 times per week in addition to in-person home visits. The control group received traditional home visits.

Patient outcome measures included quality of life, patient satisfaction and self-management of diabetes using Likert scales and a clinical pathway. The clinical pathway included medication and symptom management and knowledge of disease. Measures were taken at enrollment and at 60 days.

Results suggest a significant improvement for the video group in the self-management of diabetes. For example, elders in the video group were better able to demonstrate foot care, follow sick day guidelines, and explain how to prevent complications of diabetes. The investigators propose that the additional nursing contact provided through video visits reinforced the teaching and monitoring of elders with diabetes and may be a useful strategy for use with other vulnerable groups requiring close monitoring and extensive teaching. Further study is recommended with diverse groups and to examine the use of tele-home care as a substitute for some of the more expensive in-home visits. CM-11

RISK FACTORS ASSOCIATED WITH HOSPITALIZATION IN A HOME AND COMMUNITY-BASED POPULATION

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There is no consensus in the literature on the ability of home and community-based services (HCBS) to prevent hospitalization, but it suggests better matching of services to patients might make a difference. The current study develops a model to identify factors associated with increased risk of hospitalization while receiving HCBS. We hypothesized that social support, intensive nursing and physician services decrease the likelihood of hospitalization and the severity of disease would increase it. We analyzed data collected in 1997 for the MI-Choice Screening Research Project on a random sample of Michigan residents participating in state funded HCBS. Data were collected with the Minimum Data Set for Home Care (MDS-HC), a multidimensional assessment tool (N=490). The dependent variable identified eighty-three (16.9%) HCBS clients who were hospitalized at least once between admission to HCBS and a three month follow-up. Controlling for prior service use, we compared baseline demographic and clinical characteristics of those who were hospitalized to those who were not. Odds ratios (90% CI) indicate that the hospitalized population was more likely to have scheduled daily RN visits (OR=5.96; 2.53,14.45), be undernourished (OR=2.22; 1.54,4.84), have cancer (OR=2.49; 1.27,4.08), receive oxygen therapy (OR=2.22; 1.15,4.20), and have scheduled physician or clinic visits (OR=2.11; 1.32,3.39). Other demographic characteristics, diagnoses, home care services, and ADLs were not significant. As hypothesized, severity of disease indicators were highly predictive of hospitalization. Nursing and physician monitoring were also associated with increased the risk of hospitalization, contrary to our original hypothesis. Despite the apparent appropriate delivery of medical services, hospitalization may not be avoidable. Future research is needed to distinguish among the needs of home care clients for additional medical services, different types of services, or a different approach to care. CM-11

A DESCRIPTIVE STUDY OF CLINICAL OUTCOMES USING OASIS IN HOME CARE CARDIAC PATIENTS.

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Chronically ill older adults prefer home care to hospitalization or long-term care, and there is evidence that home care reduces the risk of rehospitalization and emergent care utilization. HCFA recently published a new Condition of Participation for Medicare and Medicaid certified home health agencies that requires the collection of a uniform data set, OASIS (Outcome ASsessment and Information Set). OASIS is to be done as part of a comprehensive assessment and completed at specified time points throughout the episode of care for most adult home care patients. The purpose of this study was to identify clinical outcomes using relevant OASIS indicators in a group of 16 hospital-based home care agencies in the southeast which began using OASIS in early 1998. Clinical records from 223 patients (68% female, avg. age = 80 years, avg. length of stay = 70 days) with a primary diagnosis of cardiovascular disease with complete OASIS data were chosen for inclusion in the study. Improvement and stabilization rates were comparable to a national reference sample of cardiac patients for the chosen indicators, but emergent care and rehospitalization rates were significantly different. Implications for home care clinical practice will be discussed.

COORDINATION AND ADVOCACY FOR RURAL ELDERLY [CARE]: DESIGN AND BASELINE RESULTS OF A VA RANDOMIZED CONTROLLED TRAIL.

D. Wieland, C. Ritchie, E. Bodner, R. Sims, J. Rowe, C. Tully.

CARE is a pilot screening, assessment and case management program targeting at-risk and frail rural elderly veterans in AL, GA and SC. In CARE, nurse-social worker teams perform periodic in-home MDS-HC assessments, and mobilize VA, family, and community resources to address problems. CARE aims to improve functional health and extend veterans' community tenure, while alleviating caregiver burden and increasing satisfaction with health and supportive services. We describe CARE and its evaluation, including results of community risk-screening and recruitment. Baseline sample characteristics are described, as well as problems uncovered by MDS-HC assessment, and intervention initiated by CARE. Roughly 2,600 veterans age ≥75 living between 50-100 miles from host medical centers were identified from utilization databases, and are being telephone screened using the PRA-plus survey. We estimate that roughly half will have CARE-eligible scores (≥.35: moderate-to-high risk). To date, of 339 at-risk veterans offered CARE study participation, 268 have consented (79%), with 135 receiving baseline MDS-HC visits plus subsequent CARE management, and 133 usual services. Subjects' mean age was 79.6±3.3, MMSE 23±5, and about one-fifth were dependent in dressing and bathing at baseline. Most patients have 4-6 problems uncovered by CARE, largely triggering preventive/educational interventions; however, between 30-40% have unstable health problems, warranting immediate attention. CARE is one of the VA's first forays into comprehensive community-based geriatric care management. If successful, CARE will provide an important base case for reorganizing VA geriatric services along managed care principles.

333

THE INFLUENCE OF RISK FACTORS FOR COGNITIVE DECLINE ON THE ASSOCIATION BETWEEN ESTROGEN REPLACEMENT THERAPY AND COGNITIVE CHANGE

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We previously found a modest beneficial association between current unopposed estrogen use and cognitive change in female participants of a population-based prospective cohort of older Japanese Americans. The purpose of the present study was to determine whether women with several risk factors for cognitive decline may reap a greater benefit from unopposed estrogen use. Subjects were 587 Japanese American women aged 65+ years living in King County, Washington and included 455 never estrogen users and 132 current unopposed estrogen users. The 100 point Cognitive Abilities Screening Instrument (CASI) was measured at baseline and at the 2-year follow-up. Six risk factors for cognitive decline modified the estrogen/cognitive change association (although not individually statistically significant): low income, family history of memory problems, mild cognitive impairment, history of depression, history of hypothyroidism, physical inactivity. All analyses were adjusted for age, education, language spoken at the interview, surgical menopause and baseline CASI score. Overall, most women showed slight improvements in their CASI score over the 2-year period. Among women with 0-1 of the 6 risk factors for cognitive decline, women on unopposed estrogen improved by 0.43 points more than women who had never taken estrogen. Among women with 2+ risk factors, this difference increased to 3.41 points. The interaction term for estrogen * number of risk factors was statistically significant p=0 003). These data suggest that the proposed beneficial association between estrogen and cognitive change may be greatest in women who are at an increased risk of cognitive decline.

COGNITIVE STATUS AND FUNCTIONAL RECOVERY AFTER HOSPITALIZATION FOR AN ACUTE ILLNESS

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To determine the impact of cognitive status on functional recovery, we studied hospitalized medical patients ≥ 70 years old. Patients' independence in activities of daily living (ADL) was assessed by interviews with the patient or surrogate at admission (ADM), two weeks before ADM (BASE) retrospectively, and at discharge (DSC). We classified 2343 subjects (mean age = 80) by their admission cognitive status: 61% were normal with ≤ 2 Short Portable Mental Status (SPMSQ) errors; 15% were mild to moderately impaired (MILD) with 3-4 SPMSQ errors, and 24% were severely impaired or demented (SEVERE) with ≥ 5 SPMSQ errors or a chart diagnosis of dementia for those without SPSMSQ scores. Patients with greater cognitive impairment were older, had more co-morbidity, greater illness severity, and lower functioning ($p < .05$ for all). After adjusting for these variables and for intervention group, we found that more severe cognitive impairment was associated with greater dependence in ADL at ADM ($p < .001$), and greater decline from BASE to ADM ($p < .001$), and from BASE to DSC ($p = .003$). Below are group means for BASE ADL and the decline in ADL from BASE to ADM and BASE to DSC.

GROUP	BASE	BASE-ADM	BASE-DSC
NORMAL	4.56	-.65	-.36
MILD	4.06	-.73	-.64
SEVERE	2.29	-.80	-.85

Compared to normal patients, those with cognitive impairment were less likely to return to their baseline ADL by DSC (SEVERE Odds Ratio= 30 (95%CI .23- 40); MILD Odds Ratio= 61 (95%CI 47- 80)). Older patients' cognitive status at hospital admission is associated with rate of recovery in ADL functioning.

COGNITIVE FUNCTION AND BONE MASS IN 5676 ELDERLY WOMEN.

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OBJECTIVE: Previous studies have demonstrated a higher risk of hip fractures in cognitive altered patients specially in Alzheimer's Disease. The aim of this cross sectional study is to assess correlations beetween bone mass and cognitive functions.

PATIENTS & METHODS: 5676 community-dwelling non-demented older women over 75 years old. Body Composition was measured using dual energy X ray absorptiometry (DEXA, Lunar Corp). Cognitive functions were assessed by Pfeiffer test. We also studied demographic data, educational level, medical diagnosis and functional capacity (ADL and IADL scales).

RESULTS:

	Pfeiffer <8 (N= 569)	Pfeiffer ≥ 8 (N= 5107)	p
Weight (kg)	59.6 ± 0.48	60.3 ± 0.15	0.0511
BMD* (g/cm2)	0.957	0.971	0.0011
Fat Free Mass (kg)	35.05 ± 0.16	35.35 ± 0.06	0.0699
Fat Mass (Kg)	21.44 ± 0.37	22.03 ± 0.11	0.1131

*BMD: Bone Mineral Density

In multiple regression analysis (SAS Logiciel), adjusted for age, education, weight, various treatment, physical activity, functional status and other disease, we found a stasticly significant association between bone mineral density and cognitive functions.

CONCLUSION: Women with cognitive impairement appears to have also decreased bone mineral density. This cross sectional analysis need to be confirmed in a longitudinal study.

IMPACT ON CAREGIVERS OF SPONSOR-INITIATED DISCONTINUATION OF A CLINIC DRUG TRIAL IN ALZHEIMER'S PATIENTS

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Clinical drug trials are an important technique in the pursuit of new remedies for the symptoms of Alzheimer's disease. Our staff recently experienced a sponsor-initiated discontinuation of a clinical trial, involving 24 dyads of patients and family caregivers. This gave impetus to study the impact of such unexpected discontinuations on patients, caregivers, and clinical trial staff.

The study included (1) a focus group with family caregivers; (2) telephone interview with caregivers who could not attend the focus group; and (3) interviews with clinical trial staff. The focus group sought to elicit a. initial reaction; b. most helpful and least helpful steps taken by study staff, c. effect on daily patient/caregiver routine, and d. effect on future participants in clinical drug trials.

Details of the content analysis of the focus group, telephone interviews, and one-on-one interviews with staff will be presented. Recommendations for coping with such events in the future will also be presented.

EFFECTS OF DIETARY AND SUPPLEMENTAL VITAMIN C INTAKE ON COGNITIVE FUNCTION

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Previous studies suggest that antioxidant properties of vitamin C may be protective against poor cognitive function in community-dwelling populations, although these findings have not been consistent due to methodological differences and uncontrolled confounding. This cross sectional study assessed the association between dietary and supplemental vitamin C intake and cognitive function in 458 men and women age 65 and older participating in both the Cardiovascular Health Study and CLUE II study in 1989. Using logistic regression models dichotomizing Mini-Mental State Examination (MMSE) at 27, lower levels of dietary vitamin C intake alone were not associated with lower MMSE scores. There was a protective association with increasing dose of supplemental vitamin C intake with MMSE up to 500mg (OR=0.76, 0.57, 0.20, 1.12 for 1-60mg, 61-200mg, 201-500mg, and 500+mg respectively; p=0.03 for 201-500mg) after adjusting for dietary vitamin C intake, age, gender, education, and depressive symptomatology. These results suggest that supplemental

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vitamin C intake may have a U-shaped association with cognitive function and that high doses of 500 mg per day or more may not be beneficial.

334

OLDER WOMEN VETERANS REPORT MORE POSITIVE EXPERIENCES THAN YOUNGER WOMEN VETERANS.

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Women volunteered for military duty in record numbers during World War II, but little is known about their military experiences, or their readjustment to civilian life. Data were collected by mailed survey as part of the VA Womens' Health Project. The sample includes a nationally representative sample (n=3632) of women veterans who had a VA ambulatory visit from 6/30/94-7/1/95. The age range for respondents is 21-93 (mean is 62.2 years) and 40% served during World War II. Women who are older than 65 entered the military at an earlier age (20.7 vs. 22.7) and were more often officers than younger women. Older women were less likely to report that readjustment to civilian life was difficult (37% vs. 57%), that being away from home made them feel left out (24% vs. 31%) or that people at home did not understand (30% vs. 63%). Only 3% of older women veterans report their military experience was poor as compared to 8% of younger women. Results indicate that older women had a more positive experience than women who served at later times.

Development of the Wake Forest University Patient Trust Scale. K. Kidd, E. Dugan, M. Hall, B. Zheng & D. Levine. Wake Forest University School of Medicine, Winston-Salem, North Carolina 27157.

The trust that adult patients have in their health care providers is foundational to effective health care encounters. This paper reports on the development of an innovative conceptual framework of patient trust, the generation of potential items, the formulation of the scale, and the results of initial pilot-testing of the instrument on 297 adults. A literature review of over 80 articles related to patient-provider interactions was performed. The subsequent conceptual framework identifies four domains of trust: competence, agency, honesty, and confidentiality. Items were selected from existing scales related to trust and from suggestions made by a panel of experts and the research team. Two focus groups were conducted to test the validity of the conceptual framework and the items in the scale. The WFU Trust scale was then revised and iterative pilot-testing undertaken. 297 adults were surveyed to examine the distribution of responses and item to scale correlations. In addition, cognitive mapping of responses was obtained from 8 adults. The preliminary scale included 29 candidate items, and is to be administered (via telephone survey) to a nationally representative sample of 500 adults (April-June 1999) to obtain validation and reliability data.

Funded by the Robert Wood Johnson Foundation.

CM-12

THE UTILIZATION OF HEALTH,SOCIAL AND PERSONAL SERVICES BY DEMENTIA AND NON-DEMENTIA CLIENTS OF A SENIOR RESOURCE CENTER,S.B.Slater& J.Bludau,Joseph L. Morse Geriatric Center, West Palm Beach, FL The increase in the aged population and the prevalence and risk of dementias poses the challenge of providing home and community-based services to the afflicted and their caregivers. The Kramer Senior Resource Ctr. opened in Nov.1996,and thru Feb.1999 had been contacted by 4,300 clients.The KSRC refers and arranges for a wide range(nearly 100)health,social and personal services,and maintains contact with the clients. This papaer reports results of a comparison of service referrals and utilization by a sample (n=441)of the clients. For 387 clients with information about the presence or absence of dementia,41.1%±3.5% have dementia. The initial service requests and subsequent services requested and utilized by the non-dementia and dementia clients are compared,and differing patterns of referrals, timing of services and their utilization described. The results are used to develop a plan for an expanded community-based primary care program for persons with dementias and their caregivers.

COMPARISON OF PREVENTIVE SERVICES AMONG HISPANIC AND AFRICAN AMERICAN WOMEN. **JAYANTHA WIJEGUNARATNE, K. GANESAN, A. JOAQUIN, A. AKHTAR, F. THADEPALLI**. **Department of Internal Medicine, Charles R. Drew University, Los Angeles, CA 90059.**

Preventive services are underutilized by elderly minority patients. Only a few studies have looked at minority women, especially Hispanic women. The objective of the study was to compare the utilization of preventive services among African American and Hispanic women. We surveyed a convenience sample (n=243) of women aged 50 and above (mean age 63.3) from inpatient and outpatient units of a teaching hospital. There were 138 Blacks, 90 Hispanics. Utilization of preventive services for African American and Hispanics were as follows, respectively; self breast examination rate, 20% vs. 12%; recent mammography use (<2 years), 81% vs. 71%; Pap smear use, 91% vs.

79%; stool occult blood, 40% vs. 24%; rectal examination, 41% vs. 32%: aspirin use 31% vs. 13%; hormone replacement therapy use, 18% vs. 14%; and calcium use 22% vs. 18% and influenza vaccination was 27% vs. 33%. Pneumovax was 20% for both groups. Overall, the Hispanic women had a lower utilization rate when compared to African American women. Factors such as income, education, insurance, language barrier, comorbid illnesses were evaluated as possible reasons for this difference and will be discussed in this paper.

AN EVALUATION OF THE AGED CARE AND REHABILITATION DEPARTMENT.

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Inpatient outcomes have been well studied but those from care provided in the community are less well known. This study was conducted to better understand the results of treatment provided by the Department of Aged Care and Rehabilitation.

A stratified sample was randomly selected from all referrals to the community team. A comprehensive geriatric assessment was completed (health status, ADL (Bartel), instrumental ADL (OARS), cognitive function (MMSE) and the SF36) and carer stress evaluated. The measures were repeated at 3 months. Service usage was identified.

Of the 151 referrals selected from the 1295 referrals for the 6 month period studied, 111 agreed to participate. Half of the others refused and the others were ineligible due to the level of confusion, inability to contact or death. The sample reflected the population at large being old (85% >75), female (74%), widowed, separated or single (78%) and living alone (44%) or in an institution (26%). The results indicate a significant number of the clients had services commenced due to the intervention. A majority had either maintained or improved there functional status. The SF36 confirmed an improvement in health status in the majority. The results confirm the value of a community aged care and rehabilitation service.

THE DEVELOPMENT OF A PREDICTIVE MODEL FOR THE RISK OF REHOSPITALIZATION AMONG HOME CARE PATIENTS

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The purpose of this study was to identify demographic and medical variables that significantly distinguish those who are at risk for rehospitalization among home care patients. Data collected from July 1993 through September 1996 from over 2500 patients who were discharged from hospital care to home care were examined as part of a continuing analysis. Logistical regression analysis was used to identify a statistical model for predicting which patients would return to the hospital while receiving home care. The results of this study suggest that patients who are receiving home care and are likely to be discharged to self or family care can be identified with a relatively high degree of certainty. Those at risk for readmission to the hospital can be identified with less certainty, but the overall ability to predict patient outcomes is nearly 68. This predictive model was able to identify home care patients who are at risk for hospital readmission. Future studies may use this model to identify at risk clients to target for intervention that may reduce the risk of frequent hospitalization.

PREDICTING IMPENDING DEHYDRATION IN ELDERLY VETERANS

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This study proposes to validate whether urine color as measured by a urine color chart accurately reflects hydration status. Specific hypotheses include: 1) increasing scores as measured by the urine color chart are associated with increased urine specific gravity and osmolality; 2) low to moderate scores on the urine color chart, urine specific gravity and osmolality are not associated with serum sodium, osmolality, and BUN/creatinine ratios; and 3) high scores on the urine color chart, urine specific gravity and osmolality are associated with serum sodium, osmolality, and BUN/creatinine ratios. The color chart was found to be valid in younger athletes (Armstrong, et al., 1994); we will test this association in older adults. The sample will include 90 hospitalized patients and long-term care residents. Urine samples are collected and analyzed at baseline and after 10 hours of fasting. Data are collected on food intake and medications. Preliminary results (n=29) show a significant positive correlation between urine color and urine specific gravity and osmolality ($p<0.01$); and significant differences between baseline and fasting urine osmolality ($t = -1.98$, $p<0.05$) and between baseline and fasting urine specific gravity ($t = -3.11$, $p<0.01$). [VHA VISN 14 Research Fund]

ENDOGENOUS LEVELS OF SEX HORMONES AND ADL, DEPRESSION & COGNITION IN NURSING HOME RESIDENTS

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We measured blood levels of androstenedione (A),dehydroepiandrosterone (D),estrone (E), and testosterone(T)in 370 elderly nursing home residents (males: n=64,median age=84.7;females: n=306, median age=88.0); and correlated these levels with cognition, depression and dependence in mobility, eating, toileting, transferring, and a summary ADL index(SUM_ADL), which is a function of eating, toileting, and transferring. Regression analyses adjusted for age, body mass index, batch, and ethnicity. In males, the following were significantly associated: E with eating and SUM_ADL; A with eating, toileting, and SUM-ADL; and T with eating and transferring. In each case, higher hormone levels were associated with more independence. In females, higher levels of E were significantly associated with less independence in all ADL and SUM_ADL, a finding consistent with the report of Yaffe et al (JAGS,46:816-21). In the combined group of males and females, higher A and D levels were associated with poorer cognition, and higher levels of E with more depression. CM3

DIABETES MANAGEMENT: DIFFERENCES BETWEEN YOUNGER AND OLDER HOSPITALIZED DIABETICS M. Azharrudin, H.K. Kamel, A.S. Ali, A. Khan, D.R. Thomas, J.E. Morley, GRECC, St. Louis VAMC, Division of Geriatric Medicine, SLU School of Medicine, 1402 S. Grand Blvd., St. Louis, MO 63104.

Objective: To study the differences in diabetes management between younger (<65 years) and older (≥65 years) hospitalized diabetics.

Methods: A retrospective chart review study of a 1000 consecutive admissions to a university teaching hospital.

Results: Diabetes mellitus (DM) was diagnosed in 22% of younger, and 23% of older patients. The mean fasting blood glucose (FBG) for younger patients improved from 152.8 mg/dl on admission to 122.6 mg/dl on discharge, $p<0.001$. The mean FBG for older diabetics improved from 137.7 mg/dl on admission to 124.3 mg/dl on discharge, $p<0.005$. There was no comment on feet examination in 39% of younger and in 35% of older patients. There was no mention of eye examination in 74% of younger and in 71% of older diabetics. There were no significant differences between younger and older diabetics in the length of hospital stay and in the incidence of in-hospital mortality.

Conclusion: In this hospital where geriatrics is stressed, treatment outcomes were similar in older and in younger diabetics. There is a great need, however, to pay more attention to the examination of the eyes and feet in both younger and older diabetics.

Prevalence of Venous Thromboembolism in Hemorrhagic CVAs Gregory PC, Kuhlemeier, KV The Johns Hopkins University School of Medicine 5601 Loch Raven Blvd POB 403, Baltimore MD 21239 Deep Venous Thromboembolism (DVT) is an important health issue in the geriatric population which leads to increased length of stay and morbidity. Stroke patients are at increased risk for developing DVTs because of weakness and intimal injury. Patients with nonhemorrhagic stroke are often placed on DVT prophylaxis therapy to prevent development of DVT however, patients with hemorrhagic CVAs are not placed on prophylactic therapy because of the risk of hemorrhagic extension of the stroke.

Purpose. The purpose of this study is to evaluate the prevalence of DVTs in hospitalized patient with hemorrhagic versus thromboembolic CVAs.

Methods. Data obtained from the HSCRC Maryland data base for the year 1997 were analyzed to determine the prevalence of DVTs in both hemorrhagic and non hemorrhagic strokes.

Results. There were a total of 1970 patients with a primary diagnosis of hemorrhagic stroke versus 15710 with thromboembolic stroke. Thirty three (1.6%) of patients with hemorrhagic strokes had DVTs. Sixty-five (0.4%) of patients with thromboembolic strokes had DVTs. This low incidence of DVTs in the thromboembolic group is most likely related to their shorter length of stay, 23.9 days for hemorrhagic strokes compared to 12.6 days for thromboembolic strokes.

Conclusion. A greater percentage of patients with hemorrhagic CVAs (1.6% vs. 0.4%) had a prevalence of DVTs in comparison to patients with thromboembolic stroke.

HOME ENVIRONMENTAL MODIFICATIONS: RELATIVE ADVANTAGE FROM THE FAMILY CAREGIVER'S PERSPECTIVE

D. Messecar, Oregon Health Sciences University School of Nursing, Portland OR 97201

The caregiver's use of the environment to support their caregiving tasks is poorly understood. The purpose of this study was to understand from the family's perspective why environmental modifications either do or do not work. A qualitative descriptive design using intensive interviews and participant observation was used to address the aims of the study. The purposive sample included 24 family caregivers of older people with cognitive and physical impairments. When caregivers reflected on why a modification did or did not work they examined the issue according to the relative advantage of the modification for the care receiver and for themselves. The decision to continue using an environmental modification was determined by a complex evaluation of the benefits and disadvantages for both the caregiver and the care receiver. Positive advantages for care receivers included improved functioning, safety, comfort, energy conservation, and preservation of self identify. Positive advantages for caregivers included a decreased workload, making monitoring and keeping the elder safe easier, reducing the unpleasantness of tasks, and having their own needs accommodated. Negative outcomes for care receivers included feeling stigmatized by the modification, being disappointed in the amount of improved function, being afraid to use the modification, or being unable to use the modification. Negative outcomes for the caregiver included having their workload increased or feeling that the care receiver's functioning was not improved enough to warrant continued use. Results indicate the need for better assessment and understanding of the role that caregivers play in selecting and implementing environmental modifications so that prescriptive interventions can increase the likelihood of their adoption. Supported by Grant # F31 NRO7047-03 from the National Institute of Nursing Research

BENEFITS OF MEMORY IMPROVEMENT IN ELDERS WITH HEART DISEASE VS. OTHER CHRONIC CONDITIONS

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An estimated 4 million people have congestive heart failure in the US. The resulting disabling symptoms of dyspnea, fatigue, and poor tolerance for activity are precursors of memory problems. These symptoms may interfere with self care behaviors such as remembering to take medications. A total of 16 older adults (14 female, 2 male) with an average age of 83 years and MMSE score of 26 participated in an 8-session efficacy-based memory improvement program. All experimental subjects were residents of an assisted-living facility and living in the Middle West. There were 6 individuals with Heart disease, 4 with Both heart disease and hypertension, and 6 with Other chronic conditions. There were no pretest differences between the three groups in age, depression, self-perceived health, IADLs, memory, or memory self-efficacy. However, the Heart group scored significantly ($P\leq.05$) lower at pretest than the Other group in metamemory "Change" (1.87 vs. 2.57) indicating greater decline of memory. Following the intervention the Heart group made the largest gain in memory-efficacy (49.71 to 55.00), whereas the Both group remained the same, and the Other group declined. In memory performance the Heart group improved (10.43 to 14.20), whereas the Both and Other groups declined in memory performance. In metamemory "Change" the Heart group improved (1.87 to 2.47) indicating greater stability of memory following the intervention.

Development of a Cognitive Rehabilitation Paradigm for Early Alzheimer's Disease

Amarilis Acevedo, Ph.D., D. A. Loewenstein, Ph.D., B..Mogosky, Ph.D., R. Ownby M.D., Ph.D. Cognitive Rehabilitation Program, Mount Sinai Medical Center and Department of Psychiatry and Behavioral Sciences, University of Miami School of Medicine

Cognitive rehabilitation is recognized as effective in a wide variety of neurological disorders including traumatic brain injury and stroke. Despite the recent success of cholinesterase inhibitors in slowing the progression of cognitive impairment in early Alzheimer's Disease (AD), there have been few systematic attempts to develop cognitive rehabilitation interventions that would enhance cognitive and functional status in the environment. We describe the development and refinement of a cognitive rehabilitation paradigm in early AD that has been developed over the past two years on persons with episodic memory deficits related to dysfunction of the medial temporal lobes. The paradigm focuses on 1) implicit learning systems 2) procedural or motor learning 3) optimization of the encoding and consolidation of to-e-remembered information 4) compensatory strategies (e.g., nemory notebook training).

The efficacy of specific components of the paradigm is valuated by reviewing the effects of a three month cognitive ehabilitation training program on the neuropsychological and unctional performance among fifteen mildly impaired AD patients MMSE$\geq$ 23) who had been previously placed on Aricept (10mg) s part of their regular course of treatment.

THE EFFECTIVENESS OF GROUP HOME CARE FOR THE ELDERLY

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Group homes, as places to support demented elders by enabling them to continue to live in their neighborhoods, are attracting attention, with over 600 homes at present in Japan. However, no studies have been made of the quality or effectiveness of the care provided. The purpose of this study was to explore the effectiveness of group home care and to clarify how present-day group homes have changed by comparing the condition of a group of elderly people who currently utilize group homes with their condition when they were in hospitals and health facilities for the aged previously. The subjects were 11 people from 4 group homes in Miyagi Prefecture. There were 3 males and 8 females with an average age of 81.5. The condition of the subjects was determined by asking the group home caretaker questions about the subjects. Violent and confused behavior was reduced, facial expressions, including smiles, increased, bedridden patients slowly started to walk, and conversation, including jokes, became possible. People tried to help each other in their interactions. The subjects said they were where they were because they wanted to be there, that they were in control of their lives and that they felt as if they were part of a family. Some subjects became more positive and assertive. These results indicate that group home care can bring about change for the better in various areas and that a group home is a place where the strengths of the elderly can be brought out. CM-11

335

CONTEXTUAL ASPECTS OF CROSS-GENERATIONAL PARENTING.

R. Goldberg-Glen, Center for Social Work Education, Widener Univ., 1 Univ. Place Chester, PA. 19013.
B. Hayslip, Dept. of Psychology, Univ. of N. Denton, TX. 76203.

Participants:

B. Hayslip, R. Shore & C. Henderson, (Dept. of Psychology, Univ. of N. Texas, Denton, TX. 76203). Determinants of Role Satisfaction Among Traditional and Custodial Grandparents.

C.L. Weber, R.S. Sands, (Univ. of Pennsylvania, School of Social Work, Philadelphia, PA. 19104). R.S. Goldberg-Glen, (Widener Univ., Chester, PA. 19013). Helping The Grandparent Caregiver Cope: The Role of Organizational & Subjective Religiosity.

R. Caputo, (Yeshiva Univ., Wurzweiler School of Social Work, NY. 10128). Low Income Coresident Grandmothers and Grandchildren: Policy Implications.

S. Kauffman & R.S. Goldberg-Glen, (Widener Univ., Chester, PA. 19013). Grandparent Caregivers in Subsidized Housing.

Discussant:

Virginia Richardson, Ohio State Univ., Columbus, OH. 43210.

This symposium will focus on the contextual aspects of custodial grandparents including poverty, familial living arrangements, role satisfaction, religiosity, and service needs. Hayslip, Shore, and Henderson, examine role satisfaction and discovered that for custodial grandparents, fewer grandchildren, fewer grandchild problems, higher role meaning and well being, more contact with family, and higher relationship quality positively predicted role satisfaction. Weber, Sands, and Goldberg-Glen explored the extent organizational and/or subjective religiosity are associated with psychological well-being and discovered a small association between organizational religiosity and general psychological well-being and between subjective religiosity and optimism and productivity. Caputo's presentation reports on findings of a national study of low income coresident grandmothers and their grandchildren and found that significant proportions live in low income housing and coresided for seven or more years. Kauffman and Goldberg-Glen compare grandparent caregivers with other caregivers and non-child households and discovered that custodial grandparents residing in public housing experience both the same types of problems as the typical public housing resident,

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as well as some unique problems. This symposium with end with a research related discussion of the service and policy needs of grandparent caregivers and their families.

DETERMINANTS OF ROLE SATISFACTION AMONG TRADITIONAL AND CUSTODIAL GRANDPARENTS.

B. Hayslip, R. Shore & C. Henderson, Dept. of Psychology, University of North Texas.

In order to explore the antecedents of grandparental role satisfaction, 100 traditional grandparents (M age=58.4) and 102 custodial grandparents (M age=59.9) completed standardized measures of role meaning, role satisfaction, well being, role meaning, grandchild relationship quality, as well as answering questions regarding sociodemographic variables pertaining to themselves and their grandchildren. Hierarchical regression analysis indicated ($p < .05$) that for traditional grandparents, greater role duration, fewer grandchild problems, higher relationship quality, fewer caregiving responsibilities, and younger age positively predicted role satisfaction. In contrast, for custodial grandparents, fewer grandchildren, fewer grandchild problems, higher role meaning and well being, more contact with family, and higher relationship quality positively predicted role satisfaction. These findings suggest diverse sets of antecedents of role satisfaction for each grandparent group, and have implications for interventions to enhance the role adjustment of such persons.

HELPING THE GRANDPARENT CAREGIVER COPE: THE ROLE OF ORGANIZATIONAL & SUBJECTIVE RELIGIOSITY.

C. L. Weber (University of Pennsylvania School of Social Work, 3701 Locust Walk, Philadelphia, PA 19104), R. G. Sands, & R. S. Goldberg-Glen.

Recent census statistics suggest that nearly one million grandparents currently serve as primary caregivers to one or more grandchildren. Existing literature has suggested that there are potentially serious physical and psychological consequences to raising one's grandchildren, yet some seem to thrive in spite of the multiple demands associated with such a role. The purpose of the current research was to explore to what extent organizational and/or subjective religiosity are associated with psychological well-being in a sample of 129 Caucasian and African American grandparents. Preliminary results suggest a small but significant association between organizational religiosity and general psychological well-being (primarily life satisfaction), and between subjective religiosity and optimism and productivity. Demographic variables such as age, race, presence of a spouse or partner, and concurrent caregiving responsibilities were also considered. Social service professionals working with this population should consider the potential resource represented by religiosity in the lives of many grandparent caregivers and attempt to maximize the extent to which this resource is drawn upon.

LOW INCOME CORESIDENT GRANDMOTHERS AND GRANDCHILDREN: POLICY IMPLICATIONS.

R. Caputo, Yeshiva Univ., Wurzweiler School of Social Work, NY. 10128.

This presentation reports findings of a national study of low-income coresident grandmothers and their grandchildren between 1967 and 1992. The study found that an increasing, although small, minority of women (under 10 percent in any given year) were likely to reside with their grandchildren, but among them, sizable majorities (> 70%) and over time smaller but nonetheless significant proportions (>40%) were likely to reside in low-income households. The vast majority of low-income grandmothers reported grandchildren living with them in more than one survey year and for increasingly sizable proportions this meant seven or more years. Findings suggest that low-income coresident grandmothers may be adversely affected by time limits associated with the personal Responsibility and Work Opportunities Act of 1996. Changes to the 1996 Act and the Earned Income Tax Credit are discussed.

GRANDPARENT CAREGIVERS IN SUBSIDIZED HOUSING.

S. Kauffman & R.S. Goldberg-Glen, (Widener Univ., Center for Social Work Education, Chester, PA. 19013).

This paper presents the data on needs of a sample (n=82) of public housing residents from Chester PA. Variables considered included family composition, economic issues, attitudes, and service needs. Descriptive statistics, ANOVA's and t-tests were used to demonstrate comparisons between 3 groups: grandparent caregivers (n=17), other caregivers (n=43), and non-child households (n=22). Data yielded results which strongly suggest that the grandparent caregiver experiences both the same types of problems as the "typical" public housing resident, as well as some unique problems. They are slightly better off financially with incomes slightly above the poverty line ($p < .09$). When examining needs it appears that the grandparent caregivers were less affected by some of the common problems in accessing services. On the other hand, grandparent caregivers health is not as robust as members of the other groups ($p < .05$) and face greater difficulties in managing grandchildren ($p < .001$). No statistical differences existed for TANF or OASDI utilization, asset, or automobile ownership, although the grandparents had an average greater assets than the other groups.

336

PROMOTING SUCCESSFUL AGING THROUGH APPLIED RESEARCH: NEW FINDINGS FROM THE ROYBAL CENTERS.

K. Pillemer, Cornell Gerontology Research Institute, MVR Hall, Cornell U., Ithaca, NY 14853.

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Participants:

S. J. Czaja, S. N. Nair, J. Sharit (U. of Miami, Ctr. on Human Factors and Aging Research, Miami FL. 33136) Translating Applied Research Fndings into Design Guidelines for Interface Design.

E. W. Peterson, J. Howland, G. Kielhofner, M. E. Lachman, S. Assman, J. Cote, A. Jette (Roybal Ctr. Consortium, Boston U., Boston, MA 02215) Falls Self-Efficacy and Occupational Adaptation Among Elders.

K. Ball, R. Myers, D. Roenker (Ctr. for Research in Applied Gerontology, U. of Alabama at Birmingham, AL 35294) Theoretical Implications of Cognitive Training Studies.

E. Wethington. (Depts. of Human Development and Sociology, and Cornell Gerontology Research Institute, Cornell U., Ithaca, NY 14853) Contextual Measures of Social Support.

S. Hughes, T. Prohaska, J. Rimmer, T. Heller (Ctr. for Research on Health and Aging, U. of Ill. at Chicago, School of Public Health, 850 Jackson Blvd., Chicago, IL 60607) The Midwest Roybal Center for Health Maintenance: Preliminary Arthritis Exercise Findings.

Discussant:

R. Coward (Sch. of Health and Human Services, U. of New Hampshire, Durham, NH 03824)

The Roybal Centers program, established by the National Institute on Aging, has the goal of translating research results from basic behavioral and social science into practical benefits for older people. The centers conduct applied research and intervention studies that promote successful aging, in the form of improved physical and cognitive functioning, social integration, and psychological well-being. Each panelist in this symposium will present an exemplary finding from a center research or intervention project, and will comment on its implications for promoting successful aging. The panelists and discussant will use these findings as a springboard for a more general discussion of both the promise and the limitations of applied research.

TRANSLATING APPLIED RESEARCH FINDINGS INTO DESIGN GUIDELINES FOR INTERFACE DESIGN

S.J. Czaja, S.N. Nair, J. Sharit, University of Miami Center on Human Factors and Aging Research, Miami, FL 33136

Computer technology is increasingly being used within most domains including the home. Currently about 50% of the U.S. population own personal computers. The widespread use of computer technology may be problematic for older adults given that: 1) the current cohort of elderly are likely to have had limited exposure to computers; 2) computers place demands on cognitive abilities; and, 3) the needs and preferences of older adults have largely been ignored by system designers. In fact, most of the available data examining age and computer task performance indicates that older people generally have more difficulty as compared to younger adults in acquiring computer skills and they generally achieve lower levels of performance on computer tasks. To enhance the ability of older people to successfully use technology, we need to understand the source of these age performance differences.

This paper will present findings from a large study which examined the ability of 360 community older adults ranging in age from 25 years to 70 years to perform real world computer tasks. Additional objectives of the study were to examine the relationship between cognitive abilities and task performance and the influence of task practice on performance. Overall, the findings indicated that although there were age differences in the performance of all three tasks the performance of all participants improved with task experience. Furthermore, cognitive abilities mediated age-performance relationships. These will be discussed in terms of guidelines for interface design. Finally, issues associated with recruitment and methodology in applied research will be presented.

FALLS SELF -EFFICACY AND OCCUPATIONAL ADAPTATION AMONG ELDERS

E.W. Peterson, J. Howland, G. Kielhofner, M.E. Lachman, S. Assmann, J. Cote, A. Jette, Roybal Center Consortium, Boston University, Boston, MA 02215.

Objective: To use the model of human occupation as a conceptual framework to assess the contribution falls self-efficacy makes to six measures of occupational adaptation.

Methods: Two-hundred and seventy randomly selected senior housing residents, aged ≥ 62, were interviewed in their homes to collect information on demographics, fall history, fall risk factors, fear of falling, and measures of adaptation. The response rate was 63%. Linear regressions were conducted to achieve the study objective.

Results: Fifty-five percent of respondents expressed fear of falling during the next year. Falls self-efficacy related to falling independently contributed to five out of six measures of occupational adaptation.

Conclusions: Results suggest that falls self-efficacy significantly influences occupational adaptation among community-dwelling older adults, independent of the actual risk and history of falls. Although further verification of these results is needed, results of this study suggest use of interventions designed to increase falls self-efficacy for fallers and non-fallers.

THEORETICAL IMPLICATIONS OF COGNITIVE TRAINING STUDIES.

Karlene Ball, Renee Myers, Daniel Roenker, Center for Research in Applied Gerontology, University of Alabama at Birmingham, AL 35294

Cognitive abilities such as speed of processing, memory, and reasoning ability are known to decline in many adults with age, thus affecting everyday tasks such as managing money, taking medications, and driving. Several theories have been proposed to explain age-related declines in functioning. One such theory suggests that declines in the speed with which older adults process information underlies the age-related deficits in higher order cognitive abilities, such as memory and attention. One method of testing the accuracy of this hypothesis is to conduct a training study to determine if improvements in speed of processing transfer to improvements in other domains of cognitive functioning such as memory. This study was conducted to examine the impact of speed of processing training on other cognitive abilities. Participants were randomized into either a control (N=50) or training group (N=46). Training participants attended 10 training sessions of about 1 hour each. All participants were administered a battery of tests both pre- and post- training. Results indicated that participants in the training group demonstrated improvement on speed of processing measures, but there was no transfer of training effects to other domains of cognitive functioning, such as memory. These results suggest that caution should be taken in interpreting correlational findings which suggest that declines in speed of processing underlie other age-related deficits.

CONTEXTUAL MEASURES OF SOCIAL SUPPORT

E. Wethington, Departments of Human Development and of Sociology, Cornell U., Ithaca, NY 14853.

Most existing measures of social support aim to measure perceived support from the environment. Although robust and reliable, such measures have not provided a great deal of insight into the social processes that produce deficiency of perceived support, and thus in turn provide little specific information to inform intervention. Research on social support may be significantly advanced by using techniques that have been used to improve the measurement of stressful life events and difficulties: personal interviews applying investigator-based rating techniques to respondent self-report. The author describes the development of contextual interview measures of social support, designed for telephone administration. These measures, more sensitive to variations in the contexts of social resources and roles and other social demands of individuals as they progress through their life course, may prove more useful for researchers and practitioners than conventional measures of social support.

THE MIDWEST ROYBAL CENTER FOR HEALTH MAINTENANCE. PRELIMINARY ARTHRITIS EXERCISE FINDINGS

S. L. Hughes, T. Prohaska, J. Rimmer, and T. Heller

Center for Research on Health and Aging, University of Illinois at Chicago School of Public Health, 850 W. Jackson Blvd. Chicago, IL 60607

This new Roybal Center seeks to contain the onset of disability among older adults by applying the Prochaska stages of change and Bandura self efficacy theories to four different subgroups. Four RCTs are using the same theoretical framework to develop and test interventions and long term adherence to physical activity among older persons with arthritis, multiple chronic conditions, multiple chronic conditions *and* substantial disability at baseline, and older persons with developmental disabilities.

This presentation will describe all four RCTs and present preliminary arthritis study findings. This study seeks to enroll 292 persons with lower extremity osteoarthritis in an 8 week intervention that focuses on strength training, aerobic walking, and education for exercise and disease management efficacy. Outcomes include self reported physical activity functioning, timed stand, 6-minute distance walk and lower extremity functioning (WOMAC). Participants are tested at 2, 6, 12, 18 and 24 months to assess impact of adherence on functional status. Preliminary data on 77 persons who have completed the 2 month posttest show enhanced exercise efficacy and diminished stiffness and functional impairment on the WOMAC in the treatment group (all $p < .05$).

337

ADVANCES IN THE DESIGN OF BEHAVIORAL INTERVENTIONS FOR DEMENTIA PATIENTS

J. E. Fisher & D. W. Fredericks, Department of Psychology/298, University of Nevada-Reno, Reno, NV 89557.

L. LeBlanc (Department of Psychology, Western Michigan University, Kalamazoo, MI 49008) Behavior Analysis in Dementia.

J.E. Hadden, J.E. Fisher, J.A. Buchanan, J. Porter, & D.W. Fredericks (Department of Psychology, University of Nevada-Reno, Reno, NV 89557). Assessing the Functions of Problem Behaviors in Dementia Patients.

D.E. Altus, K.K. Engelman, & R. M. Mathews (Gerontology Center, University of Kansas, Lawrence, KS 66045). Increasing Independence and Social Interaction During Meals in a Dementia Special Care Unit.

J.A. Buchanan, J.E. Fisher, J. Porter, J.E. Hadden, & D.W. Fredericks (Department of Psychology, University of Nevada-Reno, Reno, NV 89557). Environmentally Based Interventions for Managing Severe Problem Behaviors in Individuals with Alzheimer's Disease.

Discussant: L.D. Burgio (Department of Psychology, University of Alabama, Tuscaloosa, AL 35487)

Empirical accounts of interventions targeting the behavior of dementia patients provide compelling support for behavioral interventions. This symposium will discuss conceptual issues and empirical research on the assessment and treatment of adaptive and problem behaviors in dementia patients within a behavior analytic model. This model evaluates the environmental context in which behavior occurs in order to identify the function of behavior or the "reason" it occurs for a particular patient. Conceptualizing the behavior of dementia patients within this model results in interventions with several attractive features including: the development of individualized treatments that can accommodate intersubject variability in behavioral/environment functioning and intrasubject changes in behavior that occur over the course of a degenerative dementia. Interventions designed to target the function of problem behavior have ethical advantages in that they do not further reduce the behavioral repertoire of a dementia patient, but instead alter the environmental context in which the behavior occurs so that the reason the behavior occurs is eliminated.

OVERVIEW OF BEHAVIOR ANALYSIS IN DEMENTIA

L. A. LeBlanc

Claremont McKenna College, 850 Columbia Avenue, Claremont, CA 91711.

This conceptual presentation and literature review will provide an orientation to the principles of behavior analysis and an overview of research in behavior analysis of dementia. The field of applied behavior analysis examines the basic principles of human behavior and empirically evaluates the application of these principles to socially relevant human concerns (Baer, Wolf, & Risley, 1968). The three main tenets of behavior analysis which will be examined in this presentation are, a) the conceptualization of behavior as lawful, b) the effect of the environment in creating establishing operations, and c) the functional analytic approach to examining and treating problem behavior. Behavior analysts have begun to examine interventions for clinical issues associated with dementia including, a) strategies to maintain and increase social interactions, b) management of problem behavior. The research in each of these areas will be reviewed to provide a background for the empirical presentations that follow.

ASSESSING THE FUNCTIONS OF PROBLEM BEHAVIOR IN DEMENTIA PATIENTS

J.E. Hadden, J.E. Fisher, J.A. Buchanan, D. Fredericks, J. Porter
Department of Psychology/298, The University of Nevada, Reno, Reno, NV 89557.

The treatment of problem behavior in dementia patients has traditionally been based on its topographical characteristics. Interventions are implemented across individuals that exhibit the same type of behavior (e.g., screaming, wandering). This approach disregards the contexts in which behavior occurs and ignores important differences across individuals. Furthermore, this approach has not lead to the development of effective restraint-free techniques for managing problem behaviors in dementia patients. This research evaluates a functional approach as an alternative to traditional methods. The functional approach focuses on individualized assessment of behavior in context and groups individuals according to the 'causes' of behavior, rather than topographical characteristics. The validity of functional assessment is evaluated through the observation of changes in behavior following environmental manipulation. A series of studies suggest that functional assessment has greater treatment utility and provides more valid information about the effectiveness of interventions for individuals with dementia. This method also has significant implications for the development of restraint-free interventions.

ENVIRONMENTALLY-BASED APPROACHES FOR MANAGING SEVERE PROBLEM BEHAVIORS IN INDIVIDUALS WITH ALZHEIMER'S DISEASE

J.A. Buchanan & J.E. Fisher
Department of Psychology/MS 298, The University of Nevada, Reno, Reno, NV 89557.

This presentation will describe behavior analytic approaches to the management of problem behaviors often displayed by individuals with Alzheimer's disease (e.g., aggression, disruptive vocalizations, and self-injurious behavior). Within a behavior analytic model, treatment protocols are directly based on assessment procedures designed to determine the function of problem behaviors (i.e., what are the potential environmental causes of behavior). More specifically, problem behaviors are evaluated to determine whether they function to evoke attention from others, decrease sensory stimulation, increase sensory stimulation, or terminate aversive events such as bathing or dressing. Several intervention strategies that directly address each of these possible functions will be discussed including, noncontingent reinforcement, differential reinforcement of other behaviors, and interventions designed to alter the context in which problem behaviors occur. Examples of how these procedures have been carried out in nursing facilities will be presented.

INCREASING INDEPENDENCE AND SOCIAL INTERACTION DURING MEALS IN A DEMENTIA SPECIAL CARE UNIT

D. E. Altus, K. K. Engelman, R. M. Mathews
Gerontology Center, 3050 Dole, University of Kansas, Lawrence, KS 66045

The purpose of this study was to evaluate the effects of family-style meals coupled with staff training on the independence and socialization of five older adults with dementia during meals. The study was conducted as a reversal design (ABAC). Baseline observations involved observing the existing lunch-time meal serving practice in which plates, already filled with food, were presented to residents. The family-style meal intervention consisted of using large serving bowls for residents to serve themselves. Staff training involved providing instruction to the staff on how to (1) provide opportunities for residents to be more involved in meal preparation, (2) prompt resident independence, and (3) provide frequent praise to residents. Results show that the mere implementation of family-style meals produced a modest increase in resident independence and socialization compared to baseline observations. Resident independence and socialization, however, increased substantially when family-style meals were coupled with staff training. These findings suggest that simple environmental changes can have an important impact on the independence and socialization of older adults with dementia during meals.

338

LONGITUDINAL FINDINGS FROM THE BERLIN AGING STUDY (BASE)

P. B. Baltes & J. Smith, Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, Germany

Participants:

J.Smith (Max Planck Institute for Human Development, Berlin) Changes in profiles of functioning in old age (70 – 100+ years).

U.Lindenberger, (Max Planck Institute for Human Development, Berlin) Identifying longitudinal change in intellectual functioning in BASE: The effects of mortality.

U.M.Staudinger & A.M.Freund (Max Planck Institute for Human Development, Berlin) Coping in old and very old age: developmental trajectories and longitudinal relations with objective physical health and mortality.

A.M. Freund (Max Planck Institute for Human Development, Berlin) Selection, Optimization, and Compensation: Domain-specific applications.

Discussants:

Margie Lachman (Brandeis University, Waltham, MA 02254-9110)

Denise Parke (The University of Michigan, Ann Arbor, MI 48106-1248)

A central question in the study of old age concerns the nature and prediction of interindividual differences in intraindividual patterns of change. This symposium explores this question using longitudinal data from the Berlin Aging Study (BASE: 70-103 years). Multidisciplinary data were collected during 1995-1996 from N=206 survivors approximately 4 years after baseline assessment (1990-1993, N=516: Baltes & Mayer, 1999). Presenters describe changes in intellectual functioning, styles of coping, overall profiles of psychological functioning, and strategies of selection, optimization, and compensation. Analyses distinguish effects linked to attrition, selective mortality, and age-related change. Each presenter also examines the relationships between intraindividual change in psychological functioning and changes in life circumstances, physical health, mental health, and functional impairment.

CHANGES IN PROFILES OF FUNCTIONING IN OLD AGE (70 - 100+ YEARS)

J. Smith, Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, Germany

Patterns of change are illustrated for 9 subgroups of individuals identified by cluster analysis of 12 psychological constructs at the first measurement occasion of the Berlin Aging Study (Smith & Baltes, 1997). These subgroups represented different desirable and less-desirable profiles of psychological functioning in old age. In general, 4-year change was observed within subgroups in level of intellectual, personality, self-related, and social functioning but not in terms of the overall functional profile shape (domain interrelations). 20% of participants moved into new subgroups at the follow-up assessment. Movement was typically into a less desirable profile group: only 5% moved into more desirable profile subgroups. Differences in stability and change in the various subgroups were related to life history factors (e.g., education, occupational status, gender), changed life circumstances, together with changes in physical health, mental health, and functional impairment. The observed progression of BASE participants from a desirable to less desirable profile of functioning provides further insight into the nature of what has been called the "fourth age" and the psychological resources of the oldest-old.

IDENTIFYING LONGITUDINAL CHANGE IN INTELLECTUAL FUNCTIONING IN BASE: THE EFFECTS OF MORTALITY

U. Lindenberger, Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, Germany

The identification of average population age gradients, interindividual differences in intraindividual change, and cohort effects are important goals in cognitive aging research. Attaining these goals is especially difficult when populations change in composition, as is true for old age due to age- and criterion-related mortality. In this study, intellectual functioning was assessed with multiple measures at three time points spanning up to five years. Sample size was 516 at the first wave (age range = 70-103 years), and decreased thereafter. Using descriptive statistics and growth curve modeling, data were represented as a function of distance from birth, time in study, and distance from death. Results point to substantial interindividual variability in the rate and onset of cognitive change. Moreover, the modal function of intraindividual decline is accelerating. Thus, cognitive decline prior to the last years of life is less pronounced than suggested by cross-sectional analyses.

COPING IN OLD AGE: DEVELOPMENTAL TRAJECTORIES AND LONGITUDINAL RELATIONS WITH OBJECTIVE PHYSICAL HEALTH AND MORTALITY

U. M. Staudinger & A. M. Freund, Technical University Dresden, Germany & Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, Germany

The goal of this study was three-fold: (i) to examine longitudinal trajectories (4 yrs.) of coping styles in old and very old age; (ii) to investigate predictive relations between objective health and coping styles; and (iii) to test the predictive power of coping styles in terms of mortality. As part of the Berlin Aging Study (BASE; N=206, age: 70-100 yrs.), seven major coping styles were assessed at two measurement times (T). Objective health was indexed by functional and somatic health and was examined at both Ts. Mortality information for 3 years after T3 and 7 years after T1 was available. Results concerning mean-level and rank order change indicated that change as well as stability characterized longitudinal coping trajectories and that trajectories were differentiated by age and gender. Coping effectiveness in terms of objective physical health and survival was context-specific. For instance, under conditions of high health constraints at T1, problem-focused coping styles predicted worse health at T3. Furthermore, 3-year survival predicted moderate rather than high or low amounts of change.

SELECTION, OPTIMIZATION, AND COMPENSATION: DOMAIN-SPECIFIC APPLICATIONS

A. M. Freund, Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, Germany

The present paper examines the fruitfulness of applying the model of selection, optimization, and compensation (SOC-model; P. Baltes & M. Baltes, 1990) to different aspects of self and personality in old and very old age: the selection and pursuit of goals, self-definition, and personal life-investment. Cross-sectional and longitudinal data from the Berlin Aging Study are used to illustrate the application of the SOC-model to these domains of functioning. Results support the central hypotheses of the SOC-model: (1) Selectivity of life or goal domains is positively related to psychological functionin in old age. (2) Optimization (i.e., the acquisition, allocation, and refinement of internal or external resources) is an important contributor to successful aging. (3) When losses or decline are present, compensation (e.g., substitution of means) is essential for maintaining high levels of functioning. The dynamics of short- and long-term consequences of SOC in old age, and future directions of investigating SOC as a model of successful aging will be discussed.

339

TRANSLATING RESEARCH ON PHYSICIAN-OLDER PATIENT COMMUNICATION TO GERIATRIC EDUCATION AND PRACTICE.

R. Adelman, Division of Geriatrics and Gerontology, Cornell Medical College, 525 E. 68th Street, NY, NY 10021; W. Arnold, Arizona State University, Tempe, Arizona 85287

Participants:

D. Morgan, (Portland State University, Portland, OR 97201) Negotiating the Management of Hypertension.

M. Greene, (Brooklyn College, Brooklyn, NY 11210), R. Adelman, D. Rappaport, R. Douzinas, (Weill Medical College of Cornell University, NY, NY 10021). Content of a curriculum to teach medical students and residents about physician-older patient communication.

E. Dugan, (Tanglewood Research, Clemmons, N.D. 27012), S. Cohen, (Wake Forest University School of Medicine, Winston-Salem, NC 27157). A Health Guide to Optimize the Health of Older Adults.

J. Nussbaum, (Depts. Of Communication and Geriatric Medicine, University of Oklahoma, Norman, OK 73019), The Senior Program at the University of Oklahoma.

W. Arnold, (Arizona State University, Tempe, Arizona 85287). Training to improve older patient compliance and satisfaction.

Discussant: Marcia Ory, National Institute on Aging, Bethesda, MD

There is a growing literature focusing on older patient-physician communication. This symposium integrates findings from this research with innovative educational interventions for medical students and other trainees. Presenters will discuss the content of curricula, the design of interventions, and methods for evaluating program outcomes.

TRAINING TO IMPROVE OLDER PATIENT COMPLIANCE AND SATISIFACTION

W. Arnold, Arizona State University, Tempe, Arizona 85287

This paper will discuss physician and older patient communication and listening styles and their impact on patient satisfaction and compliance. This pilot research includes questionnaire data from thirty physicians and thirty patients. The survey measures communicator style on one of four types: driver, analytical, expressive, and amiable. The listening survey looks at two types of listening—task oriented and social emotional. In addition, the respondents are to be interviewed as to their preference on each of these dimensions. Findings of the study will be discussed.

CONTENT OF A CURRICULUM TO TEACH MEDICAL STUDENTS AND RESIDENTS ABOUT PHYSICIAN-OLDER PATIENT COMMUNICATION.

M. Greene, Dept. of Health & Nutrition Sciences, Brooklyn College, Brooklyn, NY 11210 and R. Adelman, D. Rappaport, R. Douzinas, Division of Geriatrics & Gerontology, Weill Medical College of Cornell University, NY, NY, 10021.

There is a need to translate research on physician-older patient communication into practical approaches for teaching medical students and residents effective and empathic communication skills. In this presentation, we describe the findings from research which are most important to incorporate in education and training. The curriculum includes: management of overt and hidden ageism; attention to patients' sensory impairments and other functional or cognitive problems; understanding the role of the family in older patients' medical visits; the importance of a patient-centered approach; and dealing with difficult-to-talk-about psychosocial issues such as living wills and elder abuse. Innovative teaching strategies will be suggested.

NEGOTIATING THE MANAGEMENT OF HYPERTENSION

D. L. Morgan, Institute on Aging, Portland State University, Portland, OR 97201

This project collected data from primary care physicians and their patients with regard to the management of high blood pressure. The patient group for this study is largely, although not exclusively, elderly. We conducted a series of 12 focus groups (6 with physicians and 6 with patients) to explore why only 25% of all people with hypertension have adequate control over their blood pressure. The research design calls for separate groups with doctors who treated hypertension either more or less aggressively, according to their medical records, along with matching groups from their patients. Our analyses compared the perspectives of doctors and patients, as well as the perspectives of doctors who treated hypertension more or less aggressively. One of the main interview topics was the extent to which doctors either assert control over treatment decisions or negotiate with patients concerning the management of their illness. There is no absolute standard for whether a doctor exerts "too much" or "too little" control, since some patients want their doctors to give them more responsibility for decision making while other wish their doctors would take full responsibility. These data thus illustrate how differences between doctors' perspectives and patients' perspectives can affect the management of chronic illnesses such as hypertension.

THE SENIOR PROGRAM AT THE UNIVERSITY OF OKLAHOMA

J. F. Nussbaum. Department of Communication and the Department of Geriatric Medicine, University of Oklahoma, Norman, OK 73019

The purpose of the Senior Mentor Program is to give first and second year medical students the opportunity to meet with older individuals living independently who may or may not have chronic illness, but have learned to adapt and continue to function well in our society. Each medical student will interact with their senior mentor a minimum of four times over a two-year period. The senior mentor and the student will discuss topics ranging from the senior mentor's definitions of health to the senior mentor's experiences with the health care system. In combination with the first year medical students' taped interviews, the actor/actress patients', the senior mentor program has been designed to give each medical student a real-life, interactive opportunity to discover and to practice their communicative skills with an older population.

A Health Guide to Optimize the Health of Older Adults. E. Dugan, S. Cohen. Tanglewood Research, Inc. PO Box 1772, Clemmons, NC 27012-1772, and, the Department of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, North Carolina 27157.

Research has indicated that older adults are sometimes reluctant to discuss embarrassing conditions, such as urinary incontinence, depressive symptoms, or memory impairment with health care providers, and may incorrectly attribute these problems to normal aspects of aging. This paper describes the development of a patient-held health record and health education tool to help enhance communication between health care providers and their older patients, and, to improve the health self-efficacy of older primary care patients. The ***Health Guide*** provides older adults with information about recommended preventive health activities in an easy-to-read, user-friendly format. Data from a feasibility study in which 50 rural and 50 urban primary care patients use the ***Health Guide*** for several months are reported. Separate endpoint focus groups with patients and providers were conducted to elicit product modifications and to identify barriers to implementation. A baseline survey collected data on demographic characteristics, health status, cognitive impairment, depressive symptoms, health related quality of life, and health self-efficacy, potential predictors of ***Health Guide*** usage.

Research funded by the National Institute on Aging.

340

BELIEFS AND ATTITUDES ABOUT FORGETTING. O.N. Gould, Psychology Department, North Dakota State University, Fargo, ND 58105

Participants:

E.B. Ryan, (Psychiatry and Gerontological Studies, McMaster University, Hamilton, ON, Canada L8S 4J9), S.T. Kwong See (University of Alberta), S. Bieman-Copland (Brock University), A.P. Anas (McMaster University). Older adults' conversational reactions to memory failures: Impact of age excuses.

P.A. Saunders, T. Hamaguchi, K. Murph, (Linguistics Department, Georgetown University, Washington, DC 20057) A comparison of memory accounts produced by Alzheimer's and non-Alzheimer's patients.

J.T. Erber, I.G. Prager, X. Guo (Florida International University, University Park Campus, Department of Psychology, Miami, FL 33199) Judging forgetful young and older adults.

T.Y. Arbuckle, D. Pushkar, M. Peled, M. Nohara-LeClair, M. Robichaud, L. Mosca, (Centre for Research in Human Development, Concordia University, Montreal, Canada H4B 1R6) Memory for get-acquainted conversations in the elderly.

O.N. Gould (North Dakota State University), L. McDonald-Miszczak (Western Washington University), J.Gregory (North Dakota State University). Predicting recall of medication instructions.

Discussant: Mary Lee Hummert (University of Kansas, Lawrence, KS 66045)

It is well established that older adults have lower performance rates on memory tests than do younger adults, at least on laboratory-based measures. Moreover, in Western societies, deeply held beliefs about age-related memory deficits exist. In the present symposium, a series of papers are presented that explore how older adults themselves, and the people around them, react to memory difficulties in everyday life. The symposium addresses how memory lapses are reacted to in social settings, and the factors that predict memory and metamemory performance with socially relevant and ecologically valid to-be-remembered materials.

OLDER ADULTS' CONVERSATIONAL REACTIONS TO MEMORY FAILURES: IMPACT OF AGE EXCUSES.

E. B. Ryan (Psychiatry and Gerontological Studies, McMaster University, Hamilton, ON, Canada L8S 4J9), S. T. Kwong See (University of Alberta), S. Bieman-Copland (Brock University), and A. P. Anas (McMaster University).

The Communication Predicament Model of Aging predicts that older adults come to behave in age-constrained ways through others' communication of negative age stereotypes about competence. Since stereotypes about poor memory in old age are especially prevalent, we have been examining the impact of age excuses for everyday memory failures. Our earlier studies have shown that age excuses are frequent for forgetting and that both young and old respondents agree on their believability and politeness in conversation for older adults. In this study, we examined the meaning of age excuses when all participants are known to be seniors. In a repeated-measures, counter-balanced design, young adults (N= 105) and older adults (N= 105) evaluated participants in conversational scenarios about everyday memory failures in each of four excuse conditions: age excuse, ability excuse, situation excuse, and no excuse. Main effects for excuse showed that the age excuse led to the highest estimates of age and the most negative self-perceptions for the speaker after the conversation. The young and older respondents agreed on most evaluations. However, only the young predicted that the age excuse user would be most likely to forget in the future. The old made no differentiation among excuses in terms of future forgetting. Thus, further evidence of the potential disadvantages of age excuses has been identified, even among older adults. The first use of a no-excuse condition in this study highlights the potential advantages of making no excuse at all for the minor memory failures depicted in these situations.

A COMPARISION OF MEMORY ACCOUNTS PRODUCED BY ALZHEIMER'S AND NON-ALZHEIMER'S PATIENTS

P. A. Saunders, T. Hamaguchi, K. Murph, Linguistics Department, Georgetown University, Washington, DC 20057

Alzheimer's disease (AD) affects four million people, 65 years and older, in the United States today. Memory-related communication problems are becoming an increasingly typical part of the everyday experience of older people and the people who take care of them.

This paper examines the different memory accounts (i.e., explanations and justifications) used by AD and non-AD patients when talking about memory capability and memory loss. The subjects for this study are patients and clinicians in the Neurology Clinic at Georgetown University Medical Center. The data are 30 hours of audiotaped conversation between 15 AD and 15 non-AD patients and their clinicians during a clinical examination. The data have been tape-recorded, transcribed, and analyzed using a socio-gerontological discourse analytic approach. Findings show that AD patients display their attitudes and beliefs about memory and forgetting in the form of memory accounts more often than non-AD patients do. Patients' attitudes ranged from acceptance to distress about their memory capabilities and loss. This research has implications for further study of language and communication within the realm of health-provider/older patient interaction.

JUDGING FORGETFUL YOUNG AND OLDER ADULTS

J.T. Erber, I.G. Prager, X. Guo, Florida International University, University Park Campus, Department of Psychology, Miami, FL 33199.

72 young and 72 older adults (perceivers) read a description of an incident in which a young (20's) or older (70's) woman (target) walks out of a store wearing a hat she did not pay for. When questioned by the manager, the target says, "I was trying the hat on and I must have forgotten I was still wearing it." On 7-point Likert scales, perceivers rated their reactions to the target (belief, anger, sympathy) and also their recommendations for what action that should be taken. In a 2 (Perceiver Age) x 2 (Target Age) MANOVA, both young and older perceivers thought that the manager would be more likely to believe the target forgot if she was old rather than young. Also, they thought the manager would be less angry and more sympathetic toward the old target than toward the young target. Finally, perceivers were less likely to recommend that the harshest action (calling the police) be taken when the target was old rather than young. In prior person perception studies perceivers used an age-based double standard when making attributions for memory failures; failures were attributed more to internal stable causes (poor memory ability, mental difficulty) when a forgetful target was old rather than young. The results of this study provide evidence that perceivers show greater leniency (less anger, more sym-pathy, and less punishment) when judging a target who is old rather than young. These findings of relative leniency for the old target support Weiner's (1993) Model: When a target's negative behavior is attributed to internal stable (as opposed to unstable) causes, the target will be held less responsible, will engender less anger and greater sympathy in others, and will be punished less harshly.

MEMORY FOR GET-ACQUAINTED CONVERSATIONS IN THE ELDERLY.

T.Y. Arbuckle, D. Pushkar, M. Peled, M. Nohara-LeClair, M. Robichaud, L. Mosca, Centre for Research in Human Development, Concordia University, Montreal, Canada H4B 1R6

Memory for conversations was studied in 190 adults aged 63-93. Immediately after the conversation participants were asked to identify whether each of 15 topics had been addressed and, if addressed, what was said about it. Approximately one year later, 72 of the original participants were asked again about their memory for the conversation. The immediate recall data provided no support for the hypothesis that older adults, particularly those high in off-target verbosity (OTV), would remember less of the conversation; rather higher education and better self-rated health were the best predictors of immediate recall. On delayed recall, high OTV predicted better recall of what the individuals themselves had said but was unrelated to recall of what the partner had said. Better delayed recall was also associated with being tested in the same environment as the original conversation (lab) as opposed to a different environment (telephone) and to having a larger social support network. The implications of these findings for social information-processing in the elderly are discussed.

PREDICTING RECALL OF MEDICATION INSTRUCTIONS

O.N. Gould (Psychology Department, North Dakota State University, Fargo, ND 58105), L. McDonald-Miszczak (Western Washington University), J. Gregory, (North Dakota State University).

Thirty older women (M = 73.7 years) and 30 younger women (M = 20.3 years) heard audiotaped medication instructions and were asked to predict how easy this information would be to recall. Participants were telephoned after a 24-hour delay and given an unexpected cued recall test concerning the medication instructions. Both younger and older women over-predicted recall performance, and older women over-estimated their memory performance more than did younger adults. However, older women were similar to younger women in relative prediction accuracy, namely the accuracy of predictions on one item relative to another within each person's responses.

341

GOOD AND BAD DEATHS IN THE NURSING HOME: FAMILY, CARE STAFF AND RESIDENT VIEWS.

A. Bower, Phila. Geriatric Ctr. 5301 Old York Rd, Phila. PA 19141.

Participants:

R. Rubinstein (Univ. of MD, Baltimore) Evaluating Life Events: Good and Bad Death.

S. Moss (Phila. Geriatric Ctr, Phila) Family Perceptions of Good and Bad Deaths.

M. Moss (Phila. Geriatric Ctr, Phila) Care Staff Perspectives on Resident Deaths.

A. Bower (Phila. Geriatric Ctr, Phila) "Ready to Die": Residents Talk About Death

Discussant:

C. Justice. (McMaster Univ. Dept. of Gerontology, Hamilton, ONT.)

Increasingly, both the professional literature and the mass media evaluate dying and death as "good" or "bad". To what and whose experience do these terms refer? How relevant are these concepts? This symposium examines nursing home residents' dying and death in the context of these questions. Notions of "good" and "bad" are first examined as culturally meaningful, evaluative frameworks for this significant life event. Then, key themes revealed in family members', caregiving staff's and residents' understanding of "good/bad death" are explored. A "good" death is widely identified as one without suffering, but each segment articulates and emphasizes unique, often contrasting, themes in their perspectives on these concepts. For FMs, the timeliness of and their presence at death are crucial themes. Staff avoids characterizations of death as "good" or "bad", but identifies important characteristics of a "desirable" dying and death. Residents dismiss "good/bad" as relevant concepts, and focus on "ready to die". These themes are identified and discussed, and the implications for nursing home practice examined. This qualitative exploration of evaluative frameworks of nursing home death draws on ethnographic data from three culturally and religiously different nursing home sites and is supported by NIA grant #AG 13993.

EVALUATING LIFE EVENTS: GOOD AND BAD DEATH

R. Rubinstein, Univ. of Maryland, Baltimore.

Dying and death are significant life events and as such are likely to be approached from an evaluative perspective. "Good" and "bad" are evaluative constructs that permit us to typologize dying and death in culturally meaningful ways. Additional frameworks also obtain for the characterization of dying and death, for example, "on time", "expected", "peaceful", "sudden". This paper discusses such evaluative frameworks, with special attention to "good" and "bad" as it applies to nursing home dying and death. The extent to which the larger context of "living" is extended into "dying" in nursing homes will also be addressed

FAMILY PERCEPTIONS OF GOOD AND BAD DEATHS

S.Z.Moss, Phila. Geriatric Ctr.

Family members (FMs) never lose the image of the way in which their relative died, and they often evaluate that process as "good" or "bad". Most FMs speak in terms of what was good or bad for their deceased relative, reflecting Weissman's view (1972) that an appropriate death is regarded by surviving FMs as one that would be preferred by the deceased. However, FMs also think about what was good and bad for themselves with respect to their relative's dying and death. Not infrequently, they find a conflict between these two perspectives. Based on in-depth interviews with FMs of both living and deceased nursing home residents, this qualitative analysis explores two central themes in this perceived conflict. First, timing is crucial. FMs' experience emotional discomfort when they perceive their relative's dying to take too long, or when it is perceived to occur suddenly. Second, presence or absence during their relatives's dying and at the moment of death can be problematic for FMs. While a pervasive theme is the FMs' stated desire to be present at these moments, both a sense of relief coupled with feelings of guilt proceed from their absence. This paper explores these themes and relates them to evaluations of their relative's dying and death as "good" or "bad".

CAREGIVING STAFF PERSPECTIVES ON GOOD AND BAD DEATHS

M.S.Moss, Phila. Geriatric Ctr.

The ways in which nursing home caregiving staff (S) evaluate dying and death help create its context. Although many S contend that they do not characterize dying and death as either "good" or "bad", most clearly identify more and less desirable aspects of a resident's end-of-life experience. This qualitative analysis identifies and discusses salient themes in S perspectives on Rs' quality-of-death. For example, S are likely to regard as "good" a death which they perceive to have been desired by the R, to have occurred during the R's sleep, and to have ended a "full life". "Bad" deaths are likely to be identified with S perceptions of the R's isolation from family or social networks, or the R's "inability to accept" impending death. Further, S perceptions of their own role in influencing quality-of-death informs their view of death typology. For example, S's perceptions of their own role in maximizing a R's physical comfort and minimizing (or preventing) aggressive or inappropriate medical intervention leads to assessment of the R's death as "good. The important interplay between staff's perceptions that focus on the death desired by the R and their perceptions of their own role in influencing R's quality of death is considered. The implications of these views for end-of-life care are discussed.

"READY TO DIE": RESIDENTS' TALK ABOUT DEATH

A.R.Bower, Phila. Geriatric Ctr.

"Good" and "bad" are not evaluative terms that nursing home residents (Rs) independently introduce into their discourse about dying and death. Indeed, many Rs deny the personal relevance of such a distinction. Rather, they speak of death as something they are "ready" or "not ready" to "do". In terse, seemingly transparent statements, Rs situate their claimed readiness to die within a various and changeable set of circumstances related to their moment-by-moment experience of their present health status, spiritual state, biography, and daily environment. In this qualitative analysis of Rs' discourse, the contexts in which they identify themselves as ready to die will be enumerated and illustrated. Then, it will be shown that the simple language of these facile, surface claims serves to obscure the deeper meanings they hold for Rs. The language Rs employ in their talk about their readiness to die will be examined, revealing complex semantic relationships that support Rs' readiness claims (e.g. disjunction, contrast, hypothesis, literality). Linguistic analysis of these semantic relationships reveals that "ready to die" thus entails a complex of important dimensions, in which Rs formulate an understanding of their proximity to dying in the context of their moment-by-moment experience of living.

342

FINDING MEANING IN THE THIRD AGE

S.A.Bass, Graduate School, University of Maryland, Baltimore County, 1000 Hilltop Circle, Baltimore, MD 21250

Participants:

R.Dobrof (Brookdale Center on Aging, Hunter College, New York, NY 10010) Aging as Understood by the Aged.

D. Guttman, (Northwestern Memorial Hospital, Chicago, IL 60611) Centers of Significance: The Druse Elders.

H.R. Moody (Brookdale Center on Aging, Hunter College, New York, NY 10010) Helping Older Adults Construct Meaning.

G.D. Rowles , H. Ravdal (Saunders-Brown Gerontology Center, University of Kentucky, Lexington, KY 40536) The Meaning of Place under Changing Circumstances.

R.Rubinstein (University of Maryland, Baltimore County, Baltimore, MD 21250) The Life Review, Reminiscence, and the Meaning Context in the Third Age.

R.Settersten (Case Western Reserve University, Cleveland, OH 44106) The Social Construction of Meaning in Later Life.

Discussant: R.Weiss, Gerontology Institute, University of Massachusetts Boston, Boston, MA 02125

The Third Age, a time for many in which life is no longer structured by work, is something newly available to large numbers of Americans, is largely without models or patterns. There is no older generation that has used the years well or badly from whose experience the newly retired can draw. The post-Depression era children now entering the Third Age represent a pioneering cohort whose choice – for travel, for post-retirement education, for work, for relocation to one or another setting – will help establish expectations for those who follow.

The challenge facing those entering the Third Age is to establish meaning for their lives in a culture and a society without established structures fostering such meaning. Mihaly Csikszentmihalyi (1990) explores how a sense of oneself as mattering depends on having a purpose in life that makes one's activities meaningful. Nietzsche states that, "He who has a why to live for can bear almost any how."

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Activity is not synonymous with meaning. One can be very busy in a life without purpose and a sedentary lifestyle can be rich with meaning. How we as a society discusses late life purpose and develop structures, opportunities, and roles to foster meaning in the Third Age will be the focus of the symposium. Presenters will discuss papers on meaning in the Third Age that will be appear in a forthcoming book by Oxford University Press.

BSS-27

AGING AS UNDERSTOOD BY THE AGED

R.A. Dobrof, Brookdale Center on Aging, Hunter College, 425 E. 25th St., New York, NY 10010.

This paper will draw upon the clinical experience in working with the able elderly in developing an understand and insight to life purpose and meaning. As an older gerontologist, the author will reflect on her own career, the experiences of her clients, and her own search to find meaning in later life. Among the aged, what aspects of life and living, of goal setting and goal achieving – what cognitive and emotional processes, what activities, relationships, and events – contribute to a sense of life as have been meaning and contribution to be meaningful. Case histories, personal experiences, and inward reflection will provide texture and insight to the questions of meaning and later life.

CENTERS OF SIGNIFICANCE: THE DRUSE ELDERS

David Gutmann, Ph.D., Northwestern University Medical School, Div. of Psychology, Dept. of Psychiatry, Chicago, IL 60611

The aged are typically seen as cut off from those sources of meaning routinely provided to adults by significant work and by parenthood. Thus disengaged, they are presumably vulnerable to depression and fear of death, and they are fated to wait on others - grandchildren, doctors, etc. - to bring some meaning into their lives. But the aged are not always destined to be passive consumers of meaning; in this paper I will describe the life-ways and personal characteristics of the elders (the aqil) of a middle eastern sect, the highland druse. Their patriarchs show us that traditional elders can have a special purpose, as centers of significance which they bestow on the lives of those younger than themselves. In this paper I will put forward a model concerning the ways in which universal, developmental emergents of later life may coact with the opportunity structures afforded the elder in traditional society to bring about out adaptations beneficial to the senior man and to his community as a whole. Under such conditions the aged do not disengage, but transit between normative orders, from those which govern the materially productive life to those which govern the moral and spiritual life. As such, they import significance from the gods, and export it into their larger social worlds.

HELPING OLDER ADULTS CONSTRUCT MEANINGS

H.R. Moody, Brookdale Center on Aging, Hunter College, 425 E. 25th St., New York, NY 10010.

Philosophers have been writing about meaning and life purpose for hundreds of years. The subject received considerable attention by psychologist Viktor Frankl in his pioneering work, Man's Search for Meaning. Frankl quotes Nietzche: "He who has a why to live can bear almost any how," in pointing out the importance of finding purpose in life. Camus and Csikszentimihalyi also point to the sense of mattering as being crucial in making life meaningful. But the extension of life in post-retirement years raises new questions of one's purpose during these added quality years.

Drawing from a long history of philosophical and psychological literature, the paper will explore the ways older people find meaning in life after the conclusion of career-related work and child rearing. Older people frequently report how busy they are in retirement. Does busyness engender meaning? Is the struggle to find meaning reduced or exacerbated by life's transitions in the Third Age? How are pleasurable experiences distinguished from those that provide meaning? These and other questions are addressed in this paper.

THE MEANING OF PLACE UNDER CHANGING CIRCUMSTANCES

G.D. Rowles, H. Ravdal, Ph.D. Program in Gerontology, University of Kentucky, Lexington, KY 40536-0230.

Meaning in old age cannot be understood independently of time and space; it is intimately intertwined with our personal history and involvement within the places of our lives. In this paper we consider the role of place in creating and sustaining meaning. Using data from more than twenty years of research, an integrative perspective on place meaning is developed that includes complementary dimensions of physical familiarity, social involvement, and autobiographical attachment as components of each elder's "being in place." The nature of being in place and, hence the meaning of place, evolves throughout our lives. We illustrate how change in location, both forced and anticipated, alters the meaning of place in elders' lives as they respond to changing environmental circumstances. Through examination of the implications of environmental change and relocation for well-being and for the creation and recreation of meaning, we document the impact of place transitions among elders. Preserving place continuity, place transference, and the creation of new meanings of place are identified and illustrated as strategies for maintaining high levels of well-being among elders as they accommodate to changing personal and environmental circumstances.

THE LIFE REVIEW, REMINISCENCE, AND THE MEANING CONTEXT OF THE THIRD AGE.

Robert L. Rubinstein, Sociology and Anthropology, University of Maryland, Baltimore County, Baltimore, MD 21250

This paper is concerned with the construction of meaning by Third Agers. It argues that meaning making is an important human activity, both as conscious effort and as cultural backdrop. The Third age is seen as a period of relative freedom from responsibilities and of good health. The paper argues that the Third Age provides some inchoate possibilities of meaning making, but relies primarily on meanings derived from the period before or the impending period of poor health following. There is nothing about the Third Age developmentally that compels a life review, for example. This represents a lag between the Third Age as historically and culturally defined and lived, and an ideology and cultural schematization about it. Given increased longevity and changes in later life, ultimately the Third Age must be seen as liminal, as both old age and not old age.

THE SOCIAL CONSTRUCTION OF MEANING IN LATER LIFE.

R. A. Settersten, Jr., Department of Sociology, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106-7124.

Questions about the purpose and meaning of human existence have been asked since the beginning of (recorded) history and seem deeply rooted in human nature: What is the purpose and ultimate meaning of life? How can one live a meaningful and fulfilling life? The struggle to discover and realize meaning continues throughout life and becomes particularly important during the later years. At this time, individuals must integrate their experiences into a meaningful life story and feel satisfied with life as it has been lived. This task may be particularly challenging in the face of normative age-related declines and losses and diminishing time-left-to-live. Of course, meaning is derived from both internal and external sources. This paper considers key social contexts that set parameters on, and serve as important sources of, meaning in later life. It begins with an exploration of three distal social settings and their link to meaning -- culture, cohort, and demography (especially parameters related to fertility, morbidity, and mortality). It then turns to several more proximal social settings that shape meaning -- family relationships and friendships, leisure and social participation, community and residence, work and retirement, and education. The paper highlights critical trends occurring in each of these settings, and the opportunities and barriers to meaningful roles and activities for elders therein.

343

LIVING ALONE IN OLDER MIDWEST AMERICAN INDIANS

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Living alone is a growing phenomenon among older adults in the U.S. This study examined the prevalence of and prediction of living alone in Older American Indians residing in the midwest. Two-hundred fifty randomly selected participants were interviewed twice over a 2 year period. Overall, twenty-four percent of the sample lived alone at both time 1 and time 2, with 12% transitioning to living alone or to living with others across the 2 years. Living alone at times 1 & 2, as opposed to with a spouse, or with others, was associated with increased age and depression. There was no difference between the groups on comorbid medical disease, self-reported ADLs or IADLs, education, or strata (urban v. rural). Live-alone older American Indians may be a group at risk for isolation and depression.

FAMILY MATTERS: NATIVITY DIFFERENTIALS IN MID-LIFE HEALTH

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This study employs data from the Health and Retirement Study (HRS) to examine the socioeconomic forces that lead to favorable self-assessments of health for men and women ages 40 – 62. Specifically, we seek to better understand the causal mechanisms that explain health disparities by nativity for non-Hispanic whites and Hispanics. Previous research has indicated significant differentials in health status and reliance strategies between native and foreign-born individuals. We hypothesize that nativity differentials are associated with access to financial and social resources, particularly the family. Our results indicate that unequal access to various resources has serious implications for overall health. Among immigrants, family satisfaction variables are associated with good health, while more economic variables, such as low household income, are not significant. Among the native-born, both family and financial factors are significant determinants of health status.

The implications of these findings for social science research on the pathways leading to illness in middle age and beyond are discussed.

A Twenty-Year Illness Trajectory of Hypertensive Patients: Hospitalization among US Black and White Adults

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Hypertension is a serious public health problem in the United States that raises the risk of other illnesses such as stroke, heart attack, heart failure and renal insufficiency. Early identification and treatment can not only reduce the risks of premature mortality and morbidity but also avoid unnecessary hospitalization and health care costs. Research in the past has identified possible risk factors for hypertension, but little is known about the lifelong illness trajectory of hypertensive patients, except from clinical data. The present study used data from the first National Health and Nutrition Examination Survey: Epidemiologic Follow-up Study (1971-1992) to examine hospitalization of hypertensive patients. Among the survivors in the analysis, results from negative binomial and tobit regression models indicate that people who have uncontrolled hypertension have higher usage of hospitals even after adjusting for the effect of health conditions, demographic characteristics, socio-economic status, and health behaviors. Compared to the normotensives, people with uncontrolled hypertension are more likely to be hospitalized and have longer length of hospitalization. People who have controlled hypertension do not show any significant difference from the normotensives. Results from logistic regression also indicate that Black adults are less likely to be hospitalized. If hospitalized, however, they have more repeat visits and longer length of stay. Findings suggest that although hypertension is more prevalent among Black adults, hypertensive Black adults do not have higher volume of hospitalization than their White counterparts. Hypertension, if under control, does not significantly increase the risk of hospitalization in the long run.

Stroke knowledge. stroke risk and stroke prevention practices of elderly African Americans Charlotte Pratt. B Tilley. M Chopp, G Chase. T Roberto Michigan Public Health Institute. Okemos. MI 48864 and Henry Ford Health System. Stroke Center and Department of Biostatistics and Research Epidemiology. Detroit. MI

Stroke is the third leading cause of death in the United States and older African Americans (AA) are mostly affected This study examines knowledge of treatment options. warning signs and risk factors for stroke (which are not well understood by the public. particularly African Americans) A randomized sample of 50 AA. 60-70 years of age. participated in focus group sessions The sample was grouped into those who do not have insurance. those with Medicaid or Medicare and recovered stroke patients who are in the Henry Ford Health System database Data were collected on 1) knowledge of the warning signs of stroke and stroke risk factors. 2) knowledge of stroke treatment options (including knowledge of t-PA and presentation time for effective treatment. 3) sources of stroke information. and 4) subject preferences and approaches for receiving information on stroke Themes from the session indicated that most AA elders do not know the causes and warning signs of stroke and stroke treatment options Most correctly indicated that immediate attention (Call 911) was needed if they observed someone having a stroke They noted that three most important stroke prevention practices were controlling high blood pressure. high blood cholesterol and obesity They desired stroke information in various forms TV (76%). face-to-face instruction (55%) and brochures and pamphlets (51%) Preferred approaches to stroke education include group discussions with health professionals These results and their implications will be discussed in detail during the presentation

DIFFERENCES BY RACE IN FEAR OF BREAST CANCER AND ITS EFFECT ON SCREENING BEHAVIOR IN OLDER WOMEN J. Mitchell, & M. Altpeter, Institute on Aging, 730 Airport Road, CB #1030, UNC, Chapel Hill, NC, 27599-1030

Data from interviews with 826 white and 809 African-American women aged 52 and older are used to develop a 14-item measure of breast cancer fear. Results indicate that fear of breast cancer is widespread among women with subtle differences by race. Principal components factor analysis results suggest 3 subdimensions for both African-American and white women: fear of treatment, fear of cancer tumors, and fear of the social consequences of breast cancer. The fear subdimensions are included with sociodemographic, health status, and breast cancer awareness indicators in predicting screening behavior among white and among African-American women. Separate predictions by race suggest that, although cancer fears are widespread, they have little effect on screening, African-American women may be substituting breast self-examination for clinical screening, and those who are more likely to receive screening are receiving on-going clinical care for other conditions. The implications are that people outside the system of care are more susceptible to late-stage detection and higher mortality than are others.

Coping Patterns of the Rural-Arab Family with Homebound Elders

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The Arab community in Israel is in transition This is reflected in areas such as economy, education, family structure and women's status Traditionally, Arabs lived in extended families-the *hamulas* Within this structure the nuclear family functioned mainly as a subunit of the extended family Studies in the last decade indicate decline in the importance and power of the *hamula* Among Israeli Arabs these developments have reshaped the aging process, the patterns of social exchange, and caregiving for frail elderly Studies on the topic, though, are still sparse using mainly quantitative methods The present research aims to fill this gap by a qualitative study, in order to explore the functioning and coping of the rural Arab family caring for a chronically elderly relative Data were collected from 10 family units (4 people in each unit) with chronically ill, homebound elders, by in-depth interviews The 4 people included the elder, his/her primary caregiver, mainly a spouse, and 2 other secondary caregivers, usually sons and daughters-in-law The data indicate the uniqueness of coping among these caregivers in two main areas the gender of the caring child and family reluctance to use aid from formal systems Research on care-giving usually show that when children are involved in care it is the daughter who takes most of the responsibility. In the present study when children were the main or even the secondary carers they were the sons who provided instrumental and economic support, transportation, contact with agencies. When personal care was needed the daughter-in-law provided it. Second, according to the Long-Term-Care Insurance Law 1988, home bound elders are entitled to 10-15 hours home care per week. Among the families studied resistance to accept this service was high, as help is first sought from close or extended family members. The theoretical contribution of the study is the understanding of the family dynamics, considerations and preferences in times of stress within a social context of transitions.

HELP-SEEKING AMONG JAPANESE AMERICAN OLDER ADULTS: SOCIO-CULTURAL FACTORS

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This study examines the socio-cultural variables that influence help-seeking attitudes among Japanese American elders. Although acculturation has been identified as a predictor for increased service utilization among Asian American elders, little data is available regarding attitudes among Japanese American elders towards seeking formal and informal help. Structured interviews were conducted with a community sample of 131 Japanese American elderly (53 males and 78 females), 60 years of age and over, to assess their willingness to seek help. Factor analyses extrapolated three attitudinal characteristics of help-seeking. Regression analyses found associations between acculturation and willingness to seek help. Association between lower socio-economic status and hesitation towards help-seeking was also found. The results indicate the importance for practitioners to be sensitive to socio-economic factors as well as cultural factors when assisting elders to seek assistance.

SUBJECTIVE HEALTH AND SENSORY FUNCTIONING ACROSS TIME AND SAMPLES: ASSOCIATIONS WITH OBJECTIVE HEALTH AND EPISODIC MEMORY

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Subjective ratings of health, hearing, and vision were compared in Canadian (Victoria Longitudinal Study (VLS); n= 400) and Swedish (Kungsholmen Project (KP); n = 168) samples. Participants were assessed twice, three years apart, and all older adults were free of dementia and psychiatric disease. The VLS sample was stratified into young-old (54-64 years), middle-old (65-74 years), and old-old (75-84 years) adults, whereas the KP sample comprised adults who were old-old (75-84 years) and very old (85-94 years). Similar patterns of age differences and change in subjective health and sensory functioning across time were found, although the absolute levels varied across samples. Objective but not subjective health was related to episodic memory performance in the VLS sample, whereas the opposite pattern was found in the KP sample.

A CROSS-CULTURALLY VALID MEASURE OF PREPARATION FOR FUTURE CARE NEEDS

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Older adults vary in the extent to which they think about their future care needs and in the types of preparation activities they engage in. Few reliable measures of preparation processes exist. Based on prior theory and qualitative studies, 34 Likert-style items were compiled to represent 5 dimensions of preparation for future care needs: (1) Becoming aware, (2) avoiding awareness, (3) gathering information, (4) deciding on preferences, (5) making concrete plans. The items were presented to 242 American and 178 German independently living seniors. Confirmatory factor analyses of each dimension revealed factor equivalence across cultural groups. The 29-item measure resulting from item reduction was administered to an additional 289 US and 548 German seniors. After 3 months, 220 of the respondents received the survey again.

For both US and German seniors internal consistency was α=.68 to .86 and temporal stability ranged from r=.55 to .72 (except for the 3-item avoidance scale: r=.47,.43). Evidence for validity was that most subscales of our measure were significantly correlated with ADL-limitations and age, the belief that planning is useful and the expectation that care will be needed in the future. Furthermore, the correlation of the process subscale "making concrete plans" with a content measure of the concreteness of planning was r=.46 (US) and r=.54 (Germany); "gathering information" was correlated r=.49 and r = .38 with knowledge of services.

ATTITUDES ABOUT MENTAL HEALTH SERVICES: ARE THERE AGE DIFFERENCES?

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It is commonly assumed that older and younger adults have very different attitudes about seeking mental health services and that these attitudinal differences are major factors reducing the use of mental health care by the elderly. However, little documentation exists to illustrate how elders actually perceive mental health care. Responses from 519 residents of a retirement community were compared with data from a national survey of persons ages 21-65. Results indicate similarities across age groups towards certain aspects of mental health care including seeking treatment for severe mental illness, importance of mental health care, and concerns about cost and coverage as a barrier to care.

Differences included number of persons who had actually seen a mental health professional, preference for certain categories of mental health professionals, using a family physician for referral, and stigmatization (e.g. elders were less concerned about others opinions). Older adults reported interest in learning more about mental health problems and Medicare mental health coverage. Clinical, policy and public education implications are discussed.

PACING OF ACTIVITY AS A PREDICTOR OF AGITATED DEMENTIA BEHAVIOR

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The Sensoristasis Model of Dementia Sequelae postulates that older adults with dementia experience intrapsychic discomfort because of imbalances in the pacing of sensory stimulating and/or sensory calming activity. Intrapsychic discomfort results from either too much high stimulus activity or too much low stimulus activity over a given time period. Consequences of intrapsychic discomfort include agitated behaviors and episodic and/or premature decline in instrumental and social function. This presentation will describe tenets of the model and report research on activity pacing in acute and long-term care. A total of 810 activity units were analyzed. Pacing of activity in both settings will be described. Sustained pacing of activity was shown to significantly predict agitation. The unique contribution of sustained pacing of activity in predicting agitation while controlling for noxiousness and type of activity will be presented.

EMOTION SOCIALIZATION AND HEALTH IN THE LATER YEARS

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Tomkins (1963) hypothesized that the manner in which parents respond to the emotion signals of children effects their psychological and physical health, with potentially lifelong consequences. Here we examine emotion socialization experiences in childhood and emotional and physical wellbeing in the later years. Punitive emotion socialization was expected to have adverse consequences.

Method. Respondents were 440 elders, half Euro-American and half African American, matched on gender (68% female), income ($16,500), and age ($\underline{M}$ = 75 years). They completed the CARE health inventory, the Differential Emotions Scale (DES), and the Emotions as a Child questionnaire (EAC). The DES measures present emotional dispositions, the EAC measures punitive socialization of emotion in early life. Four negative emotions associated with clinical illness were the focus of study.

Results: In the overall sample, the punitive socialization of emotion was associated with significant elevations on depression, anxiety, shame, and anger. In terms of health, the punitive socialization of fear, shame, and sadness were associated with sleep disorder, whereas the punitive socialization of anger was associated with hypertension, stroke, and leg pain. ANOVA indicated African Americans experienced greater punitive socialization of anger than their Euro-American counterparts. In terms of present health, African Americans had more hypertension and marginally more stroke. Euro-Americans had higher levels of sleep disorder, respiratory distress, hearing impairment, and a history of cancer.

ATTACHMENT STYLE IN OLDER INDIVIDUALS

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Differential attachment styles have been linked to differential emotion regulation and the ability to cope with stress in samples of young adults. There are few data on of attachment styles in older adults despite the fact that attachment relationships are said to play a significant role in psychological wellbeing throughout the lifespan..

Participants were 800 community-dwelling older Caucasian and African American s ($\underline{M}$ = 75 years). Attachment measures included intimacy subscales from the Network Analysis Profile (Cohen et al. 1982), and the Bartholomew and Horowitz (1991) relationship scales questionnaire. The latter yields both categorical scores and continuous attachment scores.

In contrast to findings with younger subjects where 47% of subjects score as secure, 18% dismissing, 14% preoccupied, and 21% fearful--74% of these older respondents were classified as dismissing, 15% secure, 5% fearful and 5% preoccupied.

Analysis of the scores of Euro-American and African American respondents in a smaller, matched pairs comparison sample (N=440) indicated Euro-Americans scored higher on attachment security and preoccupation, whereas African Americans scored higher on dismissing attachment. However, an analysis of responses on the Network Analysis Profile, where respondents name their closest kin and friends and rate them on importance and the extent to which they can share intimate thoughts, can count on them, and have them understand the self, indicated the African Americans have higher scores than Euro-Americans. Age effects observed in the larger sample may reflect cohort effects related to historical changes in childrearing practices. Race effects appear to relate to measurement issues.

Comparison of Informal Caregiving by Black and White Elderly in a Community Population

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This population-based study compared the proportion of older caregivers and time spent in caregiving activities among black (61.5%) and white (38.5%) residents of a geographically defined community of 5927 adults aged 65 or older. Multiple logistic and linear regression models were used to examine the effects of demographic variables, including race, on the probability of being a caregiver and on the total amount of time spent in caregiving activities each week. More than 16% of residents had provided care to others during the previous twelve months and 10.3% were still providing care. Among men and women, both caregiving prevalence and time increased significantly with age for married persons and decreased for unmarried persons. Compared to whites, blacks were 33% more likely to be caregivers, spent almost 13 more hours each week in care activities, and

were more likely to assist friends. Although older people typically are viewed as the recipients of informal care, they provide a substantial amount of care to others with health problems and disability. Most research has focused on the needs of young and middle-aged caregivers and little is known about the needs of these older caregivers.

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SUBJECTIVE DISTRESS AMONG DEMENTED OLDER ADULTS AND IMPACT ON CAREGIVER'S PERCEPTIONS,

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Dementia presents an increasing challenge to an aging society. However, little research has been conducted on dementia from the sufferer's perspective. Study extends current knowledge about (1) level of subjective distress in demented patients and (2) how symptoms relate to caregiver's perceptions of negative behaviors and their own distress. Participants were categorized into two groups. Demented patients (n=28; 82% female; M age=78) were drawn from an assessment clinic. Diagnosis was confirmed by interview and MSE testing. Anxious/depressed adults (n=42; 64% female; M age=64) were recruits from senior centers who received a t-score of 60 or above on BSI anxiety or depression scales without cognitive impairment. Participants completed the Brief Symptom Inventory. Caregivers completed the Memory and Behavior Problems Checklist. Results showed that demented group was significantly higher than anxious/depressed group on only one BSI scale: obsessive-compulsive. Demented patient's global distress was strongly related with their caregiver's perceptions of problematic behaviors (r = .546, p = .004) and also with caregiver's distress reactions (r = .570, p = .003). Results indicate that increases in problem behaviors and negative caregiver reactions are associated with increases in perceived psychological distress among demented elders.

RELATIONSHIPS OF COPING STRATEGIES WITH PERSONALITY DYSFUNCTION AND MENTAL STATE SYMPTOMS

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Previous research has shown personality disorders (PDs) to underlie many clinical disorders among older adults. It is likely that coping strategies also affect development of personality and clinical symptoms in elders. Purpose of study was to determine the relationships of diverse coping strategies to a wide range of PDs and mental state symptoms among older adults. Community-dwelling volunteers from senior centers (N=78; M age=65.5; 61% female; 80% white) completed the Brief Symptom Inventory, Coolidge Axis II Inventory, and Coping Orientations to Problems Experienced scale. Results (correlations) revealed that majority of BSI mental state symptom scales (7 of 9) were positively correlated with dysfunctional coping strategies. Obsessive-compulsive, interpersonal sensitivity, and hostility showed the strongest relationships. Eight of 14 PD scales were significantly negatively correlated with problem focused coping and emotional focused coping clusters. Six PD scales were also significantly positively correlated with dysfunctional coping, notably borderline PD (.43). Results suggest that dysfunctional coping appears to be related strongly to mental state symptoms in older adults in accordance with literature on younger adults. It is possible that use of maladaptive coping strategies may actually produce distress in some elders. It also appears that dysfunctional coping strategies are not as strongly related to PDs, suggesting that older adults with character disorders may actually be marked more by an overall decline in functional coping rather than an increase in dysfunctional coping.

THE LONGITUDINAL MEDIATION EFFECT OF PSYCHOLOGCIAL WELL-BEING ON THE CONTROL – PHYSICAL HEALTH RELATIONSHIP.

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The goal of the present study was to understand, longitudinally, the impact of perceived control over social interactions and depression on physical health outcomes. Social control refers to an individual's perception that he/she can mobilize his/her social resources. Measures of control have been shown to be strongly related to psychological well-being and perceived physical health in an older population. However, there has been much debate over the direction of these relationships. In order to best understand the etiology behind control, psychological well-being and physical health, a 3-year longitudinal study was conducted on a group of 230 adults over the age of 65. It was hypothesized that although perceived social control concurrently predicts measures of both psychological and physical health, a closer examination should reveal that health is predicted by control indirectly, with psychological well-being serving as a mediator of the control – health relationship. Results indicated that the direct effects of control on health were reduced to a nonsignificant level when depression was included in the model. This study lends support to the idea that control and depression do have an effect on health status, both concurrently and over time, suggesting a bio-psycho-social-model for understanding the health status of older adults.

HARDINESS AND ADJUSTMENT TO LIFE EVENTS IN ADULTHOOD.

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The relationship between psychological hardiness and individuals' ability to cope with distinct types of life events (involuntary job loss and post-parental launching of adolescent children) was investigated among 83 persons who had lost their jobs and 61 individuals whose young child had left the home, each occurring within the last year. Volunteers completed measures which assessed psychological hardiness, psychological and physical stress reactions, and both NEO neuroticism and extroversion. Two-way (life events, levels of hardiness) analyses of variance/covariance suggested that even when controlling for extroversion and neuroticism, overall hardiness and hardiness subscale (challenge, commitment, control) scores moderate individuals' response to the loss of their jobs and to the empty nest, with persons who were less hardy coping less adequately with job loss than with the empty nest, while more hardy persons coped more adequately with job loss relative to the empty nest. Findings also suggested the empty nest to be less problematic than job loss. Thus, in adulthood, hardiness as an adaptive psychological characteristic is linked to different adjustment outcomes for persons who experience normative vs. nonnormative life changes.

INSIGHT INTO DEFICITS ASSOCIATED WITH DEMENTIA: A MULTIDIMENSIONAL SCALE.

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Several studies suggest that level of awareness of deficits is an important moderating variable in level of caregiver burden, level of depression, and ability to accurately self-report mood states. However, the vast majority of studies examining the influence of insight focus on only one dimension, usually insight into cognitive deficits. The present study developed a measure to assess insight into cognitive, functional, and emotional/behavioral deficits. The Dementia Deficit Scale (DDS) consists of items assessing a variety of deficits and problems that occur in patients with dementia. The patient, informant, and clinician completed parallel forms of the DDS. All three versions were highly internally consistent and 2 week test-retest of the patient version was good. Insight was defined two ways: the discrepancy between the clinician and patient's DDS (CPD), and the discrepancy between the informant and patient's DDS (IPD). When administered to 122 older adults grouped by depression and dementia diagnoses (Depressed Demented, n=29; Depressed Non-Demented, n=28; Non-Depressed Demented, n=38; Non-Depressed Non-Demented, n=27), both CPD and IPD discriminated well between demented and non-demented subjects and neither score was affected by presence of depression diagnosis. Other evidence for convergent validity included similar factor structures of clinician and informant versions, and significant correlations between subscales of the 2 versions. Hierarchical regressions onto CPD and IPD were significant, revealing level of insight to be inversely related to clinician-rated depression and positively related to caregiver burden and dementia severity.

THE RELATIONSHIP BETWEEN IDENTITY AND SUBJECTIVE WELL-BEING IN THE RETIREMENT YEARS

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Much of the research concerned with identity in late adulthood has utilized measures of well-being and self-esteem as indicators of identity status. However, this relationship has not been validated with empirical research. In the present study, the relationship between identity and subjective well-being in late adulthood was examined using data from 43 retired university faculty and staff. Identity status interviews were conducted at which time subjects also completed the revised version of the Philadelphia Geriatric Center Morale Scale (Lawton, 1975). Results indicated that individuals with well-established identities exhibited higher levels of subjective well-being than those without firm identities. However, the identity measure had positive correlations with both age and educational level, while subjective well-being was not related to any of the control variables (age, sex, occupational type, educational level, and length of time retired). Furthermore, the identity and subjective well-being measures were found to have different patterns of correlations with the 5 subscales of the identity measure (Work, Relationships, Activities/Hobbies, Values/Beliefs, and Change). These findings suggest that although identity and subjective well-being are related, they may not be tapping similar underlying constructs. In addition, identity may be influenced more by such factors as age and education than subjective well-being. Further research is needed to determine what specific life experiences, particularly in old age, affect identity and how these experiences impact identity.

PSYCHOLOGICAL HARDINESS AND ELDERS: MEASUREMENT ISSUES.

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An issue of concern regarding psychological hardiness has been that of measurement consistency. The purpose of this study was to examine the factor structure of Kobasa's Abridged Hardiness Scale, the only scale specifically revised to measure hardiness among elders (McNeil et al., 1986). Confirmatory factor analysis was used to examine factor structure among 398 older Kentuckians. Results: a) provided support for a three-factor hierarchical hardiness model; b) did not support all items as acceptable indicators of older adults' hardiness; and b) indicated that a better fit was obtained for a 15-item, three-factor hierarchical hardiness model. Results suggested the importance of further study regarding the reliability and validity of psychological hardiness measures. For example, although some fit indicators suggested acceptable measurement properties, others indicated the need for improvement.

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COPING STRATEGY USE AMONG OLDER ADULTS WITH SCHIZOPHRENIA

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Numerous studies have demonstrated that relapse among schizophrenics can partially be accounted for by coping abilities (e.g., Macdonald et al., 1998; Pallanti et al., 1997). However, few have explored coping strategy use for everyday life events and stressors among older adult schizophrenics. There is evidence to suggest that across the life-span this group develops unique techniques encompassing problem-focused coping (Cohen, 1993) which can lead to greater perceived self-efficacy and goal-directed behaviors (e.g., Englert et al., 1994). The present study sought to clarify the relationship between coping behaviors and symptoms of psychological distress among a group of older schizophrenics ($N = 50$, M age = 53.0 years). Prior literature indicates emotion-focused coping is most frequent among non-clinical older adults. With this sample, responses on the Ways of Coping Scale indicate that problem-, cognitive-, and emotion-focused coping strategies were utilized to a high degree, with least reliance of the latter. Regression analyses revealed that 17% of the variance in psychological distress could be accounted for by coping strategy usage over and above age, particularly with emotion-focused strategies. Such findings can assist professions to more systematically address the needs of this group via focused assessments and interventions. (BSS 12)

SUICIDE AS A CATASTROPHIC REACTION TO THE DIAGNOSIS OF A MAJOR MEDICAL CONDITION

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A large literature addresses patient wishes to end their lives by physician-assisted suicide in the context of a debilitating illness like cancer. Little research has examined how a diagnosis of cancer, Alzheimer's disease, or even HIV disease may cause a catastrophic reaction culminating in the patient committing suicide. We conducted a retrospective review of medical examiner records of all suicides in persons age 55 or older from 1996-1997 in one medical examiner district (about 1 million people). A total of 174 suicides were ascertained. Of these, 29 (17%) had seen their physician with a week of their successful suicide. About 18% of the 29 identified cases were women. Thirty-two percent had previously been diagnosed with depression, and the same percentage left a suicide note. There was a history of alcohol or drug abuse in 18%, physical violence or verbal discord in 18%, and previou suicide attempts for 21%. Six persons had received a terminal diagnosis of cancer or liver disease two months before death, four occurring in the last week. Three persons (11%) had unrelieved pain, and nine (32%) had been discharged from the hospital the week before death. Detection and prevention strategies for physicians and other medical personnel are presented.

Psychiatric Illness and Health Care Costs Among Medicare Elderly: Gender Comparisons

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This HCFA funded study examines differences in psychiatric diagnoses and health care costs by gender among a 5% random sample of Medicare elderly beneficiaries of Tennessee during 1991-1993 (n=35,673). Additionally, we determined whether treatment cost varied by gender for specific diagnoses.

Analyses show that 15.7% (n=5,601) of the elderly had at least one psychiatric disorder according to ICD-9 codes during the three year period. Elderly females had significantly higher rates of mental illness than males (17.5% vs. 12.9% respectively). Further analyses indicated rates of dementia, organic psychosis, mood disorders and anxiety were higher among females than males. Rates of schizophrenia were similar between males and females.

The cost analyses indicated that the annual average health care cost for those with psychiatric disorders was significantly higher ($12,540) than for those without any psychiatric problems ($6,647). Further, males had higher cost than females with dementia ($16,501 vs. $13,507 respectively) and organic psychosis ($18,989 vs. $16,652 respectively). No gender cost differences emerged regarding schizophrenia, mood, and anxiety disorders.

These results indicate that the health care costs of Medicare elderly with psychiatric illness is significantly higher than those without mental illness, and that higher male cost is contributed by their higher inpatient costs relative to females.

BSS-12

MENTAL HEALTH AND DISABILITY STATUS OF THE DIABETIC OLDER MEXICAN AMERICAN

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This study is based on a random sample of 735 Mexican Americans aged 45 years and older from South Texas along the Texas-Mexico border. Consistent with other previous community based studies, this study found significantly high prevalence rates for type II NIDDM among Mexican Americans, and these data strongly support other findings reporting higher prevalence rates for diabetes in Mexican Americans than non Hispanic Whites. The self reported prevalence rates for diabetes in this study was 23.7%. Of the 174 subjects reporting having diabetes, 32.7%, were insulin dependent. The prevalence rates for females, 26.8%, were significantly higher than that for males (18,8%) (Chi-square = 5.563,p<.01). The relation of diabetes with disability were examined, particularly with respect to ability to perform activities of daily living. The relation of diabetes to mental health, particularly depression and sleeping disorders were also examined and significant results were obtained.

AGE DIFFERENCES IN EMOTIONAL RESPONSE TO STANDARDIZED STIMULI.

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Socioemotional selectivity theory has suggested that older adults have a more positive emotional experience than do younger adults. In this study, 38 younger adults were compared with 23 young-old and 15 old-old adults in their ratings of immediate emotional response to standardized visual emotional stimuli: 60 slides from the International Affective Picture System. Participants were compared on responses to three subsets of slides that evoke high arousal ratings and both negatively and positively valenced affective ratings. The old-old reported less negative emotion in response to negatively valenced slides than did the young or the young-old. They also reported less extreme shifts to the negative end of the valence dimension than did the young-old for all 60 slides. The results are interpreted as supporting socioemotional selectivity theory for the old-old group and as suggesting that the more positive emotional state of the old-old is due to less negative emotion rather than to greater positive emotion.

ANTECEDENTS OF MENTAL DISORDER IN OLDER CANADIANS

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The National Population Health Survey (NPHS) is a nation-wide longitudinal investigation of the health of individuals from 27,263 Canadian households. The current investigation, based on the first wave of NPHS data (1994-95), examines the relationship between two measures of mental disorder included in the survey, major depression and mental distress, and a number of variables thought to influence their occurrence in older adults. Using George's (1996) multistage conceptual model of psychiatric disorder as a framework, the relationship of depression and distress to demographic (age and gender), life event (e.g. marital status), vulnerability (e.g. functional disability) and protective (e.g. social support) factors was examined. Results suggest direct and mediating effects of antecedent variables on the occurrence of both depression and mental distress among older adults in ways that are consistent with George's theoretical model. More specific causal relationships between measures of mental disorder and their antecedents, as predicted by George's multistage model, will be tested as future waves of NPHS data become available.

CONCORDANCE BETWEEN MEDICAL RECORD DIAGNOSIS AND A CONSTRUCTED ANXIETY VARIABLE IN THE NMES.

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Anxiety disorders have received scant attention in the nursing home population despite Epidemiological Catchment Area (ECA) data suggesting anxiety disorders are among the most prevalent conditions experienced by older people (Myers et al., 1984). One month prevalence estimates of 5.5% for adults 65 and older ranked second in diagnosable mental disorders with only cognitive impairment being more common. Further, prevalence data suggest that women suffer from anxiety disorders at about twice the rate of men. Research suggests that anxiety disorders usually emerge early in life and that anxiety disorders appearing in late life are generally not late onset. Data from the National Medical Expenditures Survey (NMES) provides a representative sample of nursing home residents to explore prevalence of anxiety in the institutional setting. A total of 5,726 nursing home residents were surveyed; 528 received a medical record diagnosis of anxiety disorder. Eliminating residents diagnosed with Senile Dementia limited the sample to 2,923 with 202 medically diagnosed cases. A variable constructed according to DSM-III-R criteria for Generalized Anxiety identified 253 cases of which only 56 were identified in the medical record. One hundred sixty-five residents had three or more anxiety related symptoms without meeting DSM-III-R criteria. Relationships between resident characteristics and anxiety diagnosis were also considered.

THREATS AND VIOLENCE IN COMMUNITY-RESIDING ELDERLY PERSONS

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Violence has become a major problem in the US where homicide rates have risen steadily over the last 30 years and are the highest of any western country. Suicide rates for elderly persons have also risen since 1980. Health care providers see both victims and perpetrators of violence in a variety of settings. Factors contributing to violence in the elderly include access to lethal weapons, living alone, declining physical health and cognitive function that impairs judgement and impedes ability to generate alternatives. Depression is an acknowledged risk factor for suicide. This retrospective study determines the scope of the problem of violence in the community-residing elderly and identifies factors that contribute to personal and situational potential for violence. During a one-year period 9 out of about 60 persons presenting for geriatric evaluation at a medical center in central Massachusetts were noted to be either the victims or the potential perpetrators of violent actions. Of the 9 subjects, 4 voiced threats of suicide and self-harm, 3 threatened to kill, and 2 were victims of abuse. The ages ranged from 70-86 with an average age of 79.6. The most common presenting complaints were mental status changes with depression (89%), trauma from falls & motor vehicle accidents (66%), weight loss (89%), urinary incontinence (21%) and financial problems (21%). The sample was cognitively impaired with the average minimental score of 20/30 and depressed with the average score of 6.8/15 on the geriatric depression scale. Five subjects reported daily alcohol intake. Five subjects reported keeping a loaded gun in the home. Early recognition and implications of the problem of violence and interventions for the health care provider are discussed. A national policy for the prevention of violence is urged in order to meet the goals outlined in Healthy People 2000.

DEVELOPMENT OF JAPANESE QUALITY OF LIFE INSTRUMENT FOR THE ELDERLY WITH DEMENTIA

N. Yamamoto, T. Abe, Y. Honda, Y. Okita, H. Amamiya, C. Yamazato, C. Sugishita, & K. Kamata, Department of Family Nursing, Faculty of Medicine, The University of Tokyo, 7-3-1 Hongo, Bunkyo, Tokyo, 113-0033, Japan.

The purpose of the present study is to develop a Japanese Quality of Life Instrument for Elderly with Dementia (QL-D-J) and to test its validity and reliability. A 63-item, multidimentional instrument, with 4-point likart scale, has been developed for proxy rating. Altogether 9 facilities of various types (residential care facilities and day care facilities) which serve for the elderly population participate in this study. Altogether 300 subjects are recruited. The instrument is filled by staff members of those facilities who take care of the elderly persons on the daily basis, as well as primary family caregivers, if the elderly person participates in the

day care. The QL-D-J is tested for validity (factor analysis; correlation with dementia level, the level of activities of daily living, age and sex of the elderly, and age and sex of the rater, correlation with other health-related instruments, correlation with staff's consensual designation of the elderly person's QOL level), and reliability (internal consistency, inter-rater reliability and test-retest reliability). This is one of the first attempts to develop a Quality of Life instrument for the elderly with dementia in Japan, and its importance is substantial.

RELATIONSHIP QUALITIES AMONG LAY HELPERS AND OLDER ADULTS WITH SEVERE MENTAL ILLNESS D.L. Gammonley, School of Social Work, Florida International University, North Miami, FL 33181.

An adequate level of informal social support is an important determinant of positive late life functioning among persons with severe mental illness. Lay helper interventions are a promising strategy to increase informal social contact. This study used participant observation and semi-structured interviews to evaluate relationships between older adults employed as lay helpers and similar age peers with severe mental illness in a rural community. Two lay helper-mental health consumer pairs were observed for one year and completed semi-structured interviews at six-month intervals. Field notes and interview transcripts were content analyzed using The Ethnograph V4.0. Relationship quality was evaluated in 3 areas: (a) lay helper techniques, (b) contextual influences, and (c) role perceptions. Declining consumer physical health resulted in increased amounts of instrumental support and less frequent emotional and informational support. Lay helpers also increased access to social and leisure activities. Setting limits with inappropriate behavior and coping with psychotic symptoms caused the most difficulty for lay helpers. Prior personal history altered the quality of the relationship along with supervision provided to the lay helpers. Both consumers and lay helpers preferred to characterize their relationship as a friendship. Implications for implementing lay helper interventions and further exploring social relationship qualities among elders with severe mental illness are discussed.

BSS-12

Relations among Changes in Social Physique Anxiety and Quality of Life in Exercising Older Women
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Although there is a growing literature to suggest that regular participation in physical activity positively influences quality of life, the potential mechanisms which may underlie this relationship are less clear. Further, the theoretical relationship between quality of life and other psychological outcomes associated with physical activity participation have received little attention. The present study examined the extent to which a 12-week strength training (N=24) or flexibility (N=29) program influenced social physique anxiety (SPA) and quality of life indicators, including one's satisfaction with life (SWL) and both positive (PA) and negative affective (NA) responses. Participants (Mage=73 years) completed all measures prior to and following the exercise interventions. Repeated measures multivariate analyses of variance with condition as the between subjects factor and time as the within subjects repeated measures factor were employed to examine changes in physique anxiety and well-being over the course of the programs. Exercise condition did not differentially influence the variables of interest. However, there was a significant overall decrease in SPA ($p<.05$), and a reduction in NA ($p=.06$) over time. Correlational analyses indicated that changes in SWL were related to changes in SPA ($r=-.30$, $p<.05$), NA ($r=-.35$, $p<.05$), PA ($r=.30$, $p<.05$), and positive well-being ($r=.41$, $p<.01$). In addition, changes in SPA were related to changes in a performance-based measure of physical function ($r=-.30$, $p<.05$). The results suggest that improvements in body perceptions in older women are related to changes in quality of life indicators. How these relations may be influenced by social, behavioral, and physical factors awaits examination.

RACE AND ETHNIC DIFFERENCES IN THE LINK BETWEEN THE DISABLEMENT PROCESS AND MENTAL HEALTH. M. Kristen Peek, UTMB, 301 University Blvd., Galveston, TX 77555-1028, Terry Mills, Barbara A. Zsembik, Chuck W. Peek, University of Florida, and Charles W. Peek, Texas Tech University. An important aspect of gerontological research has been the focus on the transition from health to disability, and several models have been proposed to examine the "disablement process." Much of the previous research has been devoted to examining specific aspects of the models but not on the investigation of potential outcomes of the disablement process, such as mental health. Furthermore, very little research has examined the disablement process and its effects among disadvantaged populations. To address these gaps in knowledge about the disablement process, we examine race and ethnic differences in the effects of the disablement process on mental health. Using data from Wave 1 of the Asset and Health Dynamics Among the Oldest Old (AHEAD) study of adults aged 70 and older, we estimate the direct and indirect effects of race, ethnicity, and disability on both positive and negative affect ($n = 6,596$). Results from structural equation models (LISREL 8.20) indicate that being Hispanic is significantly associated with an increase in negative affect both directly ($beta = .19$, $p < .001$) and indirectly through levels of disability ($beta = .21$, $p < .001$). However, being African-American has a direct significant association with positive affect ($beta = .16$, $p < .001$) and no significant direct effect on negative affect. Being African-American does have a significant indirect effect on negative affect ($beta = .36$, $p < .001$) through levels of disability and medical conditions. These results suggest that the effects of the disablement process on mental health vary by race and ethnicity. With the release of the second wave of AHEAD data, we will be better able to determine the differential effects of race and ethnicity in the connection between the disablement process and mental health over time.

MEASURING CONSUMER MENTAL HEALTH OUTCOMES IN AGED PSYCHIATRY SERVICES
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Consumer outcomes for aged mental health services are often assessed with satisfaction surveys using set questions. We have designed a measurement system developed from Goal Attainment Scaling (GAS) to address the shortcomings of this traditional approach. Where the conventional approach is inflexible, the modified GAS based approach identifies problems and measures outcomes that are applicable to an individual's

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specific circumstances and needs. The methodology highlights clinical outcomes that are of direct relevance to the client, emphasising quality of life issues. The method is embedded into the clinical process, unlike satisfaction surveys, and the results have direct relevance to everyday clinical practice. The Clinical Goals and Outcome Questionnaire (CGOQ) is completed by the client, their carer and the case manager independently, at one week after referral to the service. The questionnaires cover four areas: the listing of important problems that they would like resolved; a rating of how badly each of these problem areas are affecting them; their preferred priorities for service intervention; and a rating of how successful they feel the support service will be in resolving their problem areas. This process is repeated in 8 weeks to assess any change in the ratings of the severity of the problems and to obtain a final rating on the actual benefit of the service. The questionnaire is being administered to around 150 elderly persons living in the community referred to aged mental health services, their carers and clinical service case managers. We will present the results of reliability and validity testing and clinical outcomes as assessed by clients, carers and the clinical service staff. The usefulness of this approach for ongoing evaluation of consumer rated clinical outcomes will also be discussed.

CORRELATES OF PSYCHOTROPIC DRUG USE IN THE ELDERLY COMPARED TO ADULTS AGED 18-64: RESULTS FROM THE QUEBEC HEALTH SURVEY.

M. Préville, R. Hébert, R. Boyer and G. Bravo. Gerontological Research Center, Sherbrooke Geriatric University Institute, Canada (Québec). (mprevill@ courrier.usherb.ca)

This study documents correlates of psychotropic drug use among older adults and compares the results observed in this group to those observed in individuals aged 18 to 64. A multivariate logistic regression analysis using data from the Quebec Health Survey (1992-1993) was employed to study predisposing and facilitating factors of this behavior. Results showed that 23% of the elderly (n=1813) reported having used psychotropic drugs during the two days preceding the survey, compared to 5.2% of the respondents aged 18 to 64 (n=1813). Combining both samples, psychological distress (OR=3.61), perceived health status (OR=3.83) and physical functional status (OR=2.55) were the main health factors associated with psychotropic drug use. Furthermore, after controlling for the effect of the respondents' physical and psychological health status, our results showed that more women than men used psychotropic drugs (OR=2.87). A significant difference was observed between the two age groups with regard to the association between the respondents' health services utilization for psychological distress symptoms and psychotropic drug use. These results were interpreted as supporting the sociocultural hypothesis of psychotropic drug use. It is suggested that future research may contribute to a better understanding of psychotropic drug utilization in the older adult community-dwelling population by examining consumers' attitudes and health care providers' social values concerning the appropriateness of this behavior.

Integrating Personality Data into Geropsychiatric Treatment Plans.

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Using multiple measures of personality (self-ratings, diagnostic checklists, standardized questionnaires) increases the probability of obtaining a valid estimate of the contribution of personality to current psychiatric problems and treatment planning. However, incorporating these measures may be cumbersome. Two case studies illustrating how multiple sources of personality data can be used for geropsychiatric treatment planning are presented. Patient A reported extreme levels of personality pathology that were not validated by clinician evaluation. A measure of normal personality traits was instrumental in integrating this disparate information by revealing underlying motives and coping styles. Patient B's personality assessment indicated different findings depending on which personality measure was examined with each measure suggesting different treatment approaches. Consistent personality themes emerged that could be synthesized into a cohesive treatment plan. **BSS-27**

THE INVESTIGATION OF AFFECTIVITY IN OLD AGE

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Up to now researches about the emotional experience of aged people assert that emotional development shows an involution. In geriatric field this brought to the opinion that "senectus ipsa morbus est". Our study demonstrated that ageing does not impede the preservation of successful emotional responses, both in terms of quality and of quantity. In this frame, we are carrying out a study to single out some mood states parameters in a sample of 809 people (364 male and 445 female) ranging in age from 65 to 98 years. We have used the POMS (Profile of Mood States) in its italian version. The test consists of 58 five-point adjective rating scales. In order to validate the test on the elderly we have carried out a factor analysis (method of principal components) with oblique rotation that has produced different compositions of scales in relation to the age. The six factors extracted were: sadness, tension, potency, renunciation, disorientation, anger. The factor correlation matrix indicate the presence of correlations between the factors that supports the oblique rotation. Cronbach's Coefficient shows a satisfactory internal consistency of the first 5 scales ($.82>\alpha<.90$), while is inferior for scale 6 ($\alpha = .55$).

Multivariate analysis point out that elderly maintain unchanged their capacity to respond to emotional situations; moreover negative adjectives have evidenced low values. Our study demonstrated the importance of using appropriate tools to investigate ageing processes. The POMS lend to being one useful and powerful tool to investigate affectivity in old age. An ulterior improvement of the test will be the balance between the adjectives with positive and negative valence.

344

THE PRIMARY CARE OF ELDER MISTREATMENT: DEVELOPING A "BEST PRACTICE" MODEL FOR CALIFORNIA

C. Hirsch (Chair) Div. of General Medicine and the Medical Training Center on Family Violence, UC Davis Medical Center, Sacramento, CA 95817

Participants:

C. Hirsch (UC Davis Medical Center, Sacramento, CA) Elder Mistreatment as a Chronic Disease: Increasing the Involvement of Clinicians

R. Loewy (Section of Bioethics, UC Davis Medical Center, Sacramento, CA) Mandated Reporting for Physicians: Ethical and Practical Concerns

W. Wright (Children's Hospital, San Diego, CA) The Child Protection Center: A Model for the Assessment and Management of Elder Mistreatment?

L. Mosqueda (Dept. of Family Medicine, UC Irvine, Orange, CA) Elements of a "Best Practice" Model for Elder Abuse Management: a Geriatric Perspective

L. Nerenberg (Consortium for Elder Abuse Prevention, San Francisco, CA) Discussant

The goal of this symposium is to provide the background and rationale for a "best practice" model of elder-abuse management that emphasizes timely, systematic collaboration between health-care providers, adult protective services (APS), and law enforcement. Although all forms of elder mistreatment (EM) affect the health and health care of older adults, physicians report a tiny fraction of cases, and health-care providers largely play a peripheral and inconsistent role in its management. Although most states mandate reporting of at least physical abuse, physicians often fail to recognize EM, or are reluctant to report out of concern about violating patient confidentiality or harming relationships with the patient and caregiver. Under-funding of APS has heightened skepticism over its ability to provide appropriate case management.

Newly expanded elder-abuse reporting laws in California have prompted a "rebuilding" of county APS that offers an opportunity to integrate clinicians, home health agencies, and other health professionals into the routine assessment and management of EM. Clinical experience with Child Protection Centers may help guide the design of a geriatrics-oriented management model, whose features will be described. Ms. Nerenberg, a national authority on EM, will lead a discussion of the pro's and con's of the "geriatric" model and barriers to its implementation.

CM-21, SRPP-1

ELDER MISTREATMENT AS A CHRONIC DISEASE: INCREASING THE INVOLVEMENT OF CLINICIANS

C. Hirsh (Division of General Medicine (Geriatrics) and the Medical Training Center on Family Violence, University of California, Davis Medical Center, Sacramento, CA)

Up to 2.5 million older Americans annually experience mistreatment or self-neglect. Elder mistreatment (EM), commonly in multiple forms, is often chronic and may escalate over time. Despite EM's profound impact of health, its management has remained largely within the sphere of law enforcement and adult protection services. As often the only routine outside contact dependent elders have, physicians and allied health professionals have an obiligation to recognize and report suspected EM. In California, the responsibility of health professionals to report abuse has been increased by the state's newly expanded mandatory reporting laws, which require the reporting of physical abuse, neglect, self-neglect, abandonment, and financial abuse. The future ability of clinicians to manage EM's health effects, as well as their future cooperation with mandated reporting, hinges on APS' ability to respond in a predictable and timely manner, utilizing expert consultants and community agencies who are able to work together as a team. At present, such collaboration rarely takes place. Achievement of the legislative mandates will require the creation of innovative working relationships between APS, law enforcement, and the medical community that, in turn, will require specialized training of these professionals.

THE CHILD PROTECTION CENTER: A MODEL FOR THE ASSESSMENT AND MANAGEMENT OF ELDER MISTREATMENT

W. Wright (Children's Hospital, San Diego, CA)

Beginning in the 1970's, the developing field of child abuse spawned the establishment of centers of excellence for the assessment and management of abuse victims (also known as child protection centers [CPA]). Their purpose has been to provide expert assessment, forensic examinations, and counseling of children who are suspected of have been physcially, sexually, of psychologically abused. Often, additional services are available, such as counseling and group therapy for abusers. Referrals come from child protective services, law enforcement, community pediatricians, as well as the abusing families. Although the scope and depth of services vary from center to center, and from state to state, most CPC's place special emphasis on victim assessment by clinicians with special expertise in child abuse, who work closely with child protective services, law enforcement, and prosecutors. In California, the clinical activities of CPC's are funded by state monies allocated to victims of crime. Although child abuse differs substantially from elder abuse, particularly with regard to the autonomy and legal decision-making capacity of the victim, the concept of a referral center, the pivotal role played by health-care professionals, and the close, interdisciplinary collaboration represent desirable features that may be replicable in the field of elder mistreatment.

MANDATED REPORTING FOR PHYSICIANS: ETHICAL AND PRACTICAL CONCERNS

R. Lowey (Section of Bioethics, Department of Internal Medicine, UC Davis Medical Center, Sacramento, CA)

Although elder abuse laws are intended to protect vulnerable adults and punish abusers, they may come into conflict with the principles and practice of medicine, raising doubts among some clinicians about the appropriateness and feasibility of reporting. Mandatory reporting potentially violates patient confidentiality and threatens the physician-patient-caregiver relationship. Following a report, the ethical principle of "Do no harm" may be jeopardized as a result of the investigation and subsequent chain of events, over which the physicians has little control. The filing of a report does not guarantee either that a satisfactory solution to the abusive situation will be found, or that the report will prompt an investigation. Because of the health-care professions' commitment to non-maleficence as an ethical priority, the frustration of not seeing any benefit—and, perhaps, even greater harm—to the patient after an APS report has been filed constitutes one of the most persuasive arguments against physician reporting, especially in states with inadequately funded APS programs.

Elements of a "Best Practice" Model for Elder Abuse Management: a Geriatric Perspective

L. Mosqueda (Dept. of Family Medicine, the Academic Geriatrics Resource Center, and the Children's Hospital Medical Training Center on Family Violence, University of California, Irvine, Orange, CA)

Elder mistreatment generally is managed under a social-services model, whose goal is to stop abuse and neglect through social interventions. While this approach has many strengths, it often fails to address the challenges of managing acute and chronic illnesses that are caused or exacerbated by abuse and neglect. Various county APS , may assemble multidisciplinary teams to "brainstorm" difficult cases, but these typically meet over a table, rather than performing assessments and interventions in the field. The involvement of clinicians in the management of abuse is critical. However, for the busy primary-care clinician, a geriatrician, usually working with an interdisciplinary team, may be better able to conduct and coordinate the time-consuming medical, functional, and psychosocial assessments that are integral to understanding the etiology of the mistreatment and its relationship to the victim's health-care needs. Elder mistreatment has been called both a chronic disease and a geriatric syndrome, in part because its victims are often frail, functionally dependent elders in whose care geriatricians specialize.

Other Specialties and community services, especially home-health and mental-health professionals, are routinely needed to evaluate and treat the health consequences of mistreatment. Identifying those professionals and community agencies who have an interest and expertise in elder mistreatment, and then coordinating referrals and ensuring timely communications among them, represent a valuable and needed function of APS. In California, state-funded Medical Training Centers have already been established to develop standardized courses for mandated reporters in all areas of family violence. A logical extension of their role would be the inter-disciplinary team training of the community professional involved in elder-abuse management at the local level.

Panel Discussion

L. Nerenberg (Director, Consortium for Elder Abuse Prevention, San Francisco, CA)

The symposium will conclude with a panel discussion led by Ms. Nerenberg. She will comment on the history of elder-abuse management in the United States and California, describing how and why the assessment of elder mistreatment differs from the assessment of child abuse. She will discuss the appropriateness and feasibility of the proposed "geriatric" model in the context of California's expanded elder-abuse laws and the development of state-wide standardized courses on elder mistreatment for health professional.

345

DEMENTIA-RELATED PROBLEM BEHAVIORS AMONG COMMUNITY DWELLING ELDERLY

S. Diwan, Dept. of Social Work, Georgia State University, Atlanta GA 30303. & V.L.Phillips, Dept. of Health Policy & Management, Rollins School of Public Health of Emory University, Atlanta GA 30322.

Participants:

S.Diwan, (Dept. of Social Work, Georgia State University): Impact of dementia-related behaviors on use of case management time in a home care program.

V.L.Phillips, (Health Policy & Management, Rollins School of Public Health of Emory University): Problem behaviors and the time to nursing home placement among demented clients in a home and community-based services program.

R.C.Green, P. Holtsberg,J.L.Woodard, J.M.Harrison: (Memory Assessment Clinic& Alzheimer's Disease Program, Georgia State Univ., Atlanta, GA 30303): Phototherapy for behavioral disturbances in demented, agitated community-dwelling elders.

Discussant: P.N. Tariot (University of Rochester School of Medicine, Rochester NY)

Research documents the high prevalence of dementia-related agitation and problem behaviors among nursing home residents and community-based elderly. Whereas problem behaviors are associated with increased use of staff time in nursing homes, and increased informal caregiver burden in the community, their impact on home and community-based services (HCBSs) programs has not been assessed. Behavior problems may also affect formal caregivers within HCBS programs (through increased use of caregiver time), and affect the time to nursing home placement (NHP) for demented clients. Treatment options are often under-utilized in the community-dwelling population. This symposium will present findings from two studies documenting the impact of problem behaviors on the use of case management time and on the time to NHP among demented elderly in a HCBSs program. Estimates of the costs of premature placement will be presented. Treatment options will be reviewed and an experimental intervention, involving the use of bright lights, will be described. Problems in implementation and design of intervention studies among agitated community-dwelling elderly will be discussed. Policy implications for altering caseload size, developing case management protocols to address behavior problems, increasing access to various treatments, and educating both formal and informal caregivers on behavior management strategies will also be discussed.

THE IMPACT OF DEMENTIA-RELATED BEHAVIOR PROBLEMS ON USE OF CASE MANAGEMENT TIME IN A HOME CARE PROGRAM. S. Diwan, Department of Social Work, Georgia State University, Atlanta GA 30303.

Dementia and its associated behavioral problems, which are prevalent both in home care and nursing home populations, are significant risk factors for nursing home entry and impose a heavier care management burden on both formal and informal caregivers. Studies have demonstrated that additional staff time is used by demented patients with behavior problems in nursing homes. Little evidence is available of the impact of agitation and dementia on managing clients in HCBS programs. This study examined the impact of agitation and behavior problems on the use of case management (CM) time by 73 randomly selected clients with a reported diagnosis of dementia in a Medicaid waiver-funded HCBS program. The most commonly occurring behavior problems were wandering (27%), agitation or general restlessness (23%), and uncooperativeness (21%). Multiple regression analysis found two variables to be significantly predictive of higher use of CM time: the presence of behavior problems (which increased time use) and the interaction between behavior problems and ADL ability, i.e., behavior problems were predictive of higher time use for clients with better functional capacity.

Implications of the findings for CM programs include the following: As clients with behavior problems require more attention, case managers who deal with such clients may need to have smaller caseloads. CMs also need specific training on pharmacological and environmental interventions available. The structural capabilities of HCBS programs for addressing mental health needs and behavioral disorders should be enhanced, and alternative service delivery models, e.g., an interdisciplinary team, to address the needs of these individuals more effectively should be considered.

DEMENTIA-RELATED PROBLEM BEHAVIORS AND THE TIME TO NURSING HOME PLACEMENT AMONG DEMENTED ELDERLY IN A HCBSs PROBRAM. V. L. Phillips, (Dept. of Health Policy and Management, Rollins School of Public Health of Emory University, Atlanta, Georgia 30322). Dementia-related behavior problems are believed to increase the likelihood of nursing home placement (NHP) as they increase caregiver burden. This study examined the impact of problem behaviors on the risk of and time to NHP among demented elderly enrolled in a Medicaid home and community-based services (HCBSs) program. Data were collected on a random sample of 10% of clients discharged from the HCBSs program between August of 1995 and July of 1996 from four Georgia regions. For cognitively impaired clients, time to NHP was analyzed using a Cox Proportional Hazards model with behavior as a time-varying covariate. Exhibiting a behavior problem more than doubled the hazard ratio of placement ($HR=2.69$, $p=0.001$). Being older ($HR=1.03$), having more informal carers ($HR=1.35$), and having a dementia diagnosis ($HR=1.85$), a proxy for severity, significantly increased ($p<0.01$) the likelihood of NHP. Being African American ($HR=0.51$) or female ($HR=0.53$) significantly reduced ($p<0.01$) the likelihood of NHP. Having a problem behavior reduced the median time to NHP by 610 days and increases long term care costs per client by an estimated $37,000.

PHOTOTHERAPY FOR BEHAVIORAL DISTURBANCES IN DEMENTED, AGITATED COMMUNITY-DWELLING ELDERS. R.C. Green, P. A. Holtsberg, J. L. Woodard, J. M. Harrison, Memory Assessment Clinic & Alzheimer's Disease Program, Georgia State University, Atlanta, GA, 30303

Several lines of evidence have suggested that bright light therapy may reduce agitated behaviors and/or sleep disturbances in demented adults. For example, demented adults are exposed to less ambient light and have more behavioral, sleep and circadian rhythm disturbances than non-demented adults. Since ambient light entrains the biological clock, modulates sleep/wake cycles, and impacts affect, at least among non-demented adults, the potential for this intervention among agitated demented persons is of interest. Published trials attempting to demonstrate the therapeutic efficacy of phototherapy in demented persons have been small and uncontrolled, and thus inconclusive. We have completed the first randomized, placebo-controlled, blinded trial of phototherapy (11 consecutive days, 1.5 hours daily, 4,000 lux) for behavioral treatment among agitated community-dwelling demented older adults ($n=48$). Outcome variables included measures of agitation and affect using standard scales, and measures of sleep-wakefulness using wrist-mounted actigraphs. Preliminary data analyses revealed a significant reduction in physically agitated behaviors and improvement in affect among the participants exposed to phototherapy. Using experience in this study, we will showcase the problems in design and implementation of a study on agitated or sleep-related disturbances among the demented, community-dwelling elderly.

346

ADVANCED PRACTICE NURSES AS ADVOCATES: ETHICAL DILEMMAS IN GERIATRIC PRACTICE.

C. Smyth, Montefiore Medical Center Albert Einstein College of Medicine, Division of Geriatrics, 111 E. 210th St., Bronx, NY 10467

Participants:

C. Smyth (Montefiore Medical Center-Bronx, NY) Advocacy with the Elderly - Ethical Conflicts for the Advanced Practice Nurse.

S. Dubin (New York-Presbyterian Hospital - The Allen Pavilion, NY, NY 10034) To Tube or Not to Tube: A Tale of Modern Medicine.

A. Restrepo (Center for Geriatric Health Care Center, Newark, NJ 07112) Advance Directives: The "Window of Opportunity" in Primary Care.

H.B. Nueva Espana (St. Agnes Hospital, Our Lady of Mercy Healthcare System, White Plains, NY 10601) Advance Directives at End of Life: Resolving an Institutional Policy Conflict.

Discussant:

G. Ramsey (New York University, NY, NY)

Advanced practice nurses (APNs) have taken on expanded responsibilities in roles throughout the health care continuum. As the health care system has become more complex, the APN has established a pivotal role as advocate for the elderly. However, advocating for the elder's autonomy may bring the APN into direct conflict with other health care providers and the agency or institution. Bioethical analysis, grounded on the four principles of autonomy, beneficence, nonmaleficience and justice, facilitates clarity in the ethical issues and resolution of conflict. Yet, not all institutions employ a bioethicist. Three cases will be presented illustrating the following situations: the process of informed consent for a PEG; advocating for an elder's living will in a religious institution, and, education and completion of advance directives in primary care.

The discussant will reflect on the ethical issues posed, and possible approaches to conflict resolution, with and without a bioethicist.

ADVOCACY WITH THE ELDERLY-ETHICAL CONFLICTS FOR THE ADVANCED PRACTICE NURSE.

C. Smyth, Division of Geriatrics & Department of Nursing, Montefiore Medical Center, Albert Einstein College of Medicine, 111 E. 210th St., Bronx, NY 10467

Nearly twenty years ago, Dickman wrote in The Nurse Practitioner that different ethical issues would appear with the growth and acceptance of nurse practitioners. Today, issues of advocacy with informed consent and moral distress confront the advanced practice nurse (APN) in a changing health care system. The APN has taken on greater responsibility in providing care, but concurrently there is greater complexity in health care decisions, especially at the end of life. The loss of decision-making capacity in the elder complicates the informed consent process. The APN may share responsibility for counseling and educating during the informed consent process, and/or may bear witness to the consent process between the MD and patient/family. How APNs resolve ethical differences with other providers or an institution will be explored. The role of the bioethicist will be illustrated through case examples.

TO TUBE OR NOT TO TUBE: A TALE OF MODERN MEDICINE.

S. Dubin, New York-Columbia-Presbyterian Hospital, The Allen Pavilion, NY, NY 10034

Advanced practice nurses (APNs) often are confronted with ethical dilemmas in formulating care plans for hospitalized nursing home residents with end stage dementia. Frequently, the resident is hospitalized for sepsis or infection and has had a history of poor oral intake of food and fluids. The percutaneous endoscopic gastrostomy tube (PEG) is offered as a means to continue nutrition, instill medication, or sustain life. More recently, placement of PEGs has been used as a discharge tool to reduce hospital length of stay. The decision to place a PEG is often made in a crisis situation by families with partial information, and fear and/or guilt that they will starve or kill their loved one if the PEG is not placed. The patient with a PEG can be plagued with multiple revisions, clogged tubes, and recurrent aspiration. This presentation will review the research on PEG use. Case examples will be used to illustrate ethical dilemmas faced by APNs during the informed consent process for a PEG. Ethical considerations for discussion with families will be presented.

ADVANCE DIRECTIVES: "THE WINDOW OF OPPORTUNITY" IN PRIMARY CARE.

A. Restrepo, Center for Geriatric Healthcare, Newark Beth Israel Medical Center, Newark, NJ 07112

Modern medicine has developed novel machines, medicines and methods to sustain and prolong life. The ability to choose what treatments one wants and does not want is at the heart of autonomy, a revered principle in bioethics. Advance directives (ADs) offer every capable adult the opportunity to set up a plan for future medical decision-making. The Patient Self Determination Act of 1990 was thought to provide the foundation for a document that would guide end of life care decisions and convey a person's values and beliefs. The primary care practice offers a "window of opportunity" to educate the patient, caregiver, and family about advanced directives before a crisis in the hospital. The process of educating for greater understanding of advanced directives and responsibilities as proxy will be discussed. Research regarding discipline specific philosophy on advanced directives and the advantages/disadvantages of each discipline as educator and facilitator of ADs will be explored. Strategies to enhance the education process for ADs in primary care will be shared.

ADVANCE DIRECTIVES AT END OF LIFE: RESOLVING AN INSTITUTIONAL POLICY CONFLICT.

H.B. Nueva Espana, St. Agnes Hospital, Our Lady of Mercy Healthcare System, White Plains, NY 10601

Withdrawal of life-sustaining nutrition and fluids is one of the most common and difficult issues to resolve in planning care for the dying, elderly patient. The decision to withdraw nutrition and hydration becomes more complicated when advance directives are interpreted through the policy of a religious institution. Within the context of the Roman Catholic doctrine, food and water are equated with life, and to withdraw both may mean death. The Roman Catholic moral theology was changed by the Vatican in 1980 with the "Declaration on

Euthanasia". Differences in interpreting this doctrine among interdisciplinary team members became a barrier to implementing the living will of a dying elder and his family who sought to stop total parenteral nutrition. The interdisciplinary team consulted with the institution's ethics committee. Through a discussion of the religious directive on nutrition and hydration in the dying patient, a decision was reached that was acceptable to the patient's family and consistent with ethical principles.

347

FOCUSING THE AGING AGENDA: FROM THE WORLD ASSEMBLY TO THE INTERNATIONAL YEAR OF OLDER PERSONS AND BEYOND.

J. Sykes Wisconsin, 610 Walnut, Madison, WI 53705 and M. Cantor, Fordham, 113 W. 60th, New York, NY 10023. Co-Chairs.

Participants:

M. Cantor (Fordham, New York) Raising Awareness: The Impact of the International Year of Older Persons.

M. Acanfora (Buenos Aires, Argentina) Latin American Gerontological Strategies for Science Driven Policies.

R. McCarter (7703 Floyd Curl Dr. San Antonio, 78284 TX) Facilitating Collaboration Across the Hemisphere: A Report from the Pan American Congress

G. Andrews (Flinders Univ. Laffer Dr. Science Park, Adelaide, Australia) Setting the Research and Policy Agendas for the Millennium. A UN Perspective.

S. Greengross (10 Melton St. London, NW1 2BJ, UK) The Debate of the Age: UK's Approach to Raising Major Aging Issues for the Next Century.

Discussants:

T. Antonucci (Ann Arbor, MI)
J. Sykes (Madison, WI)

With the United Nation's announcement that 1999 would be "The International Year of Older Persons," researchers, activists, governments and senior's organizations mounted campaigns to focus attention on the theme "Towards a society for all ages." From the ministries to the communities, committees have formed to develop strategies to review the present and projected status of older persons throughout the world as we approach the end of the century. The intergenerational, international and inter-cultural dimensions of individual and population aging will be explored by the presenters from their unique perspectives; the discussants will reflect on the global dimensions of the issues and note areas for international collaboration. Members of the audience will be invited to add their views and propose issues to be included in the aging agenda for a new millennium.

348

ADAPTATION OF VETERANS AND THEIR FAMILIES ACROSS THE LIFE CYCLE.

M. Goodwin-Beck, VA Central Office, 810 Vermont Av., NW, Washington, DC 20420

Participants:

M. Goodwin-Beck (VA, Washington, DC) Aging Veterans and Their Families: Current and Future Demographics.

M. Parker (Univ. of Alabama, Tuscaloosa, AL 35487) & V. Call (Brigham Young Univ., Provo, UT 84602) Soldier and Family Wellness Across the Life Course: A Model of Successful Aging.

B. H. Vinick (Normative Aging Study, Bedford VA, Bedford, MA 01730) Factors Affecting Family Support to Older Men in the Normative Aging Study: Retirement and Remarriage.

L. Jarvik (Greater Los Angeles VA, Los Angeles, CA 90073) R. Andersen (School of Public Health, UCLA, Los Angeles, CA 90095) UPBEAT: A Psychogeriatric Intervention with Potential for Reduced Inpatient Utilization.

Although the active duty members of the US Armed Forces have been decreasing in recent years, the number of retired military and veterans 65 years and older continues to increase. The aging demographics of this population impact not only the veterans but also their families. Health promotion activities expected of active duty military personnel do not always involve the entire family and are not necessarily linked to successful aging after military duty ends. The symposium will discuss one model piloted by the US Army War College that does address the family. In addition, VA's experience with a cohort of 2,000 male veterans studied since the 1960s will be described in relation to life changes that may alter family support systems. The last paper will provide data from the evaluation of a biopsychosocial intervention for veterans cared for in VA that tend to be older, sicker, and many with limited family support. The intervention is directed toward detection and treatment of psychiatric problems in the elderly veterans with acute medical or surgical problems.

BSS-6; SRPP-8

M. Goodwin-Beck (VA, Washington, DC) Aging Veterans and Their Families: Current and Future Demographics.

The current veteran population is slightly more than 25 million with a median age of approximately 57 years. In 1996, about 26% of all US civilian males age 18 and over were veterans and by the year 2000, 66% of all US males age 65 and older will be veterans. Although the vast majority of veterans are male, the number of female veterans is increasing due to more women in the military. In 1996, approximately 1.2 million or 4.7% of the total veteran population was female and their median

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age was 45 years. By the year 2020, approximately 1.3 million or 8.1% of all veterans will be females and an estimated 336,000 will be 65 year of age and older. From an ethnic perspective, over 90% of the current veteran population 65 and over are Caucasian whereas 83% of the veteran population under 45 is Caucasian. As this younger cohort ages, issues of racial and ethnic diversity among elderly veterans will assume increasing importance. Many veterans, especially older ones, receive care from family members but there are also veterans who are caregivers. In the recent national survey of family caregiving in the US, published by the National Alliance for Caregiving and AARP, it was found that 11.5% of all caregivers and 38.9% of male caregivers have been on active duty in the US Armed Forces during their life. This paper will discuss the impact of the current and future demographic imperative of the aging veteran population on the family and on the health care system.

M. Parker (Univ. of Alabama, Tuscaloosa, AL 35487) & V. Call (Brigham Young Univ., Provo, UT 84602) Soldier and Family Wellness Across the Life Course: A Model of Successful Aging.

The current Zeitgeist surrounding health promotion in the military promulgate the propriety of prevention and health promotion and promise economic and quality of life munifinence. Health promotion and successful aging advocates in the military still face numerous challenges; nominal commitment from the health care industry, demographic revolution in life expectancy and aging of the population, gap between knowledge and behavior, and limited research on the efficacy of existing prevention programs. A theoretical perspective is needed to link common goals across the fields of successful aging, health promotion and the life-course. We address this void by describing a life course model of successful aging and health promotion at the Army's leadership school, the US War College (WC), and present data gathered from over 600 officers who attended the WC in 1996, 1997, and 1998. The presentation provides a review of the strengths and weaknesses of the current Department of Defense (DOD) model of health promotion and contrasts the DOD model with the WC pilot program. Utilizing life-event survey data, it is possible to reliably predict high probability life events, e.g., elder care, retirement, likely to occur within the next five years and to identify coping strategies officers have used to succeess-fully deal with those events. For example, over 35% of the officers rated their parents' health from poor to very poor and 39% rated their in-laws health as poor or worse. About 30% of the officers stated they worried about the health of their parents. The age graded system of intervention helps officers deal with life course events overlapping with transitions into senior command positions, thus making the health promotion program sensitive to the real experiences of military families.

B. H. Vinick (Normative Aging Study, Bedford VA, Bedford, MA 01730) Factors Affecting Family Support to Older Men in the Normative Aging Study: Retirement and Remarriage.

Research studies throughout the years have consistently shown the importance of informal support for the welfare of older family members. When they are in good health and, especially, when they are frail and ailing, emotional and instrumental aid provided to elders by spouses and children can be crucial to well-being. Initiated in the early 1960s as a longitudinal study of the aging process among 2,000 healthy men, most of them veterans, the Normative Aging Study (NAS) has investigated a variety of biomedical and psychosocial variables. Among the latter have been the effects of retirement and remarriage on family functioning and support exchanges, topics that have been somewhat neglected in the research literature. Studies from the Normative Aging Study have indicated that familial benefits accrue to men following retirement, including increased marital closeness and increased opportunities for intergenerational interaction and support. Remarriage, on the other hand, represents a decrement in inter- generational family cohesion when it has been preceded by divorce. A recent NAS study found that the majority of formerly divorced older men had lost touch with children before they remarried. Although current wives most often had made attempts to repair damaged relations with their husband's children, they had limited success. The report will detail retirement as a potentially positive context for family support, and remarriage as a potentially negative one.

L. Jarvik (Greater Los Angeles VA, Los Angeles, CA 90073) R. Andersen (School of Public Health, UCLA, Los Angeles, CA 90095) UPBEAT: A Psychogeriatric Intervention with Potential for Reduced Inpatient Utilization.

VA patients on acute medical and surgical units often have comorbid psychiatric problems and are costly to serve. The Unified Psychogeriatric Biopsychosocial Evaluation and Treatment (UPBEAT) program, a mental health care coordination program at nine participating VA Medical Centers, was developed to test whether psychogeriatric intervention in patients exhibiting symptoms of depression, anxiety or alcohol abuse will reduce inpatient days. 58% of consenting patients met enrollment criteria using the AUDIT and MHI Anxiety and Depression subscales; most had symptoms of depression or anxiety. Patients were randomized to either Usual Care or UPBEAT Care protocols. To date, we have information on

462 Usual Care and 418 UPBEAT Care patients. Analysis of social support systems in a subsample of 137 patients showed significant influence of social support (measured using the Lubben Social Networks Scale) on inpatient utilization. The specific role of the family will be explored. The greater average reduction in inpatient days of care among UPBEAT Care patients compared to Usual Care patients at seven of the nine sites suggests that providing psychogeriatric intervention does not necessarily add to costs but may in fact result in cost savings.

349

This symposium is sponsored by the GSA Technology & Aging Formal Interest Group.

Using Adapted and Assistive Technology with Older Adults to Enable Self Care, Home and Information Management

Chairperson: Joy Hammel, University of Illinois at Chicago, Depts. of Occupational Therapy and Disability and Human Development, 1919 W. Taylor St., Rm. 311, Chicago, IL 60612; hammel@uic.edu

Abstract: This symposium focuses on designing and evaluating technology products and services to maintain or improve functional and community living skills among older adults as they operate across settings in a variety of life roles, including self care/health manager, home manager, and information manager/resource coordinator. Strategies for adapting information, therapeutic and assistive technologies for use by older adults, and their families, caregivers and related community staff, are discussed. Factors influencing consumer satisfaction and long term technology use will be compared across diverse groups of older adults experiencing age and disability-related functional issues and impairments.

Talks:

- Mary Hamil Parker, Senior Housing Research Group, Alexandria, VA; "Participation of Older Consumers in a Home Monitoring Experiment to Detect Falls"
- James Watzke, Nancy Paris-Seeley & Silvia Raschke, Health Applied Research & Development Technology Centre, British Columbia Institute of Technology, Burnaby, BC CANADA; "Evaluation of Portable Lift and Transfer Devices to Reduce Musculoskeletal Injury to Home Care Workers and Caregivers"
- Joy Hammel & Tamar Heller, University of Illinois at Chicago, RRTC on Aging and Mental Retardation, Chicago, IL; "The Use of Assistive Technology within Basic and Instrumental ADLs by People with Developmental Disabilities Aging in Place."
- Robin Ritter, AARP, Washington DC; "Computer and Internet Design to Overcome Physical Challenges and Special Situations of Older Adults"
- Alexander Bucur, Andrus Gerontology Center, University of Southern California, & Albert Rizzo, School of Gerontology/IMSC, Los Angeles, CA, "Designing Cognitively Sensitive Interfaces to Internet Information Management for Older Adults"
- Discussant: Sunkyo Kwon; Berlin Center of Public Health and Dept. of Geriatrics Research, Humboldt University Berlin

Participation of Older Consumers in a Home Monitoring Experiment to Detect Falls

Mary Hamil Parker, Senior Housing Research Group, 112 South Pitt Street, Alexandria, VA 22314

Results of a prospective study of participation by 20 residents of Culpepper Garden senior housing in experimental testing of a computerized device to monitor their apartments to detect situations, such as: fall by the resident, where the resident remains on the floor and cannot seek help; a stove left on, posing a fire hazard, and resident inactivity for a long period of time. The device sends a voice message by telephone to summon help. The computer can provide messages to remind residents to take medications on schedule. There is a Personal Emergency Response Signal (PERS) device for residents to summon assistance by themselves, without the computer sending an alarm. Residents were selected based on a history of falls and requiring assistance in getting up. Data is reported from individuals on health and functional status, fall history, problems with service implementation and consumer satisfaction. Seventy-three percent were satisfied with the services, despite a number of false alarm messages from the equipment. 53% said the service had improved the quality of their lives and had made them feel more secure moving around the apartment. (Funded under a grant from the Arlington Health Foundation, VA.)

Evaluation of Portable Lift and Transfer Devices to Reduce Musculoskeletal Injury (MSI) to Home Care Workers and Caregivers

James Watzke, Nancy Paris-Seeley & Silvia Raschke, Living Lab, Health Applied Research & Development Technology Centre, British Columbia Institute of Technology, 3700 Willingdon Avenue, Burnaby, BC CANADA V5G 3H2

Home care workers are exposed to MSI primarily when they are lifting and/or transferring their elderly clients – often a significant part of their job. To study this problem, 48 home care workers were invited in to the Living Lab, a human factors facility, where they performed several bathroom lifting and transferring tasks with and without selected LOW TECH assistive devices (e.g., walking transfer belts, portable bathtub safety rail, elevated toilet seat). Both ergonomic (biomechanical motion analysis) and self-report data will be presented focusing on the study's three primary objectives: 1) identify and assess factors in the bathroom that may expose a home care worker to a risk of MSI; 2) identify and evaluate a range of commercially available, low cost low tech devices designed to assist home care workers in lifting and transferring clients in the home bathroom setting; and 3) develop a set of performance requirements and functional specifications for an optimal portable client lift device, or set of devices, for the residential bathroom setting. (Project Funded by the Workers Compensation Board of British Columbia.)

Long-term Functional Outcomes of Assistive Technology Use and Services for Older Adults with Developmental Disabilities.

Joy Hammel & Tamar Heller, University of Illinois at Chicago, RRTC on Aging and Mental Retardation, 1640 W. Roosevelt Rd., Chicago, IL 60612

Results from a 4 year longitudinal study (n=109) examining the functional outcomes of assistive technology (AT) use by older adults with developmental disabiliites will be presented. Subjects living in institutional settings received functional status screenings and follow-up AT services to address changes in vision/perception, hearing, mobility, and communication as they aged and attempted to transition to the community. Functional status on 32 basic and instrumental activities of daily living was assessed at baseline and 4 years later under two conditions (with AT and without AT). Ordinal data was transformed into equal interval linear measures using Rasch analysis to analyze differences over time and across conditions. Results indicated that a larger number of subjects, including those in nursing homes, improved or maintained functional performance versus declined from Time 1 to Time 2 with AT as compared to without AT. Results point to the potential long term benefits of AT use and services for improving function and preventing decline among people with developmental disabilities who are aging in community and institutional settings. (Funded by NIDRR Grant H133B980046 under the RRTC on Aging and Mental Retardation)

Computer and Internet Design to Overcome Physical Challenges and Special Situations of Older Adults

Robin Ritter, American Association of Retired Persons, Washington DC

While undergoing the normal physiological changes related to aging, older adults may inevitably experience limitations related to motor and sensory functions. Rather than allowing these types of limitations to impose barriers to computer and Internet access, improvements are needed in the design of information technology products to ensure accessibility to the broadest possible universe. Objectives of this presentation include:

- How can existing information technology products be adapted to help vulnerable members of our population overcome sensory and mobility obstacles?
- What are the types of Internet design considerations necessary to promote improved accessibility and universal design?
- What are the challenges and costs of implementing universal design? Can industry agree on common set of standards for accessible or universal web design and authoring?
- What additional research is needed to further the goals of universal access?

Designing Cognitively Sensitive Interfaces to Internet Information Management by Older Adults

Alexander Bucur, Distance Learning Division, Andrus Gerontology Center, University of Southern California, & Albert Rizzo, School of Gerontology/IMSC, Los Angeles, CA 90089-0191.

Currently for many older users using of many computer and Internet capabilities appears cumbersome and impossible to manage. This presentation presents a research collaboration by entities at the University of Southern California that focuses on creating cognitive-friendly Internet and computer interfaces to enable older users to take full advantage of WWW resources. Our contention is that obtaining, exchanging, and storing information and knowledge via computers requires better designed, less-complicated, and more intelligent interfaces. We will describe how current knowledge of the cognitive characteristics of an older person, such as decline in short-term memory or attention span, are intertwined with advances in computer technology to design an approach that can seamlessly help such users in knowledge navigation. A prototype of our design for an interface will be described, and we will a focus on how specific applications like email retrieval and storage, or Internet navigation might change using such an interface.

350

CONTEMPORARY PERSPECTIVES ON AMERICAN INDIAN ELDERS: IDENTITY, HEALTH, AND LIFE CYCLE ISSUES.

C.H. Hennessy, Health Care and Aging Studies Branch, Centers for Disease Control and Prevention, Atlanta, GA 30341.

Participants:

D.D. Jackson (School of Social Work, University of Michigan, Ann Arbor, MI 48109) & E.E. Chapleski (Institute of Gerontology, Wayne State University, Detroit, MI 48202) Not Traditional, Not Assimilated: Considerations of "Cohort" and "Community" with Regard to Elderly American Indians.

N.W. Van Winkle (Oklahoma State University, College of Osteopathic Medicine, Tulsa, OK 74107) End-of-Life Issues Among American Indians and Alaska Natives.

B. Finke (Indian Health Service Elder Care Initiative, Zuni, NM 87327) & C.H. Hennessy (Health Care and Aging Studies Branch, CDC, Atlanta, GA 30341) A Public Health Model for American Indian/Alaska Native Elder Care.

R. John (Gerontology Program, Northeast Louisiana University, Monroe, LA 71203) Attitudes Toward Use of Services by Chickasaw Indian Family Caregivers.

C.H. Hennessy (Health Care and Aging Studies Branch, CDC, Atlanta, GA 30341) Predictors of the Use of Traditional and Western Medicine Among Navajo Indian Elders.

Discussant:

E.E. Chapleski (Institute of Gerontology, Wayne State University, Detroit, MI 48202).

The rapidly increasing number of American Indian elders experience old age from the separate and combined perspectives of traditionalism and contemporary Western culture. This symposium will address how among diverse tribes, these perspectives are evident in elders' sense of ethnic identity, in their interactions with the health care system at the end of life, in their family caregivers' attitudes toward formal services, in service providers' evaluation of community resources for elder care, and in elders' endorsement and use of indigenous healing practices and biomedicine.

***Not Traditional, Not Assimilated: Considerations of 'Cohort" and 'Community" with regard to elderly American Indians*. Deborah Davis Jackson, University of Michigan; Elizabeth E. Chapleski, Institute of Gerontology, Wayne State University.**

To understand the perspectives and concerns of elderly American Indian people, and how they differ from those of non-Native elderly on the one hand and younger American Indians on the other, it is crucial to recognize how past experiences and present circumstances have shaped their ethnic identity in unique ways. In this article, the authors draw on historical, ethnographic, and survey research to illuminate certain aspects of the lives Anishnaabeg elders in Michigan. The notion of "cohort" is used in linking these past experiences of older Anishnaabeg to the particular style of ethnic identity they share—a style that seems less "traditional" than that of their younger counterparts. Furthermore, the notion of "community" is used in emphasizing important distinctions among members of this cohort with regard to participation in and expressions of their Native culture—distinctions that correlate with the different kinds of communities (rez, urban, rural) in which these elderly American Indians now live. It is demonstrated that, in various ways and to varying degrees, Anishnaabeg elders, despite superficial appearances to the contrary, are by no means fully assimilated into mainstream American culture. Their ethnic identity may not be stereotypically "traditional," but it is undeniably American Indian.

END-OF-LIFE ISSUES AMONG AMERICAN INDIANS AND ALASKA NATIVES

N.W. Van Winkle, Oklahoma State University, College of Osteopathic Medicine, Tulsa, OK 74107

End-of-life decision making is fraught with difficulties for many people in our society. When American Indian elders and their families are faced with end-of-life decision making while utilizing a Western health care system comprised of a mostly non-Indian work force, these decisions are often more problematic and complex. Health care policies which are meant to enhance patient self-determination, may be in conflict with traditional values and beliefs. For example, hospital policies for advance care planning which are mandated by the Patient Self-Determination Act, can raise ethical issues for some American Indian groups who believe that discussion of such negative information can be harmful to the patient. This presentation will review the limited literature on end-of-life studies among American Indians and Alaska Natives which focuses mostly on advance directives and issues of patient autonomy and self-determination. Implications of these findings for the development of health policy that encourages culturally appropriate health care also will be reported.

A PUBLIC HEALTH MODEL FOR AMERICAN INDIAN/ALASKA NATIVE ELDER CARE

B. Finke, Indian Health Service Elder Care Initiative, Zuni, NM 87327& C.H. Hennessy (Health Care and Aging Studies Branch, Centers for Disease Control and Prevention, Atlanta, GA 30341.

A cohesive framework for community-based planning to address the needs of the rapidly growing population of American Indian elders is lacking. This presentation describes a public health model for elder care that provides a comprehensive approach to the care of the aged in American Indian communities, integrating acute and long-term care. This model was tested in the evaluation of elder care resources in the Pueblo of Zuni, New Mexico, by a collaborative workgroup of tribal and Indian Health Service programs. The model was employed as a tool to structure the approach to the identification and assessment of existing resources. This framework helped participants to recognize the number of resources currently available in the community, identify gaps in resources, and develop a strategy for planning comprehensive elder care services.

ATTITUDES TOWARD USE OF SERVICES BY CHICKASAW INDIAN FAMILY CAREGIVERS

R. John, Gerontology Program, Northeast Louisiana University, Monroe, LA 71203.

Individual attitudes toward health and social services influence service use. Despite recognition of the importance of this issue, exceptionally little research has been conducted on the relationship between attitudes toward services and service utilization. Using a modified version of the Community Services Attitude Inventory (CSAI), this paper reports attitudes toward the use of community services among 84 Chickasaw Indian primary family caregivers. Exploratory factor analysis of the CSAI revealed five factors of caregiver attitudes toward community service use: confidence in the service system; concern for the opinion of others; preference for informal care; belief in caregiver independence; and acceptance of government services. Individualist and communitarian value sets reflected in the factor structure of the CSAI will be discussed, and the relationship between these attitudinal factors, service use, and perceptions of service needs will be described.

PREDICTORS OF THE USE OF TRADITIONAL AND WESTERN MEDICINE AMONG NAVAJO INDIAN ELDERS

C.H. Hennessy, Health Care and Aging Studies Branch, Centers for Disease Control and Prevention, Atlanta, GA 30341.

Although Western medicine is ubiquitous in contemporary American Indian settings, traditional indigenous medicine continues to be used in parallel with biomedicine. Among Navajo Indians, Western medicine is typically accessed to relieve some dangerous symptom, while traditional medicine is employed to remove the disharmony responsible for causing the health problem. Based on data from a random sample of 1,039 Navajo elders, this study examines the prevalence of belief in traditional medicine, the use of traditional ceremonies, attitudes towards both systems of medicine, and predictors of the use of Navajo medicine, Western medicine, or both. Polytomous regression analysis determined that having a positive personal and family orientation toward traditional medicine and the number and severity of medical conditions experienced were more important than sociodemographic factors in predicting the healing system of choice. Implications of these findings for health care practitioners dealing with elderly American Indian patients are discussed.

351

IMPACT OF FIXTURE DESIGN ON BATHING AMONG OLDER ADULTS WITH MOBILITY LIMITATIONS

J.A. Sanford, K. Echt, Rehab R&D Center, VAMC Atlanta, Decatur, GA, 30033.

Almost 1200 individuals with mobility impairments responded to a nationwide survey to assess current ADA accessibility guidelines (ADAAG) related to use of toilets and bathing fixtures in public accommodations. This paper reports on the use of bathtubs and showers by a subsample 55+ years of age (n=785). Over 60% of this subsample used walking aids in their homes, whereas 55.4% used wheeled mobility devices outside the home. Contrary to assumptions imbedded in ADAAG that transfers are made directly from a wheelchair to a tub transfer bench or shower seat, over 50% of the older respondents stood up to transfer into a bathtub and more than 75% were able to lift their legs over a shower curb. The typical ADA tub/shower combination (with and without a transfer bench) with grab bars were rated as the most difficult fixture to use ($p < .001$). In contrast, both tubs and showers with in-fixture seats were less difficult to use than those without seats ($p < .001$). In fact, respondents had less difficulty using either of the two tubs or the curbed showers with seats than the roll-in shower without a seat. These findings suggest that ADA-compliant bathing fixtures may not be appropriate for older people who stand to get in and out of a tub or shower, but who need in-fixture seats because they have difficulty getting up and down from the bottom of a tub or standing for extended periods of time in a shower.

WELLELDER- EVALUATION OF A PROJECT TO PROVIDE HEALTH SERVICES FOR OLDER ADULTS IN TWO HOUSING COMMUNITIES

E.M. Schmitt, M.Brod,
Goldman Institute On Aging, Goldman Research Center, San Francisco, CA 94118

Since independence is required when moving into housing communities, older residents fear that they have to vacate their homes if their health declines. This fear can lead to a denial of needs. WellElder, comprised of a nurse and a home care worker, was implemented in two housing communities to promote health education, disease prevention and to ensure access to community services. 132 residents enrolled in the program. This paper will present the findings of an evaluation which focused on the identification of high-risk residents, the influence of WellElder on residents' health and residents' satisfaction. Residents rated Overall Satisfaction as high. For over 65% residents, it was "definitely true" that they feel more secure staying in their homes. For over 13%, this statement was "mostly true." Over 50 % indicated that they understood their health problems better. Over 40% felt that WellElder helped to improve communication with their physician. WellElder identified 90% of the attendees as high-risk and 63% of these as medication non-compliant. 50% were at risk for hypertension. For 37 residents, high blood pressure improved from a mean of 179/87 mm Hg upon enrollment to 145/74 mm Hg 6 months later ($p< .000$). The most popular community support programs were those designed to improve mobility and to receive ADL/IADL support. The evaluation demonstrates that the WellElder program provided effective health education, a sense of emotional security and help in using the health care system. In the paper we will discuss differences between the two housing communities in which the project was administered, high- risk categories, the extent of program usage, as well as the findings of the satisfactions survey.

SUPPORTIVE HOUSING: EXPERIENCES OF TENANTS, FAMILY CAREGIVERS, AND STAFF. C.C. Grabusic, L. A. Strain, Centre on Aging, University of Manitoba, Wpg., MB Canada R3T 2N2 and E. Goerz, Manitoba Health.

Supportive Housing is a community-care option that emphasizes independence while providing personal care and a safe, secure, home-like environment. The first demonstration project in Manitoba opened in December, 1996. This poster focuses on the experiences of tenants, family caregivers, and staff between December 1996 and March 1999. Data are

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from a series of qualitative interviews conducted with family caregivers, staff, and key informants.

By March 1, 1999, seven of the original 12 tenants continued to live at this site. Five individuals had moved to a personal care home/nursing home or were in hospital awaiting placement. Two left due to physical health problems while the other three had behavioural issues that could no longer be managed by staff. Family caregivers generally continued to be satisfied with the care provided and there was relatively little change in caregiver burden. Staff members noted increased demands from certain tenants and a need to better understand reasons for a tenant having to move from this environment. Implications for practice and policy are discussed.

SATISFACTION IN ASSISTED LIVING AND NURSING FACILITIES IN OREGON.

C.A. Levin. School of Public Health. University of Minnesota, Minneapolis. MN 55455

Weighting ratings of attributes by how important the attributes are to the consumer is one way to determine satisfaction that is often used in the job satisfaction literature. The purpose of this study is to apply this measurement technique to satisfaction in LTC.

The sample includes 635 cognitively intact assisted living and nursing facility residents who participated in a longitudinal study of assisted living in Oregon funded by the Robert Wood Johnson Foundation. Assisted living residents and nursing home residents were asked to rate the importance of 14 attributes of their long term care facilities such as: location, personal care staff, price, organized activities, meals, access to medical care, and staff changes. They were then asked to rate their facilities on how well they are doing on providing each of the features. We developed a measurement scheme that weights ratings of the facility by importance to create a composite satisfaction measure with a possible range from -69 to 120. Residents in AL facilities were significantly ($p<.000$) more satisfied (mean = 54) with their facilities than the NF residents (mean = 36). In addition, we found that our satisfaction measures for both groups were significantly correlated with global measures of satisfaction at the $p < .01$ level.

WHO HAS ACCESS AND WHO PROFITS FROM ALTERNATIVES TO NURSING HOME CARE? A COMPARISON BETWEEN ASSISTED LIVING AND BOARD AND CARE

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In depth interviews with assisted living operators and administrators and small family board and care operators reveal difference in issues of access and profit. Assisted living is a step between independent living and nursing home care and is a relatively new option in the continuum of care. However, it is largely the upper income elderly who have access to it. Additionally, as a multibillion dollar industry, operators receive considerable financial gain from providing this care. This is juxtaposed against board and care homes, which serve elderly people with similar ADL needs, but both residents and operators are largely low income. Board and care operators, falling somewhere between the public and private sphere of care work, are filling a gap in the long term care system by providing care to the low income elderly. Payment for this care, particularly those homes that are unlicensed, is often SSI. I examine how inadequate funding compromises care for the elderly in board and care homes and additionally impacts operators. As the assisted living industry pursues Medicaid money to provide access for the low-income elderly, questions concerning who would benefit and how this might impact small board and care providers are integral to the debate.

ELDER-FRIENDLY LAND-USE PLANS: ARE PLANNERS ENABLING A CHOICE TO AGE IN PLACE?

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The art and science of urban planning is aimed at making environments, physical and social, better for inhabitants in the future. As a result of the aging of the population, major societal changes are occurring and will intensify in the second decade of the 21st century. Since an aging population directly influences the activities of urban planners, they need to become aware of the changing demographics of the urban places for which they plan so that appropriate attention can be paid to the needs of all citizens living within these spaces, be they central cities or suburban neighborhoods. Since master plans are the tools used to provide guidance to decision-makers on future change in communities, it is critical that planners and others involved in the plan-making process consider the unique needs of older citizens. Criteria for evaluating the elder-friendliness of plans have been developed and tested. A higher degree of plan elder-friendliness provides greater choice to older adults in their decision to age in place. By consciously considering the special needs and visions of this important sector of the population, planners can more appropriately develop plans and policies which will result in creating more vital and complete communities.

THE ROLE OF PRIVACY IN ENCOURAGING VISITS TO PEOPLE WITH ALZHEIMER'S DISEASE

N. Chapman, P. Carder, Institute on Aging, Portland State University, Portland, OR 97207.

What role does the availability of opportunities for different kinds of privacy play in encouraging family members to visit their relative with Alzheimer's disease (AD) in long-term care? Altman defines privacy as "selective control of access to the self or one's group." Privacy has at least four dimensions: Solitude, intimacy, anonymity, and reserve (Westin).

This study interviewed 26 staff and 22 family members of persons with Alzheimer's disease in 4 different types of long-term care settings: intermediate care, residential care, assisted living, and adult foster homes. 16 examples were chosen, including both integrated and special care models.

In addition, a focus group was held with a group of architects to discover how they incorporate family needs into the design process.

Privacy issues mentioned by family and staff centered on privacy of personal possessions, intimacy of communication, and being alone vs. being with others. How these issues are manifested depends on the nature of the visit and the activities engaged in as part of the visit. Public, semi-public, and private spaces all played important roles in family visits. For example, shared rooms posed privacy problems for visitors, but even private rooms were rarely the locus of family visits. Some incongruence was found between the perspectives of family members, facility staff, and architects regarding privacy.

REASONS/PRACTICES/PERSONS: RESEARCHING CULTURAL CHANGE IN NURSING HOMES

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Much existing research concerning the Cultures of nursing homes emphasizes the Institutional reproduction of meanings and Aging antagonistic to other cultural ideals of Personhood and social vitality. Studying Deliberate efforts to alter the culture of nursing Homes and of aging in realization of positive Potentials of aging requires multi-dimensional Research methodology that describes emergent, Not only redundant, productions of meanings, Practices and persons. This presentation of a Current study of two nursing-home facilities in The processes of cultural change over a two-year Period describes the methodological locations Of culture in creations of representational Meanings; spatial and interactive structures of Actions and self-narratives distributed heterogeneously in the social ecology of the facilities. Using dynamic qualitative and quantitative Methods enables the pluralistic sites and Processes of creating culture to be differentially Characterized relative to self-coherence, the Constitution of needs, the symmetry of interaction and the construction of social space and Time.

ARE SERVICES FOR SENIORS SITED CLOSE TO WHERE OLDER PEOPLE LIVE? A LOOK AT WASHINGTON, DC.

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The new millennium will see continuing trends: an increasing number of older Americans; pressure to contain costs; and a desire to build local service capacity. Given this context, it is important to ask if nonprofit human service providers are located close to community needs.

Using computer mapping and spatial analysis, the study assesses if services for older residents in Washington, DC, are located near their targeted audience. Two types of data are used: 1) Census Bureau data on neighborhood sociodemographic characteristics, and 2) Internal Revenue Service data on nonprofit organizations, supplemented with information from local directories. The data are mapped to show distinct neighborhood characteristics and the spatial distribution of nonprofit organizations in the District of Columbia. The resulting maps provide strong visual illustrations of how well the placement of nonprofits corresponds to community needs and which groups of older people are potentially underserved. The information is an important step for developing program strategies.

DOES AGING IN P[illegible] MATTER?

H. H. Fillmore, & E. H. Za[illegible]ki, Village Center for Care, Research Department, 154 Christopher Street, New York, NY, 10014

The present study examined the importance of living in place for the successful aging of community-dwelling seniors in lower Manhattan. It was hypothesized that persons reporting greater residential stability, as measured by age-adjusted years of residence, would have better health status due to the positive effects of social support and companionship. The sample consisted of 501 community-dwelling seniors who were randomly selected to participate in a 30 minute telephone interview. Participants ranged in age from 65 to 97 years old (*M* = 75.27 years), with 246 persons between the ages of 65 and 74 years, 187 persons between the ages of 75 and 84 years, and 68 persons over the age of 85 years. Forty-seven percent of the participants were male, while 53% were female. The majority of respondents were Caucasian (92%). The main effects of age, length of residence, and the interaction of age by length of residence (i.e., age-adjusted residential stability) were entered into a multivariate regression model to predict the presence of actual informal instrumental support. Additional model terms included sex, living alone, and perceived physical and mental health. For the sample of residents 85 years and older, the regression model significantly accounted for 32% of the variance in informal instrumental support use, $F(7,54) = 3.57$, $p < .01$. In particular, the main effects for living alone ($\beta = -0.40$) and for age-adjusted residential stability ($\beta = 5.48$) significantly accounted for changes in actual informal instrumental support use. These findings provide further evidence for the beneficial effects of aging in place, as it is related to the utilization of informal instrumental support.

MOVERS AND STAYERS: FACTORS AFFECTING THE MIGRATION DECISIONS OF ELDERLY PERSONS

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This paper presents selected results from the first wave of a 5-year prospective study of migration patterns among older residents of a midwestern state. The sample includes 541 respondents from age 55 to 95 years, including 390 stayers and 130 movers (having changed residence within the last 10 years). Three counties were selected from the state to represent rural, urban, and mixed rural and urban patterns of population density. The subjects were randomly selected within those counties. With a response rate of approximately 50%, the results of structural equation modeling of the first-wave provide essential baseline findings on the factors that influenced respondents' decisions to move or to stay. Health was a factor influencing the decision to move, as was having moved frequently in previous years. Movers were less likely than stayers to own their own residence or to have as strong an attachment to their home. The stayer is highly concerned about being less of a burden on his/her family. Economic considerations are discussed in terms of the destination communities of movers and the communities that the older migrants leave. Suggestions are made regarding how best to encourage older residents to move into or stay in a community and the possible consequences of those decisions.

AFFORDABLE ASSISTED LIVING: A NATIONAL SURVEY OF STATE HOUSING FINANCE AGENCIES (HFAs) EXAMINING THE DEVELOPMENT OF ASSISTED LIVING FOR LOWER INCOME OLDER PERSONS

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Assisted living is the fastest growing type of senior housing in the United States, with an estimated 15-20% annual growth rate over the last few years; it is estimated that there are over 600,000 residents in assisted living. However, assisted living remains inaccessible for many lower and moderate income older persons. Industry studies estimate average monthly fees to be approximately $2,000/month, with most fees paid out-of-pocket by residents and their families. Medicaid waivers are a valuable and primary source of third-party reimbursement, although these waivers are limited in both scope (generally reimbursing only for services) and number (currently there are less than 33,000 Medicaid waiver slots in fewer than 20 states).

State housing finance agencies (HFAs) are increasing access to affordable assisted living by constructing units that serve lower and moderate income older persons, yet no data exist that estimate the extent of these initiatives. This study surveyed state HFAs and provides benchmark data that 1) identify the number of affordable assisted living units that have been constructed through HFAs, and 2) reveal innovative financing mechanisms developed by key states that encourage the construction of affordable assisted living.

Study results show that state HFAs provided financing for the construction of approximately 2,500 to 5,000 affordable assisted living units in recent years. Results also show that key states were effective in creatively combining financing mechanisms such as low cost loans, tax credits, offering services through Medicaid waivers, and, giving older persons more money to spend on rental and board costs. Details of key state programs are discussed.

State HFAs are attempting to find creative solutions to finance assisted living; yet, results indicate that affordable assisted living units remain very limited. Policy implications suggest that efforts must continue to fund the construction of affordable assisted living if lower income older persons are to have access to assisted living.

TESTING THE ADEQUACY OF THE RESIDENTIAL LIGHTING IN TWO ALZHEIMER CARE CENTERS

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Designers struggle to balance effective illumination with non-institutional appearances in residential care settings for the elderly. Although insufficient lighting is purported to be a major problem, little research has been done on the adequacy of lighting in such settings. The present field study reports on the effectiveness of lighting in two highly similar residential care centers for persons with Alzheimers. The two centers were intentionally designed with areas of remarkably different illumination, and systematic light meter readings taken for day and night in all public areas of both centers indicated lighting was four to nine times brighter in parallel areas of one center. Staff questionnaires indicated that those working in the low-light center were dissatisfied with the low levels for many tasks, compared to those who worked in the well-lit center. Staff answers at the two centers were significantly different on 12 of 16 activities. Family questionnaires from the well-lit and low-light centers did not show a strong similar bias. Families suggested that lighting in both centers was adequate and appeared residential. Interestingly, little difference was found in the organized social life of the two centers, as measured by systematic real-time behavioral observation, perhaps because of staff leadership.

Funded by the Canadian Mortgage and Housing Corporation.

HOUSING ADJUSTMENT OR RETIREMENT MIGRATION? ELDERLY MOVES AND ASSISTED LIVING

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As retirement housing targeted at elders has become available in communities other than traditional retirement destinations, the retirement migration paradigm is no longer an adequate tool for understanding differences between elders who move locally and those who do not. This research shifts the focus of elderly mobility studies toward an explicit consideration of elderly housing adjustment. We distinguish between long-distance and local retirement moves by contrasting the mobility patterns of self-sufficient elders with those who reside in housing where meals are provided using sample data from the 5% sample of the 1990 PUMS. Assisted living is defined as having meals included in the individual's rent. Using multinomial logistic regression to compare stayers, stayers receiving meals, local movers without meals, local movers with meals, long-distance movers without meals, and long-distance movers with meals we find that age is positively related to "moving for meals". In constrast to long-distance movers, local movers (for meals) are less likely to be female, more likely to have a work limitation, more likely to live in their state of birth, and less likely to have a college degree. Understanding both the impact of migration on the elderly population resident in a community and their changing housing needs will enable local planners and policy makers to effectively anticipate the service needs of the older population.

AN ALARM SYSTEM FOR AMBULATORY DEMENTIA NURSING HOME RESIDENTS.

JC Petti, AG Golden, EJ Aguilar, FL Samos, MA Silverman, University of Miami School of Medicine, Miami GRECC/VAMC, Miami, FL 33125

Nonaggressive, ambulatory, demented nursing home residents often reside in locked dementia units because they are prone to wandering. We describe the use of an innovative alarm system that allows these individuals to reside in the same areas with the general nursing home population. The system consists of a transmitter worn on the resident's ankle, magnetic door locks, and a paging system for the nursing staff. If a resident approaches an elevator or an exit, the transmitter signals an audible alarm, pages staff, and locks the elevator or door until the system is disarmed by staff. The system, at a total cost of $35,750, was implemented in a VA nursing home after its locked dementia unit was discontinued. Forty-seven demented residents clinically assessed to be at risk for wandering were given the transmitter ankle bracelet. In the 9 months since the system was installed, there have been no instances of wandering off by these residents. The alarm system may provide new support for allowing ambulatory dementia residents to remain with the general nursing home population, rather than being confined to a locked dementia unit. This arrangement may also permit greater flexibility and efficiency in nursing home staffing while preserving patient dignity.

MOTIVATIONAL STYLE, LENGTH OF RESIDENCE, AND VOLUNTARINESS OF RELOCATION IN RELATION TO NURSING HOME ADJUSTMENT

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Seventy-five institutionalized older adults (M age=78.2, 25 males, 50 females) varying by length of residence and voluntariness of the decision to relocate completed a measure of motivational style (self determined vs. amotivational) to explore the impact of these variables on indicators of adjustment, i.e., desired/expected control, self esteem, ADLs, and positive/negative affect. ANOVAs indicated motivational style to interact ($p < .05$) with gender to affect desired control over everyday events. Length of residence and gender each impacted ADLs, and motivational style also affected desired/expected control and self esteem, where those with higher self determined motivational styles had greater needs for control, but lower self esteem. Males with higher amotivational style scores had lower desired control needs, while desired control scores for females did not vary by motivational style. Thus, persons who vary along motivational style, gender, and length of residence are likely to function in distinct ways in adjusting to being institutionalized.

AGING IN PLACE: HOW OLDER ADULTS WITH DISABILITIES SOLVE ENVIRONMENTAL PROBLEMS

Stark, S., Washington University Medical School, Program in Occupational Therapy, St. Louis, Missouri 63108

The process of aging often results in a pattern of functional loss that can lead to the inability to perform daily activities in the home. Often, performance in the home becomes dependent on the availability of environmental support. Studies that identify the current barriers in the homes of older adults currently exist but don't account for the types of solutions that have already been employed, leading to an inaccurate picture of what an older adult with disabilities needs to maintain independence in the home. Also missing from the literature is an understanding of how environmental barriers are solved. The purpose of this study was to determine the strategies and methods that older adults with functional limitations use to solve environmental problems. Seventy-two (72) older adults with mobility and sensory disabilities responded to an open ended survey that asked them to identify the types of environmental problems they currently had in their home. They were also asked to describe the types of environmental solutions that they had employed in their home to improve their ability to perform self-care activities.

The narrative responses were subjected to a process of analytic coding to identify categories using a constant comparison. The coding scheme yielded 27 categories of environmental barriers and nine strategies for solving environmental problems. The results indicate that older adults may choose a variety of means to solve their environmental problems not typically cited in the literature . This impacts the strategies that service providers may make to improve the independence of older adults who wish to maintain independence in the community. These results have implications for service providers as well as funding sources. SRPP-11

352

MYOCARDIAL INFARCTION IN ELDERLY

W.S. Aronow, Hebrew Hospital Home, 801 Co-op City Blvd., Bronx, NY 10475

Participants:

G. Gregoratos (University of California School of Medicine, San Francisco, CA 94143) Clinical Features of Myocardial Infarction in the Elderly

D.D. Tresch (Medical College of Wisconsin, Milwaukee, WI 53226) Treatment of Acute Myocardial Infarction in the Elderly

W.S. Aronow (Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475) Treatment of the Older Person After Myocardial Infarction

Discussant:

W.S. Aronow (Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475)

Clinical symptoms of acute myocardial infarction (MI) in the elderly include dyspnea, chest pain, neurological symptoms, and gastrointestinal symptoms. Unrecognized MI occurs in 40% of MIs in the elderly. Therapy for acute MI includes aspirin, beta blockers, thrombolytic therapy, heparin, angiotensin-converting enzyme (ACE) inhibitors, and nitrates if ischemic pain is present. Heart failure, hypotension, arrhythmias, and conduction disturbances should be treated. Coronary angioplasty may be used as a primary reperfusion strategy and to treat recurrent ischemia. Treatment of the older person after MI includes control of coronary risk factors, use of aspirin and beta blockers, and use of ACE inhibitors if there is heart failure, an anterior MI, or a left ventricular ejection

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fraction ≤40%. Long-acting nitrates should be given if angina is present. Warfarin should be used in persons unable to tolerate aspirin, persistent atrial fibrillation, and left ventricular thrombus. Calcium channel blockers should not be used unless there is persistent angina despite beta blockers and nitrates. Antiarrhythmic drugs other than beta blockers should not be used. Indications for coronary revascularization are prolongation of life and relief of unacceptable symptoms despite medical therapy.

CLINICAL FEATURES OF MYOCARDIAL INFARCTION IN THE ELDERLY

Gabriel Gregoratos, University of California School of Medicine, San Francisco, CA 94143

Clinical symptoms of acute myocardial infarction (MI) in the elderly include dyspnea, chest pain, neurological symptoms, and gastrointestinal symptoms. Unrecognized MI detected by routine electrocardiograms occurs in 40% of Mis in the elderly. The incidence of new coronary events is similar in elderly persons with clinically recognized MI or unrecognized MI detected by routine electrocardiograms.

TREATMENT OF ACUTE MYOCARDIAL INFARCTION IN THE ELDERLY

Donald D. Tresch, Medical College of Wisconsin, Milwaukee, WI 53226

Therapy for acute myocardial infarction in older persons includes aspirin, beta blockers, thrombolytic therapy, heparin, and angiotensin-converting enzyme inhibitors. Nitrates should be administered if ischemic pain is present. Heart failure, hypotension, arrhythmias, and conduction disturbances should be treated. Coronary angioplasty may be used as a primary reperfusion strategy and to treat recurrent myocardial ischemia.

TREATMENT OF THE OLDER PERSON AFTER MYOCARDIAL INFARCTION

Wilbert S. Aronow, Hebrew Hospital Home and Mount Sinai School of Medicine, New York, NY 10475

Smoking should be stopped. Hypertension should be treated. A serum low-density lipoprotein (LDL) cholesterol > 125 mg/dl should be treated with lipid-lowering drug therapy to reduce the serum LDL cholesterol to < 100 mg/dl. Diabetes mellitus should be controlled. Obese persons should undergo weight reduction. Aerobic exercise should be performed. Aspirin and beta blockers should be given indefinitely. Uindications for long-term anticoagulant therapy with warfarin after MI to maintain an international normalized ratio between 2.0 to 3.0 include secondary prevention of MI in person unable to tolerate aspirin, persistent atrial fibrillation, and left ventricular thrombus. Angiotensin-converting enzyme inhibitors should be given to person who have heart failure, an anterior MI, or a left ventricular ejection fraction ≤ 40%. Calcium channel blockers should not be used unless there is persistent angina pectoris despite beta blockers and nitrates. Antiarrhythmic drugs other than beta blockers should not be used. An automatic implantable cardioverterdefibrillator should be used in persons who have a history of ventricular fibrillation or serious sustained ventricular tachycardia or who are at very high risk for developing sudden cardiac death. The two indications for coronary revascularization I n older person after MI are prolongation of life and relief of unacceptable symptoms despite optimal medical therapy.

353

NUTRITION IN THE NURSING HOME

JE Morley, Geriatrics, St. Louis University and GRECC, St. Louis VA, 1402 S. Grand Blvd, Room M238, St. Louis, MO 63104

Participants:

JE Morley[1], LE Johnson[2], DH Sullivan[2], A Barber[3], JS Olson[4], BD Yamashita[5], SP Reinhart[5] (St. Louis VAMC, St. Louis 63104[1]; North Little Rock VAMC 72114[2]; Stow, OH 44224[3]; Plainsboro, NJ 08536[4]; Highland Park, IL 60035[5]) Nutritional Characteristics of Institutionalized Elderly: The GAIN (Geriatric Anorexia Nutrition) Registry

S-S Yeh (SUNY, Northport VAMC, Northport, NY 11768) Pharmacological Management of Anorexia and Weight Loss

D Stone (Cove HealthCare, Fountain Valley, CA 90803) Nutritional Clinical Strategies in Long-Term Care

Nutritional problems are extraordinarily common in the nursing home. Despite this there is limited data available on the natural history of these problems and few guidelines have been developed on the management of this problem in the long term care setting. This symposium will present data on the natural history of malnutrition in 1000 malnourished nursing home residents from the GAIN (Geriatric Anorexia Nutrition) Registry. These findings will be integrated with other literature on nutrition in the nursing home. The role of pharmacological agents in the management of cachexia in the older person will be reviewed. The Council for Nutritional Clinical Strategies in Long-Term Care (consisting of dieticians, nurses, pharmacists and geriatricians) has completed an evidence-based review of the literature and utilizing this as a basis has developed an algorhythmic approach to the management of nutritional problems in the nursing home. This algorhythm stresses the role of family nurses, dietitians, pharmacists and physicians in an interdisciplinary approach to improve nutrition status in the nursing home.

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NUTRITIONAL CHARACTERISTICS OF INSTITUTIONALIZED ELDERLY: THE GAIN (GERIATRIC ANOREXIA NUTRITION) REGISTRY

E Morley, St. Louis, MO; LE Johnson, DH Sullivan, Little Rock, AR; A Barber, Stow, OH; S Olson, Plainsboro, NJ; BD Yamashita, SP Reinhart, Highland Park, IL.

Nutritional problems are common in institutionalized elderly. To assess nutritional characteristics of clinically depressed long-term care (LTC) patients, using weight and appetite as clinical indicators, we derived data from the GAIN Registry, an observational, multicenter study of 1,000 nutritionally-compromised patients. Depressed patients were identified by reviewing patient charts and MDS. Baseline data collected through October 30, 1998 are presented. Of the records available for analysis (n=542), 199 patients (36.7%) were diagnosed with depression (D). No significant difference in body-mass index (21.4 D vs 20.9 ND) was noted between groups. Most patients received >1 nutritional regimen upon identification of a problem (58.8%, D vs 64.1%, ND, p=ns). Nearly one-quarter of depressed patients (23.1%) did not receive antidepressants, but did receive significantly more pharmacologic nutritional interventions than non-depressed patients (16.2% D vs 12.9% ND, p=0.02). Preliminary findings suggest that nutritional regimens for depressed LTC patients differ from non-depressed patients. Data on other clinical characteristics of malnourished institutionalized persons and the 6 month outcome data will be presented. These new findings will be integrated with the available literature on malnutrition in older persons in long term care.

PHARMACOLOGICAL MANAGEMENT OF ANOREXIA AND WEIGHT LOSS

S-S Yeh, Geriatric Division, Dept of Medicine VA Medical Center at Northport, New York

Weight loss with increasing mortality is a major problem in the geriatric population. Feelings of well being and the pleasure derived from eating positively affect the quality of older individuals' lives. The connection between eating and good health has been understood for hundreds of years and transcends all cultures. Wasting and cachexia are associated with severe physiological, psychological, and immunological consequences, regardless of the underlying causes. They have been associated with infections, decubiti, and even death. Cachexia in the elderly may have profound consequences: medical, cognitive, and psychiatric disorders may diminish self-reliance in activities of daily living (ADL), thus reducing quality of life and increasing the frequency of secondary procedures, hospitalizations, and skilled care. Furthermore, it is understood that when the elderly stop eating, their death is imminent. For many years, this problem was largely ignored because of our lack of understanding of its pathophysiology let alone our inability to treat it.

Now that the role of pro-inflammatory cytokines in mediating cancer and HIV-induced cachexia is better understood, we may have an explanation for the geriatric wasting syndrome as well. Drugs that promote appetite stimulation and weight gain in cancer and AIDS patients such as growth hormone, anabolic hormones, progestational agents, and thalidomide will be discussed.

The results from these clinical trials on the safety and efficacy of these agents, and their possible implication for the geriatric population will be discussed.

NUTRITIONAL CLINICAL STRATEGIES IN LONG-TERM CARE

D Stone, Cove HealthCare, Fountain Valley, CA

Anorexia and weight loss are the most prevalent nutritional disorders encountered in long-term care reported to range from 20% to 54%. Numerous negative consequences are associated with undernutrition such as pressure ulcers, immune dysfunction, infections, anemia, edema and mortality. Managing weight loss and undernutrition requires early detection and treatment. Educating the medical community about the importance of nutrition in long-term care settings is a complex task, but it is a necessary one of morbidity and mortality are to be decreased. This program will focus on the early detection, prevention and management of undernutrition.

At the conclusion of the symposium, attendees will have acquired information about (1) prevalence and indicators of undernutrition; (2) the impact of nutritional status on residents' overall health; (3) treatable causes of undernutrition; (4) various clinical assessments and protocols designed to identify malnutrition and ensure proper nutritional management.

354

HEALTHY AGING PROJECT*

B. Haight, College of Nursing, Medical University of South Carolina, Charleston, SC 29425.

Participants:

M. Spain,(College of Nursing Medical University of South Carolina, SC 29445) Meeting the Needs of the Elderly Through Geriatric Technician Training

A. Meeks, P. Dunn, (College of Nursing Medical University of South Carolina, Charleston, SC 29425) The Use of Counselors and Psychiatric Nurses in Subsidized Housing

B. Edlund, (College of Nursing Medical University of South Carolina, SC 29445) Prolonging Independence in Subsidized Housing with Nurse Run Clinics

M. McManus, (College of Nursing Medical University of South Carolina, Charleston, SC 29425) What's a Nurse-Midwife Doing in a Place Like This?

Discussant:

M. Mezey, (Division of Nursing, New York University 10012)

Purpose: This symposia will report on a community-based interdisciplinary health promotion program and clinic that provides health promotion and case management services to elderly people living in subsidized housing in a medically under-served below poverty area of Charleston, South Carolina. This clinic provides basic primary care and referral services to those who do not have primary care providers, episodic and consultative services to those that do have primary care providers, health promotion and disease prevention activities to the aggregate population as a whole, and case management of residents through a geriatric technician. Each of the presenters will discuss their role in this innovative nurse- run project to include the creation & management of the clinic, the use of a geriatric technician, the handling of mental health issues & the changes make in people's lives.

Outcome: Outcome evaluation will be reported based on selected objectives from Healthy People 2000 with the specific aim of reducing the number of geriatric syndromes that decrease function and health.

*Funded by the Healthy South Carolina Initiative

PROLONGING INDEPENDENCE IN SUBSIDIZED HOUSING WITH NURSE RUN CLINICS

B. Edlund, College of Nursing, Medical University of South Carolina, Charleston, SC 29425.

Residents of subsidized housing find themselves in these environments for a number of reasons. Many because they are older and poor, others because they have become disabled by illness. Regardless of the cause many of these residents are in poorer health than their cohorts in other settings and have difficulty accessing the health care system. However with good primary care on site, their general health status can be improved in a cost-effective manner. This presentation will discuss the process of setting up such a clinic, the unanticipated pitfalls in the process, and the multidisciplinary partnerships formed through these efforts. Selected case studies will illustrate the approach of the nurse practitioner in providing holistic care and the cost-effective outcomes resulting from such care to include decreased use of the emergency room, reduction of medications, and the health promotion aspects of prolonging independence.

MEETING THE NEEDS OF THE EDERLY THROUGH GERIATRIC TECHNICIAN TRAINING

P. Spain, College of Nursing, Medical University of South Carolina, Charleston, SC 29425.

An innovative model for the education and training of a paraprofessional to provide health care for older people was originated in the upstate of South Carolina and adapted for use in a primary care nursing clinic. A high school graduate with some life experience was hired and educated to work with residents of a high-rise apartment building. This individual, working closely with the nurse practitioner run clinic, visits people in their apartments to do home assessments and baseline testing. The geriatric technician also acts as community liaison, does case finding and provides resource information to clients and health information to the nurse practitioner acting as the primary care provider.

WHAT'S A NURSE-MIDWIFE DOING IN A PLACE LIKE THIS?

M. McManus, College of Nursing, Medical University of South Carolina, Charleston, SC 29445.

A Certified Nurse-Midwife with experience in health care for older women was recruited to oversee the development of the clinic and its ongoing administration. She was the only team member with prior experience in running a clinic, she was responsible for ensuring credentialing of nurse practitioners, working with the Housing Authority in renovating the space, furnishing and stocking the clinic on a "shoe string", establishing a CLIA approved lab, recruiting clients and developing health education programs. Running interference with the fire and police departments as well as advocating for victims of abuse were added to her job description. Developing a Women's Health Program within the setting was a major goal yet, dispite the lack of previous preventive health care experienced, many women were reluctant to come for gyn care because "we don't go looking for trouble". Holiday parties, free health education sessions with refreshments and health promotion "treats", welcome bags for new residents and free transportation to nonavailable services (ie. mammograms , surgical consultations) were provided to encourage residents to avail themselves of the clinic. For the clinic to be self sustaining within the next few years, increasing the numbers served is essential.

THE USE OF COUNSELORS AND PSYCHIATRIC NURSES IN SUBSIDIZED HOUSING

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A psychiatric nurse, a gerontological nurse and a clinical social worker are available to provide counseling and life review for residents of the high rise. The primary care providers are nurse practitioners who are very aware of the skills of the counselors. As a normal part of their practice, the nurse practitioners will suggest that the older people spend time talking to the counselors. Surprisingly, the older people who are usually resistant to mental health care make appointments for this service. Many of them are diagnosed with depression prior to therapy. Living along side these older adults are younger disabled people who are substance abusers and other disabled adults who are suffering from terminal illness. Each of these populations also benefits from mental health services such as support groups. This portion of the symposia will discuss selected case studies, both successes and failures. Most importantly we will point out the ease of service when counseling is readily available in a primary care clinic and the major impact this model could have on health promotion and disease prevention in populations at risk for suicide.

355

PSYCHOTHERAPY STYLES WITH OLDER ADULTS: WORKING FOR CHANGE AND SUCCESS.

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Participants:

R. Crose (Center for Gerontology, Ball State University, Muncie, IN 47306) Empowering Older Women: Feminist Perspectives in Psychotherapy.

V. Molinari (Geropsychiatric Unit, VA Hospital, 2002 Holcomb Blvd. Houston, TX 77030) Psychodynamic Themes and Associated Therapeutic Strategies.

C.M. Brody (William Paterson University, c/o 488 Liberty Rd. Englewood, NJ 07631) Existential Issues of Hope and Meaning in Late Life Therapy

M. Duffy (Counseling Psychology Program, Texas A&M University) Reaching the Person Behind the Dementia: Subvocal and Nonverbal Strategies.

Discussant:

M. Smyer, (Boston College, McGuinn 221, Chestnut Hill, MA 02167)

Psychotherapy with older adults is one of the least emphasized and developed aspects of mental health services in late life. Lack of training programs and a long lasting, sometimes implicit, pessimism about the potential for change in later life have hindered the availability and quality of psychotherapy and counseling services. The presenters, all experienced therapists with older adults, view psychotherapy as a naturalistic force for positive mental health. Even remediation for serious problems can have a goal of optimizing human potential. The presentations will each provide a conceptual base and practical strategies in the topic areas with an emphasis on positive mental health. The existential and psychodynamic topics represent therapy styles that are typically underrepresented in current geriatric psychotherapy. Enhancing the mental health of older women and cognitively impaired older adults also represent special challenges.

356

FOLLOW-UP OF PATIENTS DISCHARGED FROM A GERIATRIC ASSESSMENT UNIT: ADHERENCE WITH RECOMMENDATIONS AND SATISFACTION WITH CARE

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Geriatric Assessment Units (GAUs) have been shown to be effective in improving the survival and quality of life of frail elderly patients, but achievement of these benefits requires reasonable levels of adherence to recommendations generated through the comprehensive geriatric assessment process, as well as maintenance of high standards of care. We measured adherence in telephone interviews (completed by a research assistant) with patients (n=83, mean age: 80.1±6.4 years; 71.8% female, mean days stay: 14±6.1) or their caregivers six weeks following discharge home from a 14-bed GAU. A randomized sample (N=45) received a follow-up call by a GAU care manager two weeks post-discharge to review the recommendations and assess satisfaction with care. Satisfaction with care was also assessed in a subsample (n=44) at the six week follow-up. Adherence with recommendations (mean of 7.5±2.6 per patient) was high overall (mean of 60.4% were fully completed and 12.4% partially completed), but varied by type of recommendation (highest for recommendations related to continence management and discharge planning, lowest for recommendations related to community services other than home care). Adherence was not significantly associated ($p>.05$) with demographic characteristics or cognitive functioning, or with receiving the two week follow-up by the care manager. Overall rating of the quality of care was high, with similar ratings at the two and six week follow-ups (>90% rated care as good or excellent). The proportion rating their health as improved as a result of the GAU stay was lower in the later follow-up (86.4% to 59.1%). Although adherence and satisfaction with care are important for quality assurance on GAUs, their measurement and improvement may not be straightforward.

COGNITIVE FUNCTION AND OUTCOME AFTER 5 YEARS. The Manitoba Study of Health and Aging

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This study was developed as an extension of the Canadian Study of Health and Aging (CSHA). It used the same protocol, increasing the sample size to include persons from all areas of the province with over-sampling for the very elderly. In 1991-92, 1763 persons were screened at home with the 3MS with clinical evaluation and diagnosis for subjects scoring <78/100. Five years later, the protocol was repeated. Re-interview was possible in 1195, 24% of the cohort had died, and 12% had been institutionalized at some point. For those completing the 3MS test in both surveys, a decline of >10 points was considered significant.

Initial 3MS	N	No 3MS Decline	Decline in 3MS	Dead	Refused Missing
0-79	336	24%	17%	43%	15%
80-85	356	50%	15%	28%	7%
86-90	383	57%	13%	22%	8%
91-94	343	65%	9%	17%	9%
95+	345	74%	10%	10%	6%

For those who were cognitively intact at time 1, factors associated (by logistic regression) with a clinical diagnosis of cognitive impairment or dementia were: age, lesser education, poorer self-rated health and lower initial 3MS scores.

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THE NEEDS OF FAMILY CAREGIVERS OF FRAIL ELDERS DURING THE TRANSITION FROM HOSPITAL TO HOME: A TAIWANESE SAMPLE

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The purpose of this study was to explore the needs of family caregivers during the discharge transition from hospital to home. Data from 37 face-to-face interviews with 16 caregivers before, 2 weeks and one month after the discharge of the care receiver were subjected to constant comparative analysis. Findings revealed the change of family caregiver's needs during the discharge transition. While preparing for taking the caregiving responsibility, needs for various information were frequently reported by the caregivers. These needs were information on situation orientation, symptom monitoring and management, personal care delivery, and emergency management. After the hospital discharge, but before the home caregiving patternalized, needs for helps with caregiving practice were emphasized. These needs were helps with gaining the mastery of personal care skills, handling care receiver's emotion, making care receiver compliant and setting up continued services. After reaching a pattern for providing family care, the need for continuous emotional supports was often raised by caregivers. The findings of the current study can provide a guide for developing discharge preparation services, home care services and outpatient services.

NUTRITIONAL STATUS OF ELDERS WITH DIABETES MELLITUS HOSPITALIZED FOR CORONARY HEART DISEASE

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Despite the increased prevalence of diabetes mellitus (DM) and coronary heart disease (CHD) in the elderly, and the importance of diet in managing both conditions, little is known about the nutritional status of elders with DM and CHD. The purpose of this pilot study was to assess nutritional status, measured via the Mini-Nutritional Assessment (MNA), in patients with DM aged 60 and older, who were hospitalized for a CHD-related diagnosis. The 15 males (68%) and 7 (32%) females enrolled ranged in age from 60-88 years (M = 69.05) and had a DM duration of 1-34 years (M = 11.34); 64% of the subjects were on oral antidiabetic agents. DM diet adherence was poor, as assessed with the Diabetes Care Profile. Mean body mass index was 27.41 and only 3 subjects had any functional limitations. Mean MNA score was 22.48 (SD=2.19), with 70% of the subjects being categorized as being at risk for malnutrition. In bivariate comparisons MNA scores were not related to demographic characteristics or the presence of co-morbidities, including heart failure, stroke, depression, cancer or chronic pulmonary disease. These consecutive elderly subjects were at high risk for malnutrition. Reasons for the elevated risk need to be explored and attention given to routine screening of nutritional status in hospitalized elderly.

TACTILE EXTINCTION AS A PREDICTOR OF FUNCTIONAL INDEPENDENCE

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Tactile extinction is the failure to report, under conditions of double simultaneous stimulation, one of a pair of touch stimuli presented on opposite sides of the body (e.g., left hand, right cheek). The test can be administered in a few minutes and is ideal for repeated administration. It is believed to reflect an attentional rather than a sensory deficit. The purpose of this study was to determine the ability of tactile extinction to predict functional assessment status of geriatric patients receiving inpatient rehabilitation. Functional assessment was measured by the Functional Autonomy Measurement System (SMAF). MMSE data were also included in a multiple regression analysis for comparison purposes. Left and right-sided tactile extinction scores were collected from 43 patients with various kinds of neurological deficit/damage. The regression results showed a significant association between left-sided tactile extinction scores and functional autonomy scores. MMSE scores did not predict functional autonomy scores. A further analysis, using a 3-group ANOVA based on low, moderate and high extinction scores, supported the use of an extinction cutoff score to separate patients who were functionally autonomous from those who were not. The results strongly supported the further study of tactile extinction as a predictor of self-care abilities in geriatric patients.

Improving older patients acceptance of psychiatric evaluations. Fern Pietruszka, KR Josephson, JO Harker, T Hoyl, JR Mervis, CA Alessi, LZ Rubenstein.
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Elderly outpatients with symptoms of depression and cognitive impairment can be identified by simple screening instruments. However, convincing patients to accept referrals for psychiatric evaluation is often difficult. In 1997, we established an interdisciplinary assessment clinic within primary care at a VA outpatient clinic. One goal of this clinic was to increase the number of elderly (≥ 65 years) patients complying with referrals for psychiatric assessments for symptoms of depression or cognitive impairment. The clinic was staffed by a geriatrician, geropsychiatrist, physical therapist, and physician assistant (PA). Patients were identified from a postal screening survey followed by a brief telephone assessment by the PA. Patients were referred to the interdisciplinary assessment clinic, rather than to the mental health clinic. Of the 380 patients screened, 24% were referred for symptoms of depression and 35% for cognitive impairment. 74% of patients with depressive symptoms kept their appointment for a formal psychiatric evaluation as did 70% of those with symptoms of cognitive impairment. About 50% of these patients were determined to have a new diagnosis of depression or mild dementia. In a previous study, similarly identified patients were referred directly to the mental health clinic, but appointments were kept by only 34% of patients with symptoms of depression and 29% with symptoms of cognitive impairment. This is a significantly lower rate than the current study (z-test of proportions <.001). We conclude that elderly outpatients are more likely to comply with referrals for evaluation of psychiatric symptoms if the evaluations are performed within the primary care setting

A COMPARISON OF MOBILITY MEASURES: SENSITIVITY TO CHANGE IN STROKE SURVIVORS

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There are many clinical measures of mobility, but there is a paucity of evidence to guide the clinician in selecting measures that are most sensitive to change over time. The purpose of this study was to compare the ability of standard clinical tests to capture change in mobility in stroke survivors. As part of the Kansas City Stroke Study, mobility was assessed in a subset of stroke survivors (n=72) at 1, 3, and 6 mo post-onset using the Timed Get-up-and-Go (TUG), Duke Mobility Test, mobility items of the Barthel (m-B) and the locomotion portion of the Functional Independence Measure (l-FIM). Subjects were grouped by severity using the Orpington Prognostic Scale. Mixed Model Analyses were used to model each score as a function of stroke severity and time post-stroke.

Table 1. Results of t-statistics

	Minor Stroke		Moderate Stroke	
	1-3 mo	1-6 mo	1-3 mo	1-6 mo
TUG	0.99	0.49	2.06	2.49
Duke	2.06	2.71	2.29	3.16
m-B	4.21	4.61	0.67	1.86
l-FIM	3.16	3.77	3.31	3.65

No measures were sensitive to change from 3-6 mo. The locomotion portion of the FIM and the Duke Mobility Test were the only two of the four measures not affected by stroke severity.

Muscle Weakness as a Risk Factor for Falls in Older Adults: A Research Overview and Meta-analysis

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To design programs to prevent falls, it is important to identify modifiable risk factors. The purpose of this project was to evaluate and summarize the evidence about muscle weakness as a risk factor for falls. MEDLINE, CINAHL and EMBASE were searched from 1985-1997 and bibliographies of retrieved papers were reviewed. Studies were selected if the design was prospective. Data were extracted and each study was assessed using validity criteria. Study selection and evaluation of validity criteria were done by two independent assessors. The statistical results of similar studies were combined. There were 205 risk factor studies identified from the search. Muscle strength was measured in 48, 22 met the selection criteria and data were available in 13. Reliable measures of muscle strength were used in 36% and follow-up of subjects was > 80% in 95% of the studies. Preliminary results of pooled odds ratios for the protective effect of normal muscle strength are:

Any fall: Upper extremity strength; OR =0.53, p<0.0001
Any fall: Lower extremity strength; OR = 0.50, p<0.0001
> 1 fall: Lower extremity strength; OR = 0.18, p<0.0001

Tests for homogeneity were not significant. Hence, muscle weakness is an important risk factor and muscle training studies with adequate statistical power are needed.

Falls, Mobility Problems & Interventions in Hong Kong: A Multi-Service Centre for the Elderly.

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In Hong Kong, Physical Therapists (PT), Social Workers and community representatives have joined together to address the mobility problems of older clients. The Centre is located in an area with a high concentration of older adults (30%), in comparison to Hong Kong overall (14%). **Objectives**: 1) to obtain a falls history and physical performance profile on women at the Centre; 2) to develop strategies to promote exercise that can also be used in other community settings. **Methods**: PT faculty and students obtained a database on 55 Chinese women using the Berg Balance Scale, gait speed (usual pace) and hand grip strength. Self-report of falls was recorded for the previous 12 months. **Results**: Falls were reported by 46% of the women. Using a Balance Scale score of < 45 (out of 56), 62% of women were classified 'at risk' for falls (Berg et al 1992). Women walked, on average, slower (0.83 m/s) than the speed of 1.2 m/s required to safely cross busy traffic intersections. Grip strength indicated a wide range of physical activity (6-30 kg). **Conclusions**: Balance performance was identified for exercise intervention. The *Collaborative Community-based Exercise Approach* consists of --an on-site 'Health Corner' with exercise equipment, PT students as exercise partners to older adults, exercise videotapes with older clients as models, 'train the trainer' (older adults & community staff) programs in exercise.

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Chronic Atrial Fibrillation and Low Cognitive Function

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Aim of the study is to analyze the relationship between atrial fibrillation and cognitive function in the elderly patients admitted to our Medical Unit for the Acute Care of the Elderly (Poliambulanza Hospital, Brescia). The 269 eligible patients (mean age 80.4±5.8 years, female=69%) were stratified according to ECG features into three groups: a) those with sinus rhythm (n=214, 79,5%), b) with paroxysmal atrial fibrillation (i.e. one or more episodes of arrhythmia lasting less than 48 hours) (n=13, 4,8%), and c) with chronic atrial fibrillation (i.e. arrhythmia lasting more than 6 months) (n=42; 15,7%). Cognitive status as assessed by MMSE was found to be significantly different in the three groups: a) 26.3±2.9; b) 25.2±2.5; c) 24.3±2.9 (ANOVA: $F_{2,266}=8.15$, p=0.0004). Patients with sinus rhythm were considered as reference group; patients with cognitive impairment were considered those with a MMSE score <24. We found a significant association between chronic atrial fibrillation and cognitive impairment (i.e. elderly patients with chronic atrial fibrillation had a risk to be cognitive impaired of 3.3 (95% C.I. 1.6-6.5) in comparison to those with sinus rhythm); the association held after controlling for all the confounders associated with cognitive impairment in a crude analysis (age, education, and depression), and for hypertension and diabetes (OR 3.2; 95% C.I. 1.5-6.6). Chronic atrial fibrillation is an independent correlate of low cognitive function. Although the pathogenetic link between chronic atrial fibrillation and cognitive impairment is still unclear, our observations might support the use of anticoagulant therapy whenever indicated. This might prevent not only major cerebrovascular accidents, but also the less obvious clinical outcome of cognitive function loss.

Underuse of anticoagulation in elderly patients with chronic atrial fibrillation: malpractice or accuracy?

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Aim of this study is to analyze the pattern of utilization of warfarin in older patients with chronic nonvalvular atrial fibrillation (AF) at high risk for developing stroke. Of 672 patients newly admitted to our ACE-Medical Unit in a 9 months period, 97 patients were selected for chronic or of recent-onset AF. 21 patients did not have neither anticoagulation nor aspirin (No ASA-no AC), 49 had only aspirin (ASA) and 27 warfarin (AC). Of 21 pts not receiving neither AC nor ASA, 7 had an peptic ulcer or GE bleeding, 3 liver cirrhosis, 8 advanced cancer, and 3 cachexia. These pts had also a significantly lower serum albumin level (*p* = 0.071) and higher functional impairment (*p* = 0.017) in comparison with those receiving treatment.
Among the remaining 76 patients, factors associated with aspirin treatment (49 patients) were age, gender, living alone, cognitive impairment, mood depression, functional impairment in BADL and IADL, APACHE score, number of diseases, COPD and liver diseases. Independently associated with the prescription of aspirin instead of warfarin were number of diseases (p=0.021), depression (GDS)(p=0.016), impairment in IADL (p=0.044), living alone (p=0.021), and being female (p=0.013).
Antithrombotic therapy has been shown to substantially reduce the occurrence of ischemic stroke and systemic embolism in patients with AF, however underuse of this therapy in elderly subjects is of common clinical observation. Our findings strongly underline that many conditions, both clinical and social, are barriers to implement the use of anticoagulation in elderly.
A complete geriatric evaluation assessing conditions potentially related to the adverse effects of anticoagulants remains the most recommended practice in the elderly subjects.

Behavioural Symptoms and Caregivers Distress in Alzheimer's Disease (AD): Analysis of the Italian 12-item Version of the Npi-Distress scale.

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Behavioural disturbances are common in AD, contribute significantly to caregiver burden, and are a major cause of institutionalization of dementia patients. However, the contribution of the patient's behavior to the caregiver's stress is poorly known. In this study we explored the relationship between specific behavioural complains and caregiver distress, using the Italian version of NPI and NPI-Distress scale (Kaufer et al., 1998) in 100 AD patients' caregivers. We examined test-retest and inter-rater reliability (n= 17) of the 12-item version (delusions, hallucinations, dysphoria, anxiety, agitation, euphoria, disinhibition, irritability, apathy, aberrant motor behavior, sleep and nutrition). AD patients underwent a multidimensional assessment evaluating cognitive and functional status. In the caregiver sample background and context variables, caregiver's personal resources, objective burden indicators, and primary stressors were also evaluated.
Test-retest and interrater reliability for total NPI (0.89 and 0.92 respectively) and for NPI-D (0.85 and 0.88 respectively) were adequate. NPI symptoms reported to be severely distressing were apathy, agitation, irritability, depression, disinhibition and aberrant motor behavior (mean scores ± SD are respectively 3.40±0.80, 3.19±0.79, 3.13±0.91, 3.12±0.78, 3.11±1.05, 3.09±1.07). NPI-D ratings were significantly associated with the frequency of delusions (r=0.72) and anxiety (r= 0.47), and with severity of hallucinations (r=0.42), disinhibition (r=0.81) and nutrition (r=0.52). The NPI frequency, severity and total ratings were all significantly correlated with NPI-D ratings for agitation (0.53, 0.33, 0.48), depression (0.46, 0.33, 0.43), apathy (0.23, 0.25, 0.31) and irritability (0.51, 0.67, 0.72). For sleep, euphoria, and nutrition, symptoms severity was associated, but not significantly, with NPI-D ratings. Multivariate regression models demonstrated the influence of other factors on rep[illegible] caregiver distress: the longer the hours of assistance, the higher distress was referred by caregiver for aberrant motor behavior (P=.041); hours of assistance also influenced the perceived stress from delusions (P=.001); relationship with patient contribute to explain variance on caregiver distress associated to apathy symptoms (P=.002); depressed caregivers perceive as more stressful patient's hallucinations (P=.002).

Kaufer DI, Cummings JL, Christine D et al. (1998). Assessing the impact of neuropsychiatric symptoms in Alzheimer's Disease: the Neuropsychiatric Inventory Caregiver Distress Scale. *JAGS*, 46: 210-215.

INTERNATIONAL COMPARISON OF GERIATRIC ASSESSMENT TEAMS: AN ANALYSIS OF THE PAST 25 YEARS

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Geriatric Assessment Teams (GATs) were first developed in Great Britain in the 1930's have been widely used in the United States and elsewhere since the early 1970s. GATs have been promoted as means to achieving coordination of services, improving patient outcomes, and controlling health care costs for the elderly. However, GATs contain numerous variations including team purpose, types of clients assessed, the link between team recommendations and service utilization, and the health care system in which the GAT functions.

This study is an international comparison of the development and evolution of GATs in the United Kingdom, Australia, Canada, and the United States. Historical analysis of the GAT literature from the past 25 years is examined to explore differences in team characteristics. The data, that include descriptions of 225 GATs, reveal differences in GAT characteristics by the health care system in which the GAT functions.

Findings include that treatment effectiveness is the primary purpose for GATs in all nations studied with country specific differences in secondary purposes of addressing patient outcomes and cost containment. The growth, size and composition of GATs has varied by country and is associated with primary payor source and the link between GAT recommendations for services and actual patient utilization of services.

UPBEAT: A Psychogeriatric Intervention With Potential For Reduced Inpatient Utilization

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VA patients on acute medical and surgical units often have comorbid psychiatric problems and are costly to serve. The Unified Psychogeriatric Biopsychosocial Evaluation and Treatment (UPBEAT) program, a mental health care coordination program at nine participating VA Medical Centers. was developed to test whether psychogeriatric intervention in patients exhibiting symptoms of depression, anxiety or alcohol abuse will reduce inpatient days. 58% of consenting patients met enrollment criteria using the AUDIT and MHI Anxiety and Depression subscales; most had symptoms of depression or anxiety. Patients were randomized to either Usual Care or UPBEAT Care protocols. To date, we have information on 462 Usual Care and 418 UPBEAT Care patients. These data show a greater average reduction in inpatient days of care among UPBEAT Care patients compared to Usual Care patients at seven of the nine sites. This suggests that providing psychogeriatric intervention does not necessarily add to costs but may in fact result in cost savings.

ADHERENCE WITH USE OF EXTERNAL HIP PROTECTORS: PREVALENCE AND PREDICTORS

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External hip protectors have the potential to be an effective means of preventing hip fractures. However adherence with their use was limited in the major published study supporting their use and little information is available on longer term adherence with hip protectors. This paper reports the results of a study in which 189 community dwelling older women were the intervention group randomly allocated to wear hip protectors in a trial assessing the efficacy and effectiveness of hip protectors. They were interviewed on a predetermined schedule to monitor their adherence with use of hip protectors over the initial 12 months of use. Mean (standard deviation) adherence up to 12 months after entry to the study was 61.7 (38.0) % and median adherence was 67%. Statistically significant associations with full (100%) adherence, versus less than 100% adherence, were a self expressed belief that the subject would be able to wear the hip protectors all or most of the time, and good, very good or excellent self rated health. Factors such as fear of falling and self perceived risk of hip fracture were not associated with full adherence. The recognition of the factors of self efficacy and self rated health as predictors of adherence could lead to targeted intervention to attempt to improve adherence.

Inadequate Treatment Of High Cholesterol In Old Age

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High blood cholesterol is one of the major modifiable risk factors for heart disease, the leading cause of death in the United States. Several secondary prevention trials have confirmed that patients with previous myocardial infarction, stroke, coronary artery disease (CAD) or peripheal vascular disease (PVD) are greatly benefitted with aggresive cholesterol lowering therapy. In a 400 bed academically affiliated nursing home, we decided to look into the practice of managing elderly patients with hypercholesterolemia (over 200 mgs.) A total of 360 medical were reviewed for the presence of hypercholesterolemia. A total of 66 patients were noted to have cholesterol levels over 200 mgs. 52 patients were over the age of 65, 14 patients younger than 65 were excluded from the study. Of the total of 52 patients, 26 (50%) were noted to have a confirmed diagnosis of previous CAD, PVD or stroke and thus qualified for appropriate cholesterol lowering treatment. However only 6 (23 %) patients were on diet control. The remaining 20 (77%) patients were receiving no therapy. We conclude that adequate attention and treatment of high cholesterol is essential especially for secondary prevention in the elderly.

CONTINUING LOW INFLUENZA VACCINATION COMPLIANCE IN AN ELDERLY HISPANIC HOMEBOUND POPULATION.

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Background: We have previously reported the compliance rate in Hispanic homebound elderly for influenza vaccination. Based on low compliance, we initiated a program of in-service education for case managers to increase compliance through telephone interviews. *Objective*: To determine the effects of an in-service education program on influenza vaccination compliance in frail Hispanic elderly. *Methods*: Survey of influenza vaccination compliance during calendar years 1998 and 1999. *Settings*: A managed care alternative to institutionalization for 3,500 patients meeting Florida Medicare eligibility and with impairment qualifying for institutionalization. *Results*: 404 clients aged 60+ were sampled. Women (n, mean ± SD: 276, 85.05 ± 7.71) were significantly older than men (61, 81.74 ± 10.43, $p < 0.05$). Cubans (67%) comprised the majority of the sample. The overall noncompliance rate was 58% (1997: 61%). Men (55%) and women (59%) declining influenza vaccination was nonsignificant (X^2, $p< 0.55$). No interaction was seen between age and gender on influenza vaccination compliance ($F_{1, 380} = 0.46$, $p<0.50$). 56% (58% women, 50% men) cited "fear of side effects" as the reason for not receiving influenza vaccination. *Conclusions*: Compliance for influenza vaccination remains low despite case-management intervention. A fear of side effects remains the most prevalent reason for refusing influenza vaccination. Further studies on cultural factors and improved provider-patient relationships are needed.

TEAM ASSESSMENTS: A NEW TECHNIQUE FOR IMPROVING QUALITY OF CARE IN LONG TERM CARE FACILITIES

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Systematic assessments of quality of care that involve the entire nursing home staff encourage staff to approach care in interdisciplinary terms rather than confining their attention to their own individual departments. An 18-item measure of quality of care was developed, based on perceived needs of the residents. This measure provided the structure for quality care rounds, which were conducted twice daily by an eight member rotating interdisciplinary team. All departments participated, i.e., dietary, nursing, social service, activities, laundry, housekeeping, maintenance, and administration. Residents identified as needing special care received immediate attention. Comparisons of pre- and post-measures of health outcomes as measured by the MDS indicated significant declines in urinary tract infections, weight loss, serious incidents, falls, wounds and odors. Signs of dehydration decreased as well as skin integration problems. Mood and agitation behaviors also improved. The number of deficiencies from state and federal surveys decreased from 20 to 0.

DETERMINANTS OF HB LEVELS IN PATIENTS WITH MILD ANEMIA AND WITHOUT ANEMIA.

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Objective: To evaluate the determinants of Hb levels in older patients with mild anemia (A) and without A. **Setting:** Geriatric Evaluation and Rehabilitation Unit (GERU) **Patients** 703 elderly patients (70.8% F, mean age 79 9±6.5 years) consecutively admitted to the ward. Patients with reticulocyte production index > 2, hemorrhage, intravascular thrombosis, and embolism were not included in the study. In order to assess patients with mild A (Hb 8.0-10.9 g/dl) the 8 patients (1 1%) with Hb<8 g/dl were excluded. **Results:** 176 patients (25 2%) (28 3% F vs 18.6% M, p< 01) had mild A (Hb 9 9±0 8 g/dl, 14 4% microcytic, 79 6% normocytic, 6% macrocytic. 8% iron deficiency A, 85 9% A of chronic disease, 6 1% vitamin deficieny A) N. 515 patients (73.7%) had normal Hb levels (12 7±1 2 g/dl) Statistical differences exist among the two groups (with mild A and without A), with regard to age (81 2±6 1 vs 79 4±6 5 years, p< 001), cognitive (MMSE 20 8±6.4 vs 21 9±6 2, p< 05), functional (n BADL lost 3 2±1 9 vs 2 8±2 1, p< 05), and nutritional status (serum albumin 3 3±0 4 vs 3 6±0 4 g/dl, p< 000, serum iron 43 6±20 4 vs 68 7±31 9 ug/dl, p< 000) Serum creatinine (1 4±1 2 vs 1 1±0 6 mg/dl, p< 000), n of diseases (5 6±1 7 vs 4 7±1 6, p< 000), and high clinical severity of malignancies (12 5 vs 6 5%, p< 01), kidney diseases (16 1 vs 10 3%, p< 01), and gastrointestinal diseases (12 5 vs 4 2%, p< 001) were also found significantly different. In mild A group Hb levels were independently related to creatinine (B - 16, SE 05, p< 01) and severity of diseases, in particular of muscoloskeletal diseases (B 14, SE 05, p< 01) In patients without A Hb levels were independently related to gender (female B - 63, SE 10, p< 000) and nutritional status (serum albumin B 33, SE 13, p< 01, iron B 01, SE 01, p< 000, and transferrin B 01, SE 01, p< 000) In both groups no correlation was found with disability at baseline and mortality one year follow-up period (n 138 events, 19 6%)

HYPOALBUMINEMIA: AN INDEPENDENT CLINICAL MARKER OF FRAILTY IN COMMUNITY DWELLING OLDER ADULTS

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An ongoing challenge in the clinical care of older adults is the appropriate targeting of individuals at high risk of adverse health outcomes. Although these elders at risk typically are considered to be "frail", there is no consensus regarding a clinically applicable definition of frailty. The purpose of this study was to describe a new model of frailty, and to determine if hypoalbuminemia is an independent clinical marker of frailty. Medical records of 201 older adults attending a Geriatric Consultation Clinic were reviewed. In this study, frailty was defined as meeting at least two of the following criteria: any ADL limitation, Folstein MMSE score < 20, Tinetti gait and Balance score < 22, and poor or fair self-rated health. Eight subjects (4 %) met all four criteria, forty-six (23 %) met three criteria and forty-eight (24 %) met two criteria for frailty. In the unadjusted logistic regression model, older age, more chronic medical problems, Yesavage GDS score > 5, living with a caregiver, and taking three or more medications were each associated with being frail. In addition, serum albumin levels of less than 38 g/L were associated with frailty, but the odds of frailty increased more significantly for those with a serum albumin level less than 35 g/L. Neither weight nor body mass index was associated with frailty. In the multivariate logistic regression model, older age, more chronic problems, depression, and serum albumin levels less than 35 g/L remained significant. These results suggest that hypoalbuminemia may indeed be an easily obtainable clinical marker of frailty in older adults. CM 21

Aricept (donepezil) induced urinary incontinence: An Alzheimer's Disease (AD) patient's case report.

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PURPOSE: To report a newly described adverse event of donepezil treatment for patients with Alzheimer's Disease

CASE PRESENTATION: A 78-year-old male was brought to the geriatric program for evaluation and treatment of dementia. He was started on donepezil (Aricept) 5 mg PO daily at bedtime. In a follow up visit (2 weeks after treatment initiated) the wife reported a new onset of urinary incontinence. This began 3 days after starting donepezil. The wife stopped treatment without consulting the physician. One day after the treatment was stopped, the urinary incontinence disappeared. Urine analysis was negative with no evidence of infection. Rectal exam revealed mild prostate enlargement. A second trial of treatment was offered. The next day after the medication was administered, the patient, once again developed urinary incontinence. This time, the wife did not stop the treatment, but returned to the office after one week. She claimed that her husband lost all bladder control. He experienced frequent accidents day & night. According to the wife, it was much easier to manage with her husband's dementia, then to deal with urinary incontinence.

CONCLUSION: Donepezil is a selective acetylcholinesterase inhibitor with cholinomimetic properties. This action may cause detrusor stimulation leading to urinary incontinence. This is reported to alert physicians to this possible adverse reaction.

THERMODYNAMIC THEORY OF AGING

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The thermodynamic theory of aging of living beings is elaborated. The theory maintains that life develops in accordance with general laws of Nature, in particular, the law of temporary hierarchies and the second law of thermodynamics. According to the thermodynamic theory the specific value of the Gibbs function of the formation of supramolecular structures of the organism tends to a minimum. That tendency explains the variation of the supramolecular and chemical composition and the morphology of tissues during aging. The theory makes it possible to define the principles upon which proper diets and medications can be devised to slow down aging. Such diets and medications are also useful in preventive care and in the treatment of various pathologies including those attending old age. The thermodynamic theory of aging helps explain why

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mountain people live extraordinarily long lives, as borne out by centuries of human experience. The food additives and diets worked out by the model of the thermodynamic theory of aging are designed to exploit the body's intrinsic reserves as fully as possible. Use of rational diets including highland foods and food additives will make it possible to lengthen people's life spans to 100 years on average in a matter of 10 to 15 years. The results of research obtained under applied programs are being widely used in practice. Key words: Aging, Gerontology, Supramolecular thermodynamics.

Alternative Therapies for Dementia. SA Sternberg[1], L Mah[2]. [1]University of Chicago, [2]University of Toronto.

Objective: To systematically review the literature on alternative therapies for Alzheimer's and vascular dementia in the elderly. Design: We searched MEDLINE, AMED, Mantis, embase, CINAHL, Napralert, IAC Health and Wellness, reviewed reference lists, and contacted local experts to identify original investigations. Alternative therapies were defined as orally ingested natural products or synthetic derivatives not listed in the Compendium of Pharmaceuticals and Specialties (1997), that were not a drug in development and were available without prescription in Canada. English language articles with cognitive and/or functional outcome measures were included. Results: 612 articles were identified of which 35 were included representing 6 of 14 compounds. Of 8 ginkgo biloba studies, 3 (38%) were randomized control trials (RCT) that used standardized diagnostic criteria (SDC) to evaluate 569 subjects for an average of 29 weeks. Cognitive and global rating scales were used and a functional scale in one study. Modest improvement in cognitive outcomes was present, but dropout rates were high. Of 10 negative studies of lecithin, 5 (50%) were RCTs that did not use SDC to assess 164 subjects for an average of 14 weeks. Cognitive and functional scales were used and a global rating scale in one study. Of 13 bovine phosphatidylserine studies, 4 (31%) were RCTs with SDC evaluating 315 subjects for an average of 14 weeks. Cognitive and global rating scales without a functional outcome measure were used. Results were inconsistent. Zinc, in 1 of 2 studies, inositol, and choline were each studied in one small RCT of short duration without treatment benefit. Conclusion: Original investigations of alternative therapies for dementia in the elderly are limited by the lack of SDC, short duration, and inconsistent outcome measures. CM-15

THE CERAD NEUROPSYCHOLOGY BATTERY: NORMS FOR REPRESENTATIVE WHITES AND AFRICAN AMERICANS. G.G. Fillenbaum,[1] M. Huber,[1] A. Heyman.[2] [1]Center for the Study of Aging, [2]Division of Neurology, Duke University Medical Center, Durham, NC 27710

The Consortium to Establish a Registry for Alzheimer's Disease (CERAD) developed a brief battery of neuropsychology measures appropriate for staging Alzheimer's disease, and useful in identifying early Alzheimer cases. While experience in tertiary care medical centers is extensive, norms for community representative older Whites and African Americans remain to be confirmed. Findings based on a sample of subjects from the Established Populations for Epidemiologic Studies of the Elderly (Duke), indicate that, in analyses with sex, race, age and education entered simultaneously, score on each of the seven measures (Verbal Fluency; Abbreviated Boston Naming Test; Mini-Mental State Exam; Word List Learning, Recall, Recognition; Constructional Praxis) is significantly affected by age and education, rarely by gender, and never by race. Norms, adjusted for these demographic characteristics, have been developed.

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FACTORS ASSOCIATED WITH DRUG USE IN NURSING HOMES. M. Bédard, A. Papaioannou, M. Levine, G. Campbell. **Father Sean O'Sullivan Research Centre, Hamilton, Ontario, CANADA.**

Drug use in nursing homes depends on the medical condition of residents but may be influenced by variables specific to each nursing home environment. These include the age and gender of residents, urban/rural location of nursing homes, proximity to medical schools, public/private ownership, as well as the number of physicians caring for residents. To examine if these variables are associated with patterns of drug use, we obtained data covering a full year for 10,011 residents from 108 nursing homes in Ontario, Canada. Because drug use across residents of the same nursing home may not meet the assumption of independence, the unit of analysis was the nursing home. The average age across nursing homes was 81.1 years (SD = 3.0), with women representing 72.8% of residents. The average number of routine medications taken monthly per patient was 4.39 (SD = 0.54). The most widely used medications were central nervous system drugs (mean = 1.26, SD = 0.20), cardiovascular drugs (mean = 0.65, SD = 0.21), and gastrointestinal drugs (mean = 0.49, SD = 0.14). Multivariate linear regressions showed that overall drug use was higher in homes with larger proportions of men (p = .001) but lower where fewer physicians cared for larger numbers of residents (p = .004). Use of cardiovascular drugs was generally higher for men (p = .010) living in rural areas (p = .010), but less for homes in proximity of medical schools (p = .001). Female gender (p = .030) and rural locations (p = .010) were associated with higher use of gastrointestinal drugs. Drug use for nursing home residents may be affected by variables independent of medical condition, a better understanding of these linkages is required.

King James' Letters: Changes in Language-Normal Aging
or Dementia?

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Reductions in the complexity of oral and written language occur in older adults as a function of normal aging. Changes are related to decreased working memory and reduced rate of language processing. In dementia, language also deteriorates, but at a precipitous rate. Analysis of complexity measures of language can reveal both changes brought about by normal aging or dementia

To evaluate a possible dementia diagnosis retrospectively, a series of letters of King James, of seventeenth century England, were analyzed to determine whether changes were reflected in his written communication. Forty-eight letters from the years 1604 to 1624 were analyzed. Analysis of variance revealed significant ($p < .05$) changes for mean length of utterance and mean clauses per utterances. All types of verb clauses occurred with reduced frequency in the later letters. Type token ratio, a measure of use of different word roots, significantly increased between early and later years. This may reflect a compensatory use of lexical knowledge to offset language declines with advancing age.

CM-4

PETROUS APICITIS AND MENINGITIS IN AN ELDERLY PATIENT.

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We present the case of a 72 year-old female that presented with acute onset of altered mental status. She initially awoke from sleep with emesis and confusion that was later followed by somnolence although arousable. On presentation to the Emergency Department, the patient was arousable, confused, with left-sided weakness and fever. Head and neck examination revealed a dull, immobile left tympanic membrane without perforation or discharge. Further history from the patient's family revealed 4 weeks of otalgia and otorrhea for which the patient was taking herbal therapy. Complete blood count was 18,000 leukocytes. Computed tomography (CT) of the brain and temporal bones showed left mastoid and middle ear opacification with destructive lesion in the posterior petrous apex. Lumbar puncture revealed glucose 37mg/dL, protein 263mg/dL, cells per cubic mm:RBC 450, WBC 180 (90% polys). Gram stain revealed no white blood cells and no bacteria. Culture ultimately grew Streptococcus pneumoniae. Magnetic resonance imaging (MRI) with gadolinium deglutimate revealed a rim enhancing lesion in the posterior petrous apex with a hypointense center. These finding were consistent with infected mucopyocele. The patient underwent myringotomy and tube as well as intravenous antibiotic therapy with rapid improvement in her clinical course.

Despite the liberal use of antibiotics, intratemporal and intracranial complications resulting from otitis media continue to occur. Diagnosis and correct treatment of these complications requires a high index of suspicion, appropriate radiologic evaluation and occasionally surgical intervention.

Tuberculin Positive Patients in a Nursing Home Setting.

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Tuberculosis represents a significant health problem to patients in long term care facilities. Current CDC guidelines mandate that Tuberculin skin testing is performed on admission to such facilities and annually therafter. Patients who test PPD positive are usually given prophylaxis with isoniazid (INH) for a six to twelve month period. The percentage of PPD positive individuals who develop pulmonary tuberculosis remains unknown. In a 400 bed academically affiliated nursing home PPD positive patients were followed in order to determine their risk of contracting pulmonary tuberculosis. Using a retrospective chart review data was collected from 58 PPD positive patients over a ten year period who were started on INH prophylaxis. Patients with greater than ten millimeter induration following PPD injection were considered "positive." 54 (93%) patients completed a full course of the drug for a period ranging from six to twelve months. Four patients (7%) did not complete treatment due to adverse effects of the drug. All 58 patients have been observed for several months to years; none developed acute tuberculosis. In conclusion our study suggests that INH is effective in preventing pulmonary tuberculosis. Those patients who cannot tolerate INH can be observed for signs or symptoms of tuberculosis.

Another Lesson from Physical Restraints: Deep Venous Thrombosis due to Pelvic Restraints – A Case Report with Review of the Literature

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Introduction: Physical restraints have been associated with many types of injuries and even death from strangulation. Deep venous thrombosis associated with the use of physical restraints in the elderly has not been reported previously.

Case Report: A 80 year old African American male nursing home resident was brought to the Emergency Room with left lower extremity swelling. His past medical history included two cerebrovascular accidents, myocardial infarction and mixed dementia of the multi-infarct and Alzheimer type. He had no history of atrial fibrillation. Further history revealed that the patient had been placed in pelvic restraints in the nursing home due to frequent falls when he had tried to get up. On the day prior to admission, the swollen extremity was detected and the restraints were removed. Swelling persisted the next day and an ultrasound Doppler showed deep venous thrombosis involving the left superficial femoral and popliteal veins. Subsequently, the patient was admitted to the hospital for initiation of anticoagulant therapy.

Literature Review: A Medline Search going back until 1966 showed only one single case report about deep venous thrombosis and physical restraints.

Conclusion: To our knowledge, this is only the second report to demonstrate an association between venous thromboembolism and physical restraints. It raises the question if this is due to underreporting, as immobilization is a well-known risk factor for venous thrombosis. Physical restraints should be avoided and other measures for fall prevention utilized.

Elderly Patients with Normal Resting ECG Benefit from Myocardial Perfusion Studies

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Myocardial perfusion imaging studies may not be useful in pts with normal resting ECG. Whether age modifies this assertion is unknown. We reviewed scans of 172 pts with a normal rest ECG (135 pharmacological, 37 exercise; mean age 81.1±4.3 yrs, 92 M/ 67 F) and 195 pts with an abnormal resting ECG (171 pharmacological, 24 exercise; mean age 84.2±2.9 yrs, 93 M/ 87 F) studied over 15 months. High risk scans were those identified with left anterior descending artery (LAD), multivessel involvement, or ≥ 15% defects. Risk factors (age, HTN, hyperlipidemia, family history, DM, smoking) and symptoms (anginal chest pain) were comparable in the 2 groups. History of MI was more common in the abnormal ECG group.

Results:

	Abnormal Scans	High Risk (any type)	≥15% Defect	LAD Defect	Multivessel Defect
Normal ECG (n=172)	64 (37%)	26 (15%)	22 (13%)	10 (6%)	10 (6%)
Abnormal ECG (n=195)	102 (53%)	60 (31%)	52 (27%)	37 (19%)	33 (17%)
	p=0.04	p<0.001	p<0.001	p<0.001	p<0.001

Conclusions: Abnormal ECG is associated with abnormal and high risk perfusion scans in elderly pts. Pts with a normal rest ECG still have a relatively high prevalence of abnormal/ high risk scans. Thus, stress perfusion imaging remains a useful technique to identify perfusion abnormalities in elderly pts, irrespective of the rest ECG.

Measuring Quality of Care with an Inpatient Elderly Population: The Geriatric Resource Nurse Model

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Nurses, who are caring for greater numbers of older patients in acute care hospitals, want to provide high quality, cost effective care. In this study the Geriatric Resource Nurse (GRN) Model is evaluated. The model is designed to enhance knowledge and skill of staff nurses caring for elderly patients.

Both quantitative and qualitative methods are used to assess GRNs influence on quality and cost outcomes. Patients, age 65 years and older, were randomly chosen from two medical units. GRNs were part of the staff on one unit, but not on the other. Administrative and outcomes data were gathered on 129 subjects. A subset of 34 subjects was interviewed about their hospital experience and this data was analyzed for common themes and trends.

Demographic variables and common measures of illness severity and complexity showed comparable patient groups on the two units. The number of patients readmitted to the hospital within 31 days of discharge and the length of stay on readmission was lower on the unit with GRNs. The use of chest type physical restraints was also less frequent with these subjects. However, information from the nursing admission assessments showed significant differences in several health status measures between groups. Subjects on the unit without GRNs had more problems with pain, incontinence and mobility.

Elderly patients in both groups identified similar needs related to normal aging and acknowledged fragility and decreased energy reserves related to chronic illness. They identified specific functional areas where they needed help. Fewer subjects in the intervention group reported decline in ADL function during hospitalization than did control subjects. Both groups stressed the importance of nurses showing understanding and caring when working with older persons.

357

ON BECOMING AND BEING FRAIL: THE LONGITUDINAL AGING STUDY AMSTERDAM

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Participants:

BWJH Penninx, DJH Deeg (Institute of Research in Extramural Medicine / LASA, Vrije Universiteit). Change in depressed mood among older persons with various chronic diseases

E de Beurs, A Beekman, D Deeg (Department of Psychiatry, Vrije Universiteit). Emotional frailty in late life: Associated variables and risk factors

MJ Aartsen, CHM Smits, TG van Tilburg (Department of Sociology and Social Gerontology, Vrije Universiteit). The impact of change in cognition and health on the personal network in older men and women

DJH Deeg, BWJH Penninx, DMW Kriegsman (Institute for Research in Extramural Medicine, Vrije Universiteit). Chronic diseases and the inception, continuation, and worsening of functional limitations

MI Broese van Groenou, DJH Deeg (Department of Sociology and Social Gerontology, Vrije Unviersiteit). Changes in health in later life: The impact of social conditions and socioeconomic status

Discussant: WA Sataríano (School of Public Health, University of California at Berkeley, United States of America).

Frailty is as multifaceted as the aging process itself. An interdisciplinary conceptualization is not often presented yet. In this symposium, three components of frailty are identified (emotional, social, and physical frailty), and predictors of changes in these components are ascertained.

Each of the five presentations are based on longitudinal data from two measurement cycles of Longitudinal Aging Study Amsterdam LASA, an interdisciplinary, community-based survey on 3107 older men and women with initial ages between 55 and 85 years, covering a follow-up period of three years (1992/93-1995/96). A description is provided of the trajectories of being or becoming frail in either one of the three components, their interactions and their correlates. Emotional frailty is defined in terms of depressive and/or anxiety symptoms, social frailty in terms of number and frequency of personal contacts, and physical frailty in terms of functional limitations, self-rated health, institutionalization and/or mortality. The data stress the importance of and contribute to the development of an interdisciplinary concept of frailty.

CHANGE IN DEPRESSED MOOD AMONG OLDER PERSONS WITH VARIOUS CHRONIC DISEASES

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This longitudinal study examines the change in depressed mood over time among older persons with various different chronic conditions. Data are from 2,197 persons aged 55 to 85 years participating in the Longitudinal Aging Study Amsterdam. In 1992 and again in 1995, these persons answered questions about chronic conditions and completed the CES-D scale for depressive symptoms. Chronically ill persons were significantly more depressed at baseline. After 3 years, persons without conditions reported less often incident depression (3.9%) than those with one (7.4%) and two or more conditions (14.3%, p<.001). Among the depressed, those without conditions more often showed remittance of depression (54.8%) than those with one (41.2%) and two or more conditions (37.5%, p<.001). However, not each condition is attended with depressed mood over time in the same way. Lung disease, cancer, vision problems and peripheral atherosclerosis showed the strongest association with incident depression after 3 years.

Heart disease, arthritis, stroke, diabetes and cognitive and hearing problems were not clearly associated with incident depression. When depressed, persons with heart disease were the least likely to remit. Although cross-sectional data show that all conditions are associated with raised levels of depressed mood, longitudinal data show a disparity across types of chronic conditions in the incidence and remittance of depressed mood over time.

EMOTIONAL FRAILTY IN LATE LIFE: ASSOCIATED VARIABLES AND RISK FACTORS

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Data on depression and anxiety symptoms were collected from 2163 community dwelling respondents (≥ 55 yrs) on two occasions, three years apart. The association of depression and anxiety with vulnerability factors and stressful life-events was assessed to (1) delineate risk factors for emotional frailty and (2) to investigate whether different risk profiles for depression and anxiety could be distinguished. At the first assessment, 16.3 % of the sample reported symptoms of depression (5.5 %), anxiety (4.0 %) or both anxiety and depression (6.8 %). Having symptoms was associated with being female (anxiety), unmarried (depression), poor vision/hearing (both) neuroticism, having an external locus of control, self-perceived poor health, and loneliness (depression, anxiety and both). Three years later, 4.0 % of the 1810 emotionally healthy respondents had developed symptoms of depression, 2.4 % had developed symptoms of anxiety and 2.9 % had developed symptoms of both depression and anxiety. Getting symptoms was associated with female sex, low self-perceived health, high neuroticism and various stressful events. Vulnerability factors for anxiety, depression and both were similar; stressful events involving loss caused depression or anxious depression, rather than anxiety. No specific relation was found between stressful events involving threat and developing symptoms of anxiety. Thus, although some differences were found, risk profiles for pure depression, pure anxiety, or both anxiety and depression were quite similar.

The impact of change in cognition and health on the personal network in older men and women.

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Social interaction has been shown to decline with aging. According to the Socioemotional Selectivity theory (SST) this may be explained by motivational changes. To obtain further understanding of change in social interaction, we suggested that the latter may be affected by change in cognitive functioning and health. In this study we focused on change in the number of members of the personal network, and change in the frequency of contact with members of the personal network. The regression of both characteristics of the personal network on age, cognitive change (MMSE-score) and change in health (self rated health), controlling for level of education and partner status is investigated using linear regression analyses. The personal network is aggregated into three categories: (1) children, (2) other family members and (3) non-family members. The study is part of the Longitudinal Aging Study Amsterdam, using interviews and test results of 2,070 respondents.

We found, on average, that the frequency of contacts with children increased for women, but decreased for men. Contacts with other members of the personal network remained stable on average. Our study revealed that decline in cognitive performance was related to an increase of the frequency of contacts with family members ($\beta = -.13$), and a decrease in contacts with non-family members ($\beta = .12$, men only). Furthermore, decline in cognitive performance was related to an increase of the number of children in the personal network ($\beta = -.14$, for women), and to an increase of the number of non-family members ($\beta = -.11$ for women). Decline in health was only related to an increase in the frequency of contacts with children ($\beta = -.11$ women only). We conclude that change in cognitive functioning and, to a lesser degree change in health, explained some of the variation of social interaction in later life.

CHRONIC DISEASES AND THE INCEPTION, CONTINUATION, AND WORSENING OF FUNCTIONAL LIMITATIONS

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Longitudinal data have shown that chronic diseases increase the risk of incidence of functional limitations (FL). However, little insight exists in the trajectories of FL following incidence. This paper distinguishes five trajectories and examines the risk of various chronic diseases associated with these trajectories in the first two cycles of the Longitudinal Aging Study Amsterdam (n = 2248, initial ages 55-85 years). Based on statistically reliable changes in combination with transgression of a cut-off, FL trajectories were defined as: 1) 'no FL' (72.7%), 2) 'incident FL' (8.1%), 3) 'stable FL' (15.0%), 4) 'worsening FL' (2.9%), and 5) 'recovered FL' (1.2%). Trajectories 2), 3), and 4) were associated with a 2-fold increased risk of mortality; whereas for institutionalization 2) had a 3-fold risk and 3) and 4) had a more than 3-fold risk. Chronic diseases examined were: lung diseases, cardiovascular diseases, diabetes, stroke, cancer, and arthritis. The risk of each disease at baseline was examined, controlling for age, sex, and comorbidity. In comparison with 'no FL', the risk of 'incident FL' was significantly raised for each chronic disease except cardiovascular diseases and cancer (RR ranging from 1.5 to 2.6). The risk of 'stable FL' was significant for all diseases and substantially higher (RR from 1.9 to 3.5), as was the risk of 'worsening FL' (RR from 1.9 to 7.3). Particularly diabetes, stroke and arthritis showed higher risks for 'worsening FL' than for 'stable FL'. No diseases were associated with 'recovered FL' when compared with 'stable FL'. These longitudinal data show the usefulness of distinguishing between trajectories of FL beyond incidence.

CHANGES IN HEALTH IN LATER LIFE: THE IMPACT OF SOCIAL CONDITIONS AND SOCIOECONOMIC STATUS

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This paper examines the effects of social conditions and socioeconomic status (SES) on changes in health in later life. Data are derived from 2981 persons aged 55 to 85 years participating in the Longitudinal Aging Study Amsterdam (waves in 1992 and 1995). Three health measures are used: change in self-reported functional limitations (n=2420) and in self-rated health (n=2464), and five-year mortality (n=2981). Social conditions studied are living alone, network size, the receipt of instrumental and emotional support, feelings of loneliness and degree of urbanization. SES was indicated by a weighted score composed of level of education, income and level of occupation. Results showed that 15% of the surviving respondents experienced an increase in functional limitations and 19% a decrease in self-rated health over time. Nearly 18% of the total sample had died by October 1997. Multivariate logistic regression analyses showed that, of all social conditions, low SES and living alone increased the risk of becoming more functionally limited or die earlier, when sex, age and baseline health are also taken into account. A decrease in self-rated health was also related to lower SES and to living in a less urbanized area.

358

TREATMENT STRATEGIES FOR ALCOHOL PROBLEMS IN THE ELDERLY

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Participants:

L. Dupree (University of South Florida, Tampa, FL) Alcohol Expectancies.

F. C. Blow (University of Michigan, Ann Arbor, MI) The Effectiveness Of An Elder-Specific Brief Alcohol Intervention For Older Hazardous Drinkers.

R. Atkinson (Oregon Health Sciences University, Portland, OR) Specialized Treatment Of Geriatric Alcohol Use Disorders.

D. W. Oslin (University of Pennsylvania, Philadelphia, PA) Pharmacotherapy Of Late Life Alcoholism And Related Comorbid Conditions.

Discussants:

L. Jarvik (University of California at Los Angeles, Los Angeles, CA)

L. Schonfeld (University of South Florida, Tampa, FL)

The continued increase in the elderly population along with the improved health of older adults is making alcoholism and other addictions a significant public health concern. There is an emerging consensus in the literature documenting the prevalence of alcoholism among the elderly and the costs of alcoholism in terms of the direct costs from the excessive disability caused by alcohol consumption, the strain on caregivers of the elderly and in terms of lost productivity.

Given the epidemiology of addictions and addiction related disability as a background, more recent research has begun to focus on interventions that are well suited and targeted to older adults. The objectives of this symposium are to present some of these recent findings in a manner consistent with adaptation to clinical settings. The symposium will present research findings relavent various treatment settings including primary care, specialty mental health care and specialty addiction settings.

ALCOHOL EXPECTANCIES

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Beliefs about the effects of alcohol, referred to as alcohol expectancies, influence the likelihood that alcohol will be used to cope with negative emotions and problem situations. Psychological factors (expectancies) that influence drinking are very important, and have utility in both identifying abusing populations and distinguishing individuals at risk for relapse.

Dupree has identified alcohol expectancies of older adults via an interview process. The number of positive alcohol expectancies were markedly greater than negative expectancies. Specification of alcohol expectancies (and content) of older adults permits better tailoring of both intervention and prevention programs. That is, assuming the elderly expectancy questionnaire identifies risk categories, interventions specific to each factor might be developed and used on an individualized or group basis. Risk categories are also likely to be reflective of deficits in self-management (coping with one's environment). In particular, knowledge of an older alcohol abusers expectancies (the cognitions that represent the continuing "urge" to drink/use) are essential to efficient and effective early identification and intervention; and is very instructive to both self-management training and cognitive behavior therapy.

THE EFFECTIVENESS OF AN ELDER-SPECIFIC BRIEF ALCOHOL INTERVENTION FOR OLDER HAZARDOUS DRINKERS

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Early identification and brief intervention for hazardous drinkers has been shown to be effective in reducing or stopping consumption of alcohol among patients seen in a variety of health care settings. Previous brief alcohol intervention studies have focused on screening and intervening with individuals under age 60. The current study examined the effectiveness of an elder-specific brief alcohol intervention for older adults in primary care settings who report drinking above recommended limits. Health screening, including specific questions regarding alcohol use and misuse, was conducted with over 14,000 older patients (age 60 and over) seeking health care in 46 primary care clinics. A total of 460 older patients who screened positive for hazardous drinking were randomized either to a brief (20-25 minute) alcohol intervention or control condition. Results showed significantly more reduction in frequency and quantity of alcohol consumption for the brief intervention compared to the control condition. These results suggest that an easy-to-administer, elder-specific brief alcohol intervention is effective in reducing at-risk drinking among older adults and can be useful in improving long-term alcohol-related health outcomes for this vulnerable population.

SPECIALIZED TREATMENT OF GERIATRIC ALCOHOL USE DISORDERS

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This presentation will focus on issues in the treatment of older problem drinkers in programs specializing in treatment of alcohol use disorders. Experience and outcomes from an elder specific addiction treatment center at the Portland VAMC will form the basis for much of the presentation.

Topics to be covered include:

- indications for specialized treatment
- treatment setting: inpatient, outpatient and outreach
- special needs of older clients relative to younger adults
- age-appropriate approaches and modalities of treatment
- evidence for effectiveness of outpatient alcoholism treatment
- evidence for superiority of elder-specific, age-segregated treatment
- impact of outreach (casefinding) on casemix and client needs
- cost-reimbursement considerations

PHARMACOTHERAPY OF LATE LIFE ALCOHOLISM AND RELATED COMORBID CONDITIONS

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The treatment of alcohol abuse and dependence among the elderly has traditionally focused on individualized or group psychotherapy delivered in specialized addiction treatment centers. Emerging evidence supports a role for treatment in primary care as well as a need to recognize and treat alcoholism in mental health care settings. To this end new treatment strategies that are appropriate for these settings are being developed.

One area of promise in the treatment of alcoholism in alternative treatment settings has been the development of medications that curb drinking and prevent relapse. Naltrexone is the prototypical medication for the treatment of alcohol dependence. In addition, other pharmacotherapies are available to treat conditions such as depression that commonly occur in conjunction with alcohol misuse. This presentation will present the evidence from our own research on naltrexone and antidepressants for the treatment of late life alcoholism and associated comorbid mental health disorders.

359

WEALTH ACCUMULATIONS BETWEEN WAVES OF THE HRS

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The Health and Retirement Study (HRS) provides a unique opportunity to examine the distribution of assets available for retirement and how these assets change over time. In this paper, we explore the HRS to examine total household wealth and wealth accumulation between waves 1 and 2 for persons at or near retirement age. We focus on wealth changes that occur in conjunction with (1) health status changes and the onset of health problems, and (2) transitions into retirement and other work status changes.

Consistent with previous research, we find that households who suffer a health decline between the waves have lower wealth in wave 1 and lower wealth accumulations between the waves than households who continue in good health. However, we find that excluding pension wealth can exaggerate the declines in wealth associated with health declines. Including pension wealth in the measure of wealth narrows the gap in wealth accumulation rates between households who continue in good health and those who suffer a health decline. This finding is consistent with our theory that pension wealth helps buffer reductions in wealth due to health status declines.

It is also important to include pension wealth when examining wealth accumulations by work status. We find that excluding pension wealth will overstate wealth accumulations for workers who leave jobs and understate wealth accumulations for those who continue working.

We also examine wealth accumulations by marital status, gender, and race, and discuss the implications of our findings for the economic security of households nearing retirement. We also discuss the data issues that arise when using the HRS to examine pension wealth accumulations between the waves.

360

POSITIVE AFFECT, FUNCTIONAL ABILITY and SURVIVAL

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Context. Little is known about the association of positive affect with physical health. This study investigated the association between positive affect and subsequent changes in mobility, functional ability and survival in an older Hispanic population.
Objective. To assess the degree with which positive affect predicted future mobility, functional ability and survival in a representative sample of older Mexican Americans from the Southwestern United States.
Design. A two-year prospective cohort study.
Setting. Five Southwestern states: Texas, California, New Mexico, Colorado, and Arizona.
Participants. A total of 1959 elderly Mexican Americans aged 65 to 99 who completed a walking task and reported no difficulty with activities of daily living at baseline (1993-'94) were re-interviewed two years later.
Main Outcome Measures. Baseline positive affect was assessed by a four-item scale from the Center for Epidemiological Studies Depression Scale. Physical performance was assessed by a timed

8-foot walk, and daily activities were assessed by the Activities of Daily Living Scale.

Results. In multivariate analyses, there was a direct relationship between positive affect scores at baseline and mobility, functional status, and survival two years later, controlling for functional status, sociodemographic variables, major chronic conditions and negative affect at baseline. Subjects with low positive affect were 2.33 times (95% CI 1.28, 4.22) more likely to become ADL disabled, 1.67 times (95% CI 1.24, 2.24) more likely to have a slow walking speed, and a 2.58 (95% CI 1.33, 5.00) greater odds of death at follow-up than those with high positive affect.

Conclusion. Positive affect appears to act as a buffer against the physical declines of old age. Our results show that individuals with high levels of positive affect maintain better mobility and functional ability, and experience increased longevity.

THE HIERARCHICAL LOSS OF INDEPENDENCE IN ADLS: DO AGE AND SEX MATTER?

C. Jagger, N. Spiers, A. Arthur, Department of Epidemiology and Public Health, University of Leicester, Leicester, England

The ability to perform basic care tasks such as activities of daily living (ADLs), is important for the independent living of older people. ADLs form a hierarchy, although evidence for this has generally been through cross-sectional data. We report the analysis of ADLs obtained through a rolling programme of health checks of those aged 75+ years in general practice. 1677 people had seven ADLs (bathing, transfer from bed, transfer from chair, dressing, feeding, mobility, toiletting) assessed on at least two of four consecutive health checks and were independent at their first observation in at least one ADL. The average time between health checks was 17 months.

The median time for loss of independence was shortest for bathing (46 months) followed by mobility (64 months), toiletting (68 months) and dressing (72 months). Median times for transfer from bed and chair and feeding were inestimable due to the small numbers of transitions. Using Cox proportional hazards regression models to allow for censoring due to death or continued independence, the risk of transition to dependence increased with increasing age for all ADLs. After adjustment for age, only bathing showed significant differences between the sexes with women having a higher risk of becoming dependent (RR=1.29, 95% CI 1.07 to 1.54). Higher rates of transition to dependency in older women compared to men are largely accounted for by differences in age distributions.

PREDICTORS OF MORTALITY; FIVE YEARS FOLLOW-UP STUDY IN JAPAN

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This study clarified the predictors of mortality including physical status and social interaction by five years longitudinal study. The subjects were all the 60 years or above who lived in a typical farming community near major urban centers in Japan (n=1,069). 925 subjects answered the questionnaire and the return ratio was 86.5%. 146 subjects (15.8%) were deceased within five years period after survey. The contents of the questionnaire were about social interaction (using the scale of "Evaluation of Social Interaction" which is divided into 5 subscales by factor analysis. i.e., a) Independence, b) Social curiosity, c) Interaction, d) Feeling of Safety, e) Participation in the society.), health status, life style, and their feeling about themselves. The results were as follows. 1) Age, mobility, activity of daily living, and heart disease were significantly related to the mortality after five years. 2) Under 75 years of age, lack of "Reading books", "Having active role", and "Feeling of importance" for male, and "Life style motivation", "Active approach", and "Feeling of importance" for female were significantly related to higher mortality. 3) Over 74 years of age, lack of "Reading books" for male, and "Reading newspapers", "Having active role", "Participation in neighborhood affairs", "Life style motivation", and "Active approach" for female were significantly related to higher mortality. 4) By logistic analysis adjusted for age, sex, education, mobility, activity of daily living, and disease, odds ratios to mortality were significantly high at lack of "Having Active Role"(odds ratio 0.49), and "Life style motivation"(odds ratio 0.39). These results support the hypothesis that a positive association exists between social interaction and mortality after five years. Improvements in social interaction appear more effective reducing in mortality. We assumed that services related to extensive social interaction would have a cumulative positive and beneficial influence. A greater number of friends, confidants, receiving general visits, and curiosity to social environment was therefore thought to be related to lesser mortality. Further research is needed on this cohort to clarify more detail structure of each predictor of mortality.

THE INFLUENCE OF DEPRESSIVE SYMPTOMS ON INCIDENCE OF CHRONIC MEDICAL CONDITIONS AND DISABILITY AMONG OLDER MEXICAN AMERICANS

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Depression has long been recognized as a consequence of physical illness. Increasingly, however, depression is also being perceived as a potential risk factor for compromised health, particularly among older adults. Longitudinal data from the Hispanic Established Population for the Epidemiologic Study of the Elderly (EPESE) survey were used to examine the influence of depressive symptoms on the incidence of chronic medical conditions among 2316 Mexican Americans aged 65 and over. The presence of high levels of depressive symptoms at baseline, measured with the Center for Epidemiologic Study of Depression, was found to be associated with a higher incidence of myocardial infarction, cerebrovascular disease, hypertension, hip fracture, arthritis, gall bladder disease, and renal disease, even when controlling for sociodemographic risk factors such as gender, age, education, marital status, and immigrant status. Similarly, the risk for increased disability in activities of daily living, and instrumental activities of daily living were elevated among respondents who reported high levels of depressive symptoms. Whether a marker for underlying disease severity or an indicator of diminished self-care motivation, depression seems to have a negative effect on the health of older Mexican Americans, increasing the risk for poor outcomes. Although depression is often under-recognized in older adults, it is a highly treatable condition that warrants attention.

A COMPARISON BETWEEN OLDER AND YOUNGER ADULTS WITH ACUTE LOW BACK PAIN ON FUNCTIONAL STATUS & SELF-MANAGEMENT

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Acute low back pain (ALBP) is highly prevalent, and its impact and management may differ by age. We present baseline data (N=75) from a randomized trial of ALBP self-management and compare functional status and self-management behaviors by age. Seventy-three % of patients presenting symptoms of ALBP in primary care clinics were female, 68% were African-American, 44% had less than a high school education, 33% were married, 80% were living with someone, and 63% had an income that just made ends meet. There were 29 subjects 55 years of age and older and 46 subjects younger than 55 years old. Older subjects reported poorer mobility (p=.059) and less social activity interference from back pain (p=.088) compared to younger adult subjects as measured by the revised Arthritis Impact Measurement Scales 2. Older subjects also significantly reported more fear and avoidance of activities than younger adults (p=.003). Older adults did not differ from younger adults on low back pain health status, nor on self-management behaviors of exercise, deep breathing or positive talk. Older adults' with ALBP may differ on some aspects of functional status than younger adults, but do not appear to self-manage ALBP differently. BSS-16

PREVALENCE AND OUTCOMES OF COMORBID CONDITIONS IN MIDDLE AND OLDER AGE.

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We used national data on 9,825 adults aged 51 to 61 years in 1992, and 7,370 adults aged 70 years and over in 1993 to investigate the prevalence and outcomes of 4 often comorbid conditions: obesity, hypertension, diabetes, and heart disease. Two-year outcomes included: doctor visits and hospitalization (health services use, HSU), and mobility difficulty, ADL limitation, and fair or poor perceived health (health-related quality of life, HRQL). All analyses were weighted. Odds ratios (OR) were adjusted for sociodemographics and cancer or lung disease. Those with none of the 4 conditions served as the reference group. Those with one condition represented 80 and 70% of the middle-aged and older groups, respectively. Fifteen and 23% reported 2 conditions, and 4 and 6% reported three. Just 1% of each age group reported all 4 conditions. Age differences in HSU ORs were not apparent. The ORs ranged from 1.0 to 2.2 for those with just 1 condition, were 3.5 for those with diabetes and either or both hypertension and obesity, and 5.7 for those with all 4 conditions. The odds of an HRQL deficit were greater in the middle-aged group. The OR for those with diabetes and either or both hypertension and obesity was 5.4, versus 2.9 in the older group. Middle-aged respondents with all 4 conditions had an HRQL OR of 15.1, versus 5.6 in the older age group. In both age groups, comorbid illness on these 4 conditions substantially elevated HSU and HRQL deficits, but HRQL deficits were greater in the middle-aged group.

BSS-16

DOLICHOL AS A TISSUE BIOMARKER OF AGING: EFFECTS OF CALORIC RESTRICTION ON DOLICHOL ACCUMULATION IN DIFFERENT TISSUES OF THE AGING RATS

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Dolichol (D) is a long chain polyisoprenoid containing from 16 to 23 isoprene units, synthesized in the mevalonate pathway, broadly distributed in all tissues and cellular membranes of eukariotic cells. D affects membrane structure and fluidity, membrane associated protein activities, and membrane sensitivity to oxidative stress (1). An accumulation of D during aging was reported in many tissues and in different animal species, including humans, and may be a common feature of the universal process of aging (1).

In this research we explored the effect of modulation on the process of aging, by ***Caloric Restriction*** (CR) on the age-related increase of D in brain, heart, kidney and liver of 2, 6, 12, 18 and 24 months old male Sprague Dawley rats. At the given age, rats were sacrificed and tissues quickly excised. D was extracted and assayed by the HPLC procedure (1).

A very large age-dependent accumulation of D was observed in all tested tissues of AL rats. CR had preventive effects on the age dependent accumulation of D in the liver and (smaller but still significant) kidney, but not in brain and heart. In this perspective, it is well known that both liver and kidney are involved in homeostatic adaptation to fasting, and that CR prolongs duration of fasting.

In conclusion, our data show that age related accumulation of D may meet the primary criteria for strict defination of a biomarker of aging (2), and shed additional light on the possible mechanisms of the anti-aging action of CR (3).

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AGE DIFFERENCES IN CANCER SCREENING BEHAVIOR

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Although older women have lower cancer screening rates than younger women, little is known about factors that influence compliance among these women. The purpose of this study was to examine low income, older women's breast, cervical, and colorectal cancer knowledge, beliefs, and screening behaviors. Participants were women between 65 and 96 years of age who lived in subsidized housing. Older women were more likely to be noncompliant with mammography guidelines, χ^2 (1, N = 184) = 4.32, p < .05; Pap guidelines, χ^2 (1, N = 173) = 9.83, p < .005; and fecal occult blood test guidelines χ^2 (1, N = 155) = 4.06, p < .05. Age was unrelated to flexible sigmoidoscopy screening. The results also indicate that older women had more negative beliefs about breast cancer, F (2, 176) = 6.95, p = .001, and cervical cancer F (2, 176) = 5.12, p < .01; poorer knowledge about cervical cancer F (2, 184) = 6.30, p < .005, and colorectal cancer F (2, 176) = 5.55, p < .005; and lower perceived risk for cervical cancer F (2, 176) = 4.09, p < .05, and colorectal cancer F (2, 176) = 4.44, p < .05. These results suggest that older women would benefit from interventions that address their knowledge, beliefs, and perceptions of risk regarding breast, cervical, and colorectal cancer screening.

PREDICITING HEALTH AMONG THE OLDEST OLD OVER TIME

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Recently, researchers have begun to explore differences between ordinary vs. successful aging (Rowe &

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Kahn, 1998). This increasing interest has focused attention on those that are very old because of their survival in the face of the demise of many others in younger cohorts. Researchers are curious to learn more about the lives of these very old people and examine health and well-being among people in this age group. A convenience sample of 193 community dwelling elders over the age of 85 were recruited to examine various aspects of health and well-being and interviewed 5 times over 9 years (1986-1995). The following research questions were addressed: 1) what portion of subjects at recruitment had good to excellent health and functional abilities and how did these change over 9 years? 2) What factors contributed to the maintenance of health and physical ability? Findings show that there was significant decline in both instrumental and physical abilities over time with a larger portion of subjects experiencing much greater decline in ability to perform IADL than ADL tasks. While the biological, behavioral and health factors that were examined to predict this change were not significant predictors for change in IADL, they were significant predictors for change in ADL. These factors were high blood pressure, days in the hospital and or nursing home in the last 6 months, amount of time too sick to conduct normal activities, depression and socio-economic status. Implications for health policy research in the area of health promotion and disease prevention will be discussed (AG-05635).

CARDIOVASCULAR RISK FACTORS, FITNESS, AND EXERCISE HISTORY AS PREDICTORS OF NEUROPSYCHOLOGICAL PERFORMANCE IN OLDER ADULTS.

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Resting levels of several cardiovascular risk factors and neuropsychological performances were obtained from 124 males and 120 females between the ages of 60 and 70 in order to ascertain the relationships among them. Additionally, aerobic capacity, determined by stress test, was obtained from 63 males and 60 females. CVD factors included triglyceride and cholesterol levels (HDL, LDL), percent body fat, forced expiratory ventilation, and systolic and diastolic blood pressure. Neuropsychological factors included tests of information processing speed (IPS), memory, and attention. Factor analyses were applied to determine latent variables for the physiological and neuropsychological variables. Latent cognitive variables were IPS, motor programming speed, memory, and neuropsychological capacity. Latent CVD variables were adiposity, blood lipids, pulmonary function, and blood pressure. VO_2max and total years of exercise were also included as predictors. Structural equation modeling indicated that fitness (VO_2max) and total years of exercise were directly related to information processing speed, neuropsychological capacity, and memory. Risk factors also were directly related in different combinations to IPS, memory, motor programming speed, and neuropsychological capacity. Additionally, total years of exercise and VO_2max were indirectly related to IPS and memory by their actions on two risk factors, adiposity and pulmonary function. The revised model showed adequate fit (GFI = 0.91). Most of the fitness variables had statistically significant relationships with one or more cognitive variables.

Depression, Living Arrangements, and Immigrant Status.

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This research uses the 1992 Health and Retirement Study to examine the influence of living arrangements on depression among non-immigrants and immigrants in the United States. The bivariate results demonstrate that immigrants have significantly higher levels of depression than non-immigrants. However, controlling for immigrant status reveals it is only immigrants living alone or with others without a spouse present who have higher depression levels. Immigrants living with a spouse or with a spouse and family have levels of depression that are similar to non-immigrants. The multivariate results indicate immigrants living alone continue to have higher levels of depression even after controlling for demographic (age, education, race), need (income and health status), and social relationship (proximity of relatives/friends, satisfaction with family/friends) characteristics. Disaggregated multivariate models indicate that health status, satisfaction with relationships, education, and income are the strongest predictors of depression among non-immigrants, while health status, satisfaction with relationships, and living arrangements are most important for immigrants.

HIV RISK BEHAVIOR PROFILES ACROSS THREE AGE GROUPS OF DRUG USERS IN A RURAL STATE: LATE BABY BOOMERS, EARLY BABY BOOMERS, AND PRE-BABY BOOMERS

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HIV infection is commonly believed to be a disease of young men and women. However, there is evidence that older people remain at risk for contracting the HIV virus. Seropositivity is strongly related to drug abuse and risky sexual behavior. Only sparse information is available on substance abuse and associated HIV risk behaviors in the older population and little is known about older drug abusers in general. Commonly believed misconceptions are that older people are becoming asexual beings as a function of increasing age, are less inclined to use illegal drugs, and don't engage in risky sexual behaviors that would put them at risk for HIV infection.

The purpose of this study is to reduce the information gap related to HIV risk behaviors by creating risk behavior profiles for three age groups (N=1,099): Late B.Boomers (30-39), Early B.Boomers (40-49), and Pre-B.Boomers (50+). Except for marijuana use, there were no significant differences between the three age groups for current drug use (last 30 days). Results indicate that overall, Pre-B.Boomers used drugs on more days during the last 30 days than Late or Early B.Boomers. Of those who *injected* drugs, Early B.Boomers injected cocaine, heroin, speed, and other drugs on more days during the last 30 days. Of those who used drugs *without injecting* during the last 30 days, Late B.Boomers used speed and methadone (np) on more days, Early B.Boomers used other opiates and amphetamines on more days, and Pre-B.Boomers used cocaine and other drugs on more days. Late B.Boomers had sex with significantly more different people during the last 30 days and engaged in more sex acts than the other two age groups. They also had more unprotected sex.

PROFESSIONAL CAREGIVERS' PRIORITIES FOR IMPROVING QUALITY OF LIFE FOR PERSONS WITH DEMENTIA RECEIVING LONG TERM CARE

S. Hewitt, B. Manning, A. Hurley, GRECC, VA Bedford, Northeastern University, Boston University; MA

This poster describes the methods and outcomes of a group approach to the identification and prioritization of quality of life (QOL) issues for persons with dementia. Twelve groups of 10 diverse professional caregivers identified "the one thing I would do if I had the resources to…" and "factors that interfere with the ability to do that." Leaders facilitated the group process to achieve consensus and develop solutions. Multiple single and inter-related QOL issues emerged for residents, family caregivers and staff. Four major categories were: personal caregiving, physical environment, site milieu, and policy. Successful QOL initiatives with creative strategies for overcoming potential and actual barriers be for persons with dementia who are receiving long term care will be presented. (Supported by Department of Veterans Affairs and NIH grant P30AG13846)

Possible Selves and Illness: A Comparison of Individuals with Parkinson's Disease, Alzheimer's Disease, and Healthy Older Adults.

V. Cotrell, L. Frazier, & K. Hooker, Oregon State University, Human Development & Family Studies, Corvallis, OR 97339

Serious illness may lead to changes in images of the self and prospects for the future, requiring psychological adjustment to illness related losses. The purpose of this study was to identify how one's sense of self is affected by two different chronic illnesses, one focused on cognitive losses, Alzheimer's Disease (AD) and one focused on physical losses, Parkinson's Disease (PD). Domains of possible selves and self regulatory variables associated with illness related outcomes were examined for AD (N = 32) and PD (30) patients and healthy controls (N = 34). All three groups perceived health and family to be an important aspect of hopes and concerns for the future, but illness related outcomes are more specific to their illness in patient groups, i.e., hopes and concerns regarding physical functioning and independence were more prominent for PD patients and cognitive functioning for AD patients. Deficit awareness is an important factor associated with the presence of a disease related self in AD patients, this ability may be needed to form representations of a future self. AD patients perceive that they are less able to control hoped for outcomes related to their illness, and may seek to reestablish this control as they adjust to their illness. PD patients perceived themselves as closer than AD patients or controls to health or disease related feared outcomes, which may be a source of anxiety for this population.

This research was supported by NIA (F32 AG05810).

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This research was supported by NIA (F32 AG05810).

THE HOSPITAL CHOICE OF AGED RURAL MEDICARE BENEFICIARIES: WHO CHOSE WHAT TYPE OF HOSPITAL?

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Although previous studies have confirmed that desirable hospital attributes, some demographic variables, and distance have an impact on hospital choice, they were mostly on a regional basis. This study adds to the existing literature by not only drawing data from a national sample of the elderly but also examining extensive individual attributes including functional status, satisfaction with and access to primary care, and prior use in the study of hospital choice of rural Medicare beneficiaries. Since rural elderly are believed to bypass the closest rural hospitals for more specialized care, compare characteristics of aged Medicare beneficiaries who utilized different types of hospitals may provide some hints about who are in need for specialized care, yet are unable to obtain them.

This study matches 1994 and 1995 Medicare Beneficiary Surveys, inpatient claims, Provider of Services and Hospital Market Area files from Health Care Financing Administration, and the American Hospital Association's Survey of Hospital files so individual and hospital attributes can be obtained. The sample is restricted to those who resided in non-MSA and who had at least one hospitalization during the study period. The hospital type is derived from all Medicare beneficiaries' utilization pattern. A sample person could choose one of the following hospital types: the closest rural, other rural, urban, or urban teaching hospital.

Compared to those who chose other hospital types, persons went to the closest rural hospital were more likely to be the old-old, the Medicaid eligible, females, blacks, those with lower income and education, higher IADL limitations, better doctor-patient ties, and those who lived alone. They were less likely to have a surgical DRG and a high Case Mix Index. Those chose an urban teaching hospital type were more likely to have a more complex DRG, more procedures, less likely to have a regular source of care, and more satisfied with availability and access of health care.

It is concluded that even if those who did not bypass had worse social and economic characteristics, people with more severe health problems were hospitalized in bigger, better, and more distant urban teaching hospitals. However, functional status of rural elders is an important factor influencing their uses of other rural hospital type versus the closest rural hospital.

ASSESSING COHORT CHANGE IN DISABILITY TIME BEFORE DEATH: RESULTS FROM BAYESIAN REGRESSION MODELS FOR CENSORED DATA

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Active Life Expectancy (ALE) has gained considerable attention in gerontological and demography of aging literature in recent years. A recurrent concern has been whether we are adding years to life faster than we are adding life to years. In this analysis we present an alternative approach to addressing this question. We use data from 4 waves of the NLTCS, which include birth cohorts from 1869 through 1929. Bayesian methods are used to simultaneously estimate covariate influences on disability time before death and to estimate years of disability that are unobserved due to censoring. We find a decline in expected disability time across cohorts, regardless of the latent distribution considered to generate disability times. Ignoring censoring leads to underestimation of disability for each cohort, but it also leads to overestimation of the decline in expected disability time (from 2.97 years to .23 years). Under the assumption that disability times are normally distributed, expected disability time declines from 5.93 years to 4.18 years across the 60 cohorts; under the assumption that disability times are poissonly distributed, expected disability time declines from 3.59 years to 3.05 years. We discuss the implications of this decline and provide suggestions for future research using these methods.

ASSESSING COHORT CHANGE IN DISABILITY TIME BEFORE DEATH: RESULTS FROM BAYESIAN REGRESSION MODELS FOR CENSORED DATA

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Active Life Expectancy (ALE) has gained considerable attention in gerontological and demography of aging literature in recent years. A recurrent concern has been whether we are adding years to life faster than we are adding life to years. In this analysis we present an alternative approach to addressing this question. We use data from 4 waves of the NLTCS, which include birth cohorts from 1869 through 1929. Bayesian methods are used to simultaneously estimate covariate influences on disability time before death and to estimate years of disability that are unobserved due to censoring. We find a decline in expected disability time across cohorts, regardless of the latent distribution considered to generate disability times. Ignoring censoring leads to underestimation of disability for each cohort, but it also leads to overestimation of the decline in expected disability time (from 2.97 years to .23 years). Under the assumption that disability times are normally distributed, expected disability time declines from 5.93 years to 4.18 years across the 60 cohorts; under the assumption that disability times are poissonly distributed, expected disability time declines from 3.59 years to 3.05 years. We discuss the implications of this decline and provide suggestions for future research using these methods.

SOCIAL LOCATION, HEALTH BEHAVIORS AND HEALTH OUTCOMES.

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The importance of both social location and health behaviors to inequalities in health is widely acknowledged. To date, however, research linking the two is lacking. This paper therefore examines the impact of patterns of health-related behavior on relationships between age, gender and socioeconomic status and health outcomes. Using data drawn from the 1994 Canadian National Population Health Survey (n=17,626), the results of multivariate (OLS, logistic) regression analyses reveal the importance of age, gender and socioeconomic status to patterns of health behavior and to health outcomes. Health behavior is also related to health outcomes. However, health behavior patterns appear to have limited impact in terms of mediating the relationship between selected dimensions of social location (especially socioeconomic status) and health. The implications of the findings for theory, research and policy in the areas of aging, health and stratification are discussed.

THE COMING OF THE SONIC BOOM: A PROFILE OF BABY BOOMERS WITH HEARING DIFFICULTIES

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Data from the National Health Interview Survey (NHIS) Disability File indicate that, in 1994, some 3 percent of baby boomers – or 2.3 million Americans ages 30 to 48 – have trouble hearing normal conversation. At present, more baby boomer men (about 4%) have trouble hearing than women (2%). Although many baby boomers report having trouble hearing normal conversation, only 0.4% of them wear a hearing aid. The same percentage of men and women wear a hearing aid despite the fact that a larger percentage of men report trouble with hearing than women. Although most persons with hearing difficulties do not use hearing aids, sales of hearing aids are booming. As the U.S. population ages, the number of people with hearing problems will increase. The last Census indicated that 13% of the population was over 65, and projections are that this figure will double over the next three decades as baby boomers enter their senior years.

HIV-ASSOCIATED DEMENTIA AND THE OLDER ADULT: EFFICACY OF VIDEO BASED CAREGIVER TRAINING

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The Center for Disease Control (1997) reported that more than 10% of HIV/AIDS cases have been identified in people 50 years of age and older. It has been estimated that between 30-60% of all people with AIDS will develop dementia like symptoms, which often parallel behaviors common to

Alzheimer's dementia. Certainly, as the presence of other dementias is positively correlated with aging, the experience of HIV-associated dementia (HAD) for that population will present its own set of problems. A pilot study tested the efficacy of a caregiver training video addressing the problem of repetitive questioning. Caregivers from a variety of settings (e.g. group homes, AIDS units in long term care, visiting nurse associations) were given a pretest for HAD knowledge and for implementation of caregiver strategies. After the video was shown, they were given a posttest in both knowledge and implementation, with a second posttest administered one month later. Dependent t-tests comparing Pretest and Posttest1 performance for these measures were statistically significant for a measure of knowledge, $t(28) = 10.3$; $p < .001$, and for the ability to implement strategies conveyed in the video, $t(24) = 5.8$; $p < .001$, respectively. Effects of watching the video were maintained above baseline levels across a three week interval (posttest 2), and showed little or no decline compared to scores taken immediately after viewing the video. The lack of existing training materials specific to HAD caregivers combined with projected increases in the number of older adults affected by HAD, makes this a critically important area for further development and inquiry.

Lower Urinary Tract Symptoms: An Antecedent to Frailty in Men?

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Lower urinary tract symptoms (LUTS) are common among older men and can be chronically persistent for a decade or more. This makes LUTS a prime candidate as an early antecedent to frailty.

This study estimates population-prevalence of LUTS and their association with more proximal measures of frailty in a multistage area probability sample of community-dwelling Mexican-American men aged 65 years and over, residing in 5 southwestern states who were interviewed in 1993.

Self-reports (Activities of Daily Living - ADL, Instrumental Activities of Daily Living - IADL) as well as performance (8 foot walk, balance) were used to measure functional impairment. In the final models other co-variables were included: body mass index, smoking, and co-morbid medical conditions.

RESULTS: At baseline, LUTS was reported by an estimated 15,384 of the 177,559 men. Men with LUTS had higher rates of impaired: ADL (Odds Ratio=4.0, 1.2-12.5); 8 Ft Walk (Odds Ratio=5.3, 1.9 – 14.9); and Balance (Odds Ratio=8.6, 2.7-27.2). Men with LUTS had more depression (11.4% vs 7.4%). These analyses suggest that LUTS is associated with known predecessors of frailty. Supported by NIA AG10939-01.

Levels of Functional Limitation and Associated Pathological Conditions in Geriatric Rehabilitation Patients

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The aim of this study was to test the hypothesis of pathological conditions being differentially associated to the overall severity of disability. Medical records of 2046 rehabilitation inpatients aged 60 years and over, with limitations in at least one of five ADLs (dressing - 82% of the sample, bathing - 80%, walking - 42%, using the toilet - 56%, eating - 14%) have been selected for the study. The most frequent ICD9 main diagnoses among the patients were cerebrovascular, fractures, hemiplegia, skelettal, atherosclerosis, ischemic and other forms of heart diseases, Parkinson, diabetes. Monotonic and logistic regression models indicate that after controlling for age and sex, patients with heart diseases are more likely to suffer of one or two functional limitations (OR=1,96;CI=0,99 - 3,91), patients with fractures or Parkinson disease are more likely to have limitations in two to four ADLs (OR = 2,34, resp. 2,91), and patients with cerebrovascular disease or hemiplegia are more likely to be disabled in four or five ADLs (OR = 2,12, resp.3,89). Results confirm that the overall severity of ADL disability varies in function of associated morbidity.

PREDICTORS OF INCIDENT DISABILITY AND DEATH IN A RURAL BIETHNIC POPULATION: The San Luis Valley Health and Aging Study

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Few studies have prospectively measured incident disability and death in the Hispanic (H) population. We explored whether risk factors for incident disability and mortality differed between H and non-Hispanic white (NHW) subjects. 1358 persons were studied in 1993-95 of whom 897 were non-disabled (no IADL or ADL dependence). Of these, 796 completed 22 months of follow-up, and 37 died. The mean age at baseline was 71.1 yrs (range: 60-94 yrs), and 55.9% were Hispanic, 52.9% were female. Nominal polychotomous logistic regression was used to explore predictors of incident IADL dependency, ADL dependency or death, in a single model.

Older age, male gender, higher count of chronic diseases, higher nutritional risk score, and less grip strength were all independent predictors of dependency and death. Only income differed by ethnicity in the adjusted model: Among Hs, low income (<$10,000/yr vs. ≥ $10,000/yr) predicted greater dependency, but had a non-significant effect in NHWs and did not predict mortality in either ethnic group. Education, physical activity and MMSE score did not independently predict dependency or death in either ethnic group.

Age, male gender, chronic diseases, poor nutritional status, and less grip strength predicted incident dependency and death similarly in H and NHWs. Poor nutritional status may be most amenable to intervention, though it is associated with limited financial resources in Hispanic elders as well.

Attitudes About Nursing Homes among Noninstitutionalized, Disabled Elderly

Anne E. Barrett, Duke University

The likelihood of entering a nursing home is influenced by social structural variables, including gender, age, race, marital status, and socioeconomic status. However, it is not clear whether attitudes about nursing homes are shaped by the same variables. Using data drawn from the 1982 National Long-Term Care Study, this study examines attitudes about nursing homes, including the efficacy and availability of care and desirability of living in a nursing home. Using ordinary least squares regression, an index of attitudes toward nursing homes is regressed on the following variables: sociodemographics, social support, health status, lifestyle, previous experience with nursing homes, and subjective and objective measures of current living arrangements. Results indicate that the predictors of attitudes toward nursing homes differ from those predicting likelihood of entering an institution in later life. Current living arrangements significantly affect attitudes, such that living in a high crime neighborhood or urban setting is associated with more negative attitudes about nursing homes. Having ever been in a nursing home or on a waiting list are associated with more favorable attitudes. Health status is related to attitudes, with worse health associated with more negative attitudes. Social support influences attitudes; more frequent contact with relatives and receipt of assistance from them positively affect attitudes toward nursing homes. Lifestyle factors also appear to be related; having a hobby is associated with more positive attitudes. Contrary to expectations, sociodemographic variables, including race, marital status, and gender, that are strong predictors of actually entering an institution are not significantly related to attitudes about nursing homes.

FROM LAST RESORT TO BEST OPTION: NURSING HOMES AS PARTNERS IN CARING FOR AFRICAN AMERICAN ELDERS

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Literature on minority aging is replete with reports of African Americans' aversion to nursing homes. Cultural preferences notwithstanding, African Americans use nursing home care in growing numbers as their families face the same challenges as whites. Qualitative face-to-face interviews with 39 care recipients and 21 caregivers revealed that attitudes toward nursing home placement vary with the remoteness of such an event: elders receiving kin care considered it a hypothetical possibility they could envision with forbearance and equanimity. In-home services clients, who are older and more impaired, were much more adamantly opposed to nursing home placement which, in their case, was less hypothetical and potentially more imminent. Most nursing home residents disliked initially where they were, but eventually accepted institutional living as the best possible arrangement for them.

In this presentation we identify the complex processes of adaptation to life in a nursing home, and the multiple factors that facilitate these processes. We suggest that elders' attitudes toward nursing homes are mediated by a number of processes that are obscured by investigations of attitudes toward nursing homes in the abstract.

FACTORS AFFECTING COMPLIANCE OF OLDER MINORITY AND WHITE WOMEN IN AN ESTROGEN STUDY

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Aim: Factors predicting medication (estrogen replacement) compliance among 95 older women aged 70 and older from three ethnic groups (65% White, 18% Black, 17% Hispanic) were investigated. **Method**: Compliance rates, using pill count, of women who had volunteered to participate in a three-month estrogen dose response study on osteoporosis were monitored. The number of reported side effects during treatment, minority (Black and Hispanic) status, number of medications, and the interaction between education and minority status were hypothesized to predict compliance. Membership in treatment or placebo group was included as covariate. **Results**: The average respondent age is 74.9, reported number of side effects at treatment is 5.97, and number of medications is 1.85. Median education is some years of college. The standardized regression coefficients are reported. Non-minority status (-.41*) and fewer reported side effects (-.22*) are associated with higher compliance ($R^2 = .30$, $F=7.18$, $p<.001$). **Conclusions:** Programs to improve compliance rates should incorporate strategies that consider ethnic and socio-economic differences in perceptions of coping abilities with estrogen side effects.

Table 1: Means (S.D.) of Predictors of Compliance

Predictors	Minority (N=33)	Non-minority (N=62)
Compliance rates	75.7(24.20)	95.4(9.56)***
Side-effects on Rx	9.21(9.33)	3.84 (4.91)***
No. of medications	2.14((1.93)	1.67(1.69)
Education	some HS – HS grad	Some college-college grad

The Dimensions of Psycho-social Stress Influencing Morbidity and Mortality Rates: A Case Study of Elderly Pensioners in Russia

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Most of the literature on the demographic crisis in Russia has focused on the high mortality rates in middle age. There has been little research on changing morbidity and mortality patterns among the elderly. A year before the collapse fo the Soviet Union in 1991, mortality rates increased for people 70 and above. This increase persisted until 1994, while the leading causes of deaths shifted during this period. Further more, the mortality rates after this peak year in 1994 are still higher than they were in 1990 (GOSKOMSTAT, 1998). Many explanations have been suggested by other researchers for why Russia has experienced increased mortality rates acorss all ages but particularly for the age group 25-49. Among these reasons are: 1) risky lifestyle behaviors (Rosch, 1996; Ryan, 1995), 2) the detrimental effects of long-term environmental pollution (Specter, 1995; Feshbach, 1994), and 3) the deterioration of the health-care system (Tulchinsky and Varavikova, 1996).

In this paper we argue that a fourth factor, increased psycho-social stress levels caused by the transformation of the political, social, and economic systems in Russia, has played an important role in the increase in morbidity and mortality rates among the elderly. Individuals experienced sudden social changes in 1991 and have had only eight years to adjust to the chronic economic crises in Russia. This paper proposes that the transformation of the economy may have effected people differently along the lines of gender, class status, and regional location. The idea being that different groups of people have been exposed to various different patterns and levels of stress. These multiple patterns and levels of strss experienced by individuals are associated with differential outcomes in morbidity and mortality across age, gender and regions.

We devilop a conceptual stress model that predicts the sequential association between rapid macro-economic changes and the psycho-social stress levels an individual experiences. This conceptual stress framework suggests that an increased level of stress due to environmental damage (i.e. economic crisis) can result in emotional instability and feelings of powerlessness in the individual. The emotional problems are primarily the result of increased financial worries stemming from the economic crises in Russia. Sicne pensions are meager - and further devalued by inflation - a growing number of elderly people are unable to support themselves. When material poverty is compounded by a state of emotional instability this can influence individuals' morbidity and mortality outcomes, even controlling for coping factors (i.e., social support).

We used two datasets to examine the association between psycho-social stress and morbidity and mortality outcomes in Russia. The first dataset is Phase I of the Russian Longitudinal Monitoring Survey (RLMS), which is a representative national sample collected between 1992 and 1994 by the State Statistical Office in collaboration with the University of North Carolina at Chapel Hill and the Russian Center of Preventive Medicine. The RLMS sample contains 396 men and 686 women aged 70 to older. The other dataset is the Nutritional Needs Survey Among Pensioners (NNSAP) in Russia, which contains 349 men and 804 women 70 or older from five Russian cities: Ekaterinburg, Gagarin, Irkutsk, Moscow, and St. Petersburg. The NNSAP is a cross-sectional survey of elderly pensioners collected in 1992 by the US humanitarian relief agency with technical support from the US Center for Disease Control and Prevention.

One of the main reasons why this analysis uses two datasets on Russia is that we wished to contribute to the debate on what exactly is the living standards or quality of life among the elderly in Russia. According to Popkin et al. (1996) elderly households have adjusted to economic stress better than younger households and the nutritional status of people 60 and older is not as bad as was previously thought. In contrast, Rush et al. (1996) found that a representative sample of urban pensioners aged 70 and older exhibited poor health, nutritional status, and social conditions. This research project uses a comparable sample of people 70 and older from both the RLMS and NNSAP datasets to test how psycho-social stress influences morbidity and mortality outcomes. We compare the two datasets in order to determine why they present opposite pictures of the living standards of the elderly.

The analysis uses the following three dependent variables: 1) a self-evaluated health measure, 2) possible infarction, and 3) mortality status. The independent variables of interest are: economic status, intergenerational wealth flows, mean weekly food intake, body mass index, smoking, consumption of alcohol, diet, level of exercise, and support networks. This study uses a logistic regression approach to test models separately by gender and age groups (70-79 and 80 and older).

As expected, the overall results show that a poor emotional state or feelings of powerlessness due to psycho-social stress from financial worries are associated with poor health outcomes. This relationship holds true regardless of whether the explanatory variable is self-evaluated health or a more clinical measure of health status such as possible infarction in the NNSAP analysis. However, no relationship between psycho-social stress and morbidity emerges in the RLMS. An explanation for the difference between the two datasets is that the people in the RLMS have a higher mean average total family income and consumption of household consumer goods than those in the NNSAP. Furthermore, there is no relationship between psycho-social stress and mortality in the RLMS. Perhaps this is due to the fact that only small number of deaths were reported in the RLMS. This relationship cannot be tested for the NNSAP dataset because there was no follow-up survey.

After examining gender and age interactions, our findings indicate that women are more likely than men to have poor health outcomes, controlling for lifestyle behaviors. This is puzzling, since men are less likely to have social support and are more likely to participate in risky lifestyle behaviors such as drinking, smoking, poor diet. A possible reason for this finding is that women are more likely to report more health problems regardless of their health status. Focusing on age interactions, our findings suggest the positive association between psycho-social stress and morbidity is similar for individuals between the ages of 70 and 79 and those 80 and older.

REASONS PRACTICES PERSONS: RESEARCHING CULTURAL CHANGE IN NURSING HOMES

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Much existing research concerning the Cultures of nursing homes emphasizes the Institutional reproduction of meanings and Aging antagonistic to other cultural ideals of Personhood and social vitality. Studying Deliberate efforts to alter the culture of nursing Homes and of aging in realization of positive Potentials of aging requires multi-dimensional Research methodology that describes emergent, Not only redundant, productions of meanings, Practices and persons. This presentation of a Current study of two nursing-home facilities in The processes of cultural change over a two-year Period describes the methodological locations Of culture in creations of representational Meanings; spatial and interactive structures of Actions and self-narratives distributed hetero-Geneously in the social ecology of the facilities. Using dynamic qualitative and quantitative Methods enables the pluralistic sites and Processes of creating culture to be differentially Characterized relative to self-coherence, the Constitution of needs, the symmetry of inter-Action and the construction of social space and Time.

HIGHER BODY MASS INDEX LEADS TO INCREASED BLOOD PRESSURE RESPONSES TO ANGRY SITUATIONS IN OLDER ADULTS

Serina A. Neumann[1,2], Shari R. Waldstein[1,2], David C.

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Enhanced cardiovascular reactivity (CVR) to stress and obesity may predispose to coronary heart disease (CHD). We examined the effects of body mass index (BMI) on CVR responses to anger-provoking situations. 71 men and women age 67±5 (mean±sd) range=53-83 with BMI's ranging from 21.4-38.8 kg/m^2, engaged in three, 10 min. baseline periods prior to three, 3 min. tasks. The tasks included an anger recall task, an anger-provoking, interpersonal interaction task, and a math task with harassment. Systolic (SBP) and diastolic (DBP) blood pressure (mm Hg) and heart rate was measured every min. during the baseline (last 4 min.) and task periods. Baseline-to-Task aggregate change scores were computed for each task. Participants were categorized into low (N=40) or high (N=31) BMI groups based on a median BMI of 28. The results of Repeated Measures ANCOVAs (with baseline SBP and DBP means and peak VO$_2$ ml/kg/min as covariates) revealed that the high BMI group had greater SBP (28.0±16.4 vs. 18.0±13.7, p=.003) and DBP (15.0±9.8 vs. 10.1±7.4, p=.01) responses to the anger-provoking tasks as compared to the low BMI group. Thus, increased CVR to mental stress may, in part, account for the increased risk for CHD in obese older individuals.

CAN PERSONALITY INFORM CLINICIANS ABOUT ALCOHOL-RELATED CONSEQUENCES?

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Alcohol abuse among older adults is a growing concern, with prevalence rates ranging from 1.4% to 4.9% (e. g., Adams & Smith-Cox, 1995. According to a stress and coping model developed to investigate late-life problem drinking, the interaction of environmental (e.g., stressors), personal (although not examined-personality), coupled with coping factors affects drinking behavior (Brennan & Moos, 1995). Despite a thorough assessment of various factors, the role of the Five-Factor Model (FFM) of personality in predicting alcohol-related consequences remains largely unexplored. The present study examined clinical utility of the FFM with a sample of older adults receiving outpatient treatment for alcoholism (N = 50; M age = 62.9, SD = 8.3; 68% male; 66% Caucasian). Participants were individually administered a comprehensive assessment battery, including the Revised NEO-Personality Inventory , Brief Symptom Inventory (BSI), and Drinking Problems Index (DPI). Results indicated that alcohol-related consequence scores on the DPI were significantly related to Neuroticism ($r = .519$, $p < .001$) and Conscientiousness ($r = -.423$, $p = .002$). Multiple regression analysis revealed that while psychological distress scores (BSI) accounted for 18% of the variance in explaining , the addition of the NEO-PI-R Factor, Conscientiousness, increased explained variance to 36%. Results support the incremental validity and clinical utility of this factor in the substance abuse treatment setting. Further, the NEO-PI-R may be a valuable tool in addition to such clinical measures as the BSI and DPI as suggesting particular pathways for treatment intervention and planning with older adult recovering alcoholics.

RESILIENCY IN LATER YEARS AMONG MIDDLE-AND-WORKING CLASS WOMEN: DO EARLY HARDSHIPS MAKE A DIFFERENCE?

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Elder (1991) posits that living during the Great Depression served as a form of apprenticeship in learning to cope with the inevitable losses of old age. Middle-class women who struggled through the Depression era hard times were more self-assured and cheerful in old age than middle-class women from non-depression times (Elder, 1982; Elder, and Liker, 1982; Caspi and Elder, 1986), although this was not true for working-class women. We conducted open-ended interviews with ten elderly women, ages 72-84, who had experienced economic hardship during the Great Depression. Of these women, eight were happy and content with their lives and felt fortunate, although most had chronic health problems or family concerns. Surprisingly, these were the working class women. In contrast, the remaining two women from middle-class backgrounds were less satisfied with their lives, although they experienced few health or family problems. Contrary to the findings of Elder et al. (1991) this pilot ethnographic study found that working-class elderly women were more vital and self-confident in their later years than the middle-class women, although all had experienced economic hardships during the Depression. This stunning example of personal success in spite of difficult circumstances may be due to the fact that the working-class women coped with life-long economic hardship, not just the period during the Great Depression, and, in so doing, increased their personal resources, sense of mastery, coping skills, and resilience to hard times. The ability to see oneself as fortunate may be a significant component of successful aging.

INTERNATIONAL COMPARISON OF HEALTH STATUS AMONG THREE AGED POPULATIONS AND ITS IMPLICATIONS BASED ON THE INSTRUMENT OF MINIMUM DATA SET FOR HOME CARE

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The major purpose of this paper is to compare health status of the elderly in three international populations based on the Minimum Data Set for Home Care. Issues involved in cross-cultural instrument translation and the implication of MDS-HC are discussed.

The health status are measured in terms of Client Assessment Protocols (CAPS). CAPS include triggers for (1)Functional Performance, (2)Sensory Performance: communication disorders and visual function, (3)Health Problems: cardio-respiratory, dehydration, falls, nutrition, oral health, pain, pressure ulcers, skin and foot conditions, (4)Continence: bowel management, urinary continence & catheters, (5)Service Oversight: adherence, brittle support system, medication management, palliative care, preventive health care measures, psychotropic drugs, reduction of formal services, environmental assessment, and (6)Mental Health problems: alcohol abuse, cognition, behavior, depression & anxiety, elder abuse, and social function.

This study collected data from Taiwanese, Canadian and Chinese Canadian elders (n=800). Twenty nurses were trained two times before conducting interview for data collection to ensure standardization process. Results show Taiwanese elderly have better health status when compared to general Canadian populations. However, they have similar health problems when compared to Chinese Canadians. Discussion and suggestions are provided for further studies.

THE GREATER CINCINNATI CENTENARIAN PROJECT: A CELEBRATION OF LONGEVITY.

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In an effort to better understand the phenomenon of increasing longevity, community agencies serving older adults of Greater Cincinnati, Ohio have formed a partnership to focus on the real life experiences of persons who will be at least one hundred years old in the year 2000. The Greater Cincinnati Centenarian Project (GCCP) aims to identify and interview as many individuals as possible living in the Cincinnati area, including the nearby communities of Southeast Indiana and Northern Kentucky. Through widespread publicity and agency assistance, over 100 centenarians have been identified. In addition to gaining a better understanding of the factors influencing longevity, the GCCP gives centenarians the opportunity to share and reflect on important moments related to their long-lived lives. As the new millennium approaches, we are taking advantage of the awesome opportunity to celebrate and share the experiences of people whose lives have touched three centuries. This presentation will highlight interview and demographic findings about the Greater Cincinnati centenarians, review administrative and organizational components of the GCCP, address barriers and difficulties with identifying centenarians, and outline the on-going efforts of the GCCP, which includes a major conference in the fall of 2000.

THE INFLUENCE OF AGING SELF-STEREOTYPES ON CARDIOVASCULAR RESPONSE TO STRESS

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We examined whether stereotypes of aging can influence older individuals' physiological functioning. Elderly persons were subliminally exposed to either positive or negative stereotypes about aging. Those exposed to the negative stereotypes demonstrated a heightened cardiovascular response to stressors, as measured by blood pressure, heart rate, and skin conductance, compared to those exposed to the positive stereotypes. These findings suggest that negative self-stereotypes influence how older individuals experience everyday stress. The research also reveals a psychosocial mechanism that may contribute to the widespread occurrence of high blood pressure in old age.

Depression in Older Adults

Ola Burns Allen

Depression in Older Adults has been associated with loss, physical illness, disability, and social stressors. While limited research has been conducted with rural elders, they may be at increased risk for depression as frailty can lead to isolation from the social network. The purposes of this study were to explore the relationships among loneliness, functional status, learned-helplessness, and depression in rural older adults and to explore behavioral or psychological predictors useful in identifying individuals at risk for depression. Subjects were interviewed using the Rural Older Adult Health Survey (ROAHS) which included demographic data , Revised UCLA Loneliness Scale (RULS), Geriatric Depression Scale (GDS), Multidimensional Health Locus of Control Scale (MHLC), and Functional Status Scale. MHLC subscale scores reflecting externality (Chance health locus of control and Powerful other health locus of control) measured learned-helplessness. Subjects age range was 65 to 87 with a mean age of 72. Subjects were being referred to home health services following hospitalization served as the convenience sample (N=132). Forty-three percent were widowed, 40.2% lived alone, 33.3% lived with a spouse, and 20.5% lived with their children. Cardiovascular disease was the primary admitting diagnosis. Correlational analysis and stepwise logistic regression were used to determine relationships. Results indicated statistical significance difference ($p \leq .05$) in depression and chance locus of control (CHLC). Loneliness, locus of control, and functional status were also statistically significant ($p \leq .05$). Living with children and cardiovascular illness were indicated as major predictors of depression. The findings suggest that assessment of mental status is important prior to hospital discharge and home health admission. Further study to explore changes in coping behaviors in aging is recommended.

WHY WERE NONAGENARIANS MORE COMMON IN 19th CENTURY NORWAY THAN ELSEWHERE?

P.T. Johnsen (Univ. of Pennsylvania, Philadelphia, PA)

Because of methodological flaws imputed to the total immediate ancestral longevity (TIAL) index elaborated in Pearl and Pearl's *The Ancestry of the Long-lived* (1934), it may have been overlooked that Norway ranked first in all variables examined in the authors' cross-national comparison: i.e., expectation of life at birth, number of survivors at age 92 out of 1,000 born alive, and expected mean total longevity of survivors at age 92. This paper is based on genealogical research conducted on several families from rural districts of southwestern Norway, and it focuses on instances of clustering of nonagenarians in particular households or on particular farms of island-dwelling farmers and fisherfolk. The subjects are men and women who were born between 1855 and 1882 in rural parishes of the county of Rogaland. The most complete data relate to four sisters who lived to be at least 90 and a brother who died at 87. Their longest-living ancestor, who was 99 when she died in 1784, is linked to the nonagenarian siblings through 10 more immediate ancestors. Among the offspring of this long-living sibling set are five nonagenarians or centenarians (one of whom is still alive). Other data sets relate to three men and a woman from separate households on a single farm located on a neighboring island. Three out of four of these individuals had mothers who lived past 90, and all had at least one other nonagenarian ancestor on the maternal side. Multiple linkages with long-lived remote ancestors are probable for these individuals too, since the woman and one of the men were double second cousins (that is, they shared two sets of great-grandparents) and the other pair of men were typical second cousins, with a single set of shared great-grandparents. These data will be examined in the light of theoretical perspectives that take into account a combination of genetic explanations and anthropological approaches to kinship analysis.

RELIGION AND MENTAL HEALTH FOR WOMEN VETERANS WITH SEXUAL ASSAULT EXPERIENCE

B. Chang, K. Skinner

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Religion has been shown to have a positive impact on well-being and play an important role in coping with stressful events in life. The purpose of this study is to compare the association between religion and current mental health of women veterans who report experiencing sexual assault while in the military as compared to women who report no such experience.

A national representative sample of women veterans who use VA ambulatory care was used for the analysis. Among 3,483 women veterans with complete data, 55% report experiencing unwanted sexual attentions and 22% report experiencing forced sexual relations while in the military. The corresponding reported percentage is 28% and 10% respectively for women veterans over 55 years old (N=971). Two religious variables (5-point scale) were used: frequency of religious service attendance and the extent of religious beliefs are a source of strength or comfort. Mental health was measured by the mental component summary (MCS) from the SF36 and the Center for Epidemiologic Studies-Depression (CES-D) scale.

Linear regression analysis results show that both religious service attendance and religious beliefs are associated with better mental health and a lower level of depression even after controlling for social support. Furthermore, these associations are stronger for women veterans who report experiencing sexual assault than those who report no such experience.

RELIGIOUSNESS, SPIRITUALITY, AND ADAPTATION TO VISION LOSS IN MIDDLE-AGED AND OLDER ADULTS.

M. Brennan, Lighthouse International, 111 E. 59th St., New York, NY 10022-1202.

A rapidly growing literature shows that greater levels of religiousness and spirituality generally lead to better physical and mental health outcomes. But work in this area has been criticized for its lack of sophistication in measures of religiousness and spirituality, as well as failure to control for important confounding factors, such as health, functional ability, and social support. The present study extends research in this area to adaptation to vision loss in middle- and late-adulthood. Two competing hypotheses were tested: 1) social support -- highly religious people, through contact with religious institutions, have increased social contact and exchanges of assistance; and 2) religious consolation -- religious beliefs promote perceptions that lessen suffering and distress. Participants were middle-aged and older adult applicants for vision rehabilitation services (n=195). Extrinsic and intrinsic religiousness were assessed with a modified Religiousness Orientation Scale (Allport, 1967). Spirituality was measured with the Spirituality Assessment Scale (Howden, 1992). Covariates included vision loss severity, and socio-demographic, health, life stress, and social support measures. Outcomes consisted of a single-item life satisfaction measure and the Adaptation to Vision Loss Scale (AVL) (Horowitz & Reinhardt, 1997). After controlling for all other factors using hierarchical multiple regression, spirituality emerged as a significant independent predictor of better adaptation, supporting the religious consolation hypothesis. Extrinsic religiousness was associated with lower AVL scores (total R^2 = .56), while higher intrinsic religiousness was related to higher life satisfaction (total R^2 = .49). The social support hypothesis was not supported in that social support from religious congregations was not significantly related to either outcome. Implications for practice and future research will be discussed.

MORTALITY IN RELIGIOUS VS. SECULAR 70 YEAR-OLDS IN JERUSALEM

Y. Maaravi, MD*; R. Hammerman-Rozenberg, MD*; A. Cohen, MD; J. Stessman, MD*. Department of Geriatrics and Rehabilitation, Hadassah University Hospital, Mt.-Scopus, Jerusalem, Israel.

The relation of religiosity to mortality is an intriguing, yet unresolved issue. Recent publications showed that Jewish orthodox habits have a beneficial effect on life expectancy. We examined the relation of religious observance to mortality as part of the Jerusalem 70 year-olds longitudinal study (582 participants). Subjects were asked if they consider themselves to be religious or secular Jews. 95 subjects died during the 6.5 years of follow-up (1990-1997). There was no difference in mortality between the religious and secular groups as a whole (14.6% vs. 17.5% p=.36) and in the male populations (religious 22.5% vs. secular 20.3% p=.208) but religious females had a significantly lower mortality (RR=0.92, CI 0.85-0.99 p=.036). Self-rated health status and ambulatory as well as emergency room visits were similar in the two groups, but we found a significantly lower hospitalization rate in the male religious group (14.2% vs. 27.3%, p=.007) as well as shorter hospitalization length in days (1.15 vs. 3.53, p<.05). These variables were similar in the two female populations. We propose that various factors, such as socioeconomic status, interacting with religious observance influence mortality. Further studies of larger similarly homogenous populations of elderly are needed.

DEVELOPMENT OF THE SPIRITUAL TRANSCENDENCE INDEX.

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Researchers have called for improved conceptualizations and measures of spirituality, particularly for studies of older people in whom spiritual concerns may be more important and urgent. We describe the concept of "spiritual transcendence" (ST) and the development of the Spiritual Transcendence Index (STI). Briefly, ST refers to the perception that one's spirituality affects one's thoughts, feelings, motivations, and ability to achieve equanimity. The STI has eight items, four that refer to effects of one's "spirituality" and four that more specifically refer to effects of one's relationship with "God." In addition to a total score, reliable subscale scores can be utilized to assess both spirituality perceived to be centered in a relationship with God and alternative conceptualizations of spirituality. Initial item development and refinement were based on rational considerations of our multidisciplinary team, input from focus groups of "religious experts," and empirical testing of items in three surveys. Subsequently, the final items of the STI were chosen based on empirical analyses of a preliminary 32 item version given to three additional samples: randomly selected community residents (N = 116), Presbyterian Church clergy and lay leaders attending a regional convention (N = 90), and Fuller Seminary graduate students (N = 142). Across the samples, the eight-item STI had high internal consistencies (alphas=.90-.97); a single underlying factor, correlations with organizational and nonorganizational religiousness and negative affect; and theoretically expected differences in scores between religious and community samples. Further validation studies are underway. The STI reliably and validly measures the perceived psychological influence of spirituality in people's lives. BSS-24

THE INTERACTION OF RELIGIOSITY, PREPARATION FOR FUTURE CARE NEEDS, AND DEPRESSION IN UTAH SENIORS

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The focus of this paper is the relation between religiosity, preparation for future care needs, and depression. Based on previous literature, which suggests that religiosity affects future outlook and that both religiosity and future planning have positive effects on well-being, we hypothesized that:
(1) religiosity will be related to more preparation for future care and to lower rates of depression; (2) perceived vulnerability to needing help (awareness of future need) will be related to more depression; (3) making concrete plans for future care will reduce depression; (4) religion will moderate the relationship between perceived vulnerability and depression.

Independently living seniors (N=289) completed a measure of planning process (awareness of care needs), specific planning content, religiosity, and depression (CES-D). Seniors high in religiosity were not more likely to be aware of future care needs, but tended to have more concrete plans, especially for family care. Seniors who were more aware of future need for care were more likely to be depressed, but, contrary to our expectations, concrete planning did not reduce depression. Regression analyses using a multiplicative interaction effect showed that religiosity moderates the effect of awareness of future care needs on depression ($p<.05$). For seniors who are more religious perceived vulnerability is less likely to be related to depression.

RELIGIOSITY PREDICTS PHYSIOLOGICAL RESPONDING DURING MARITAL INTERACTION

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In an ongoing longitudinal study of long-term marriages in middle age and late life, we investigated the relationship of religiosity to age, gender, physical health, mental health, marital satisfaction, and physiological responding during marital interaction. Sixty-two middle-aged (mean age = 49) and 62 older (mean age = 68) couples engaged in three 15-minute conversations (events of the past five years, marital problem, pleasant topic) while measures of autonomic and somatic physiology were recorded continuously. Each spouse also independently completed a battery of questionnaires assessing physical health, mental health, marital satisfaction, and a multidimensional construct of religiosity (Chatters, Levin, & Taylor, 1992). Older couples scored higher on subjective religiosity than middle-aged couples, and wives scored higher than husbands on all dimensions of religiosity. Subjective religiosity was also associated with lower levels of cardiovascular activation both before and during all three conversations, as indicated by longer mean finger pulse and ear pulse transit times. Religiosity was not associated with current measures of physical health, mental health, or marital satisfaction. The association between religiosity and lower levels of physiological activation is consistent with the notion that religiosity is a coping mechanism, which, by enabling individuals to maintain psychological calm, may help them deal more effectively with stressful situations. Although no relationship was found between religiosity and current levels of health, lower levels of cardiovascular activation may have health-promoting benefits in the long term.

Religion, Spirituality and Life Satisfaction: Implications for Understanding the Aging Individual

Sandy J. Eggers. 5498 N. Angela, Memphis, TN 38120.

Definition and operationalization of religious concepts is illusive. Is it religion, religiosity, spirituality, spiritual well-being? It is called all of these. The use of many different measures has made it difficult to make unified assumptions about religion as it pertains to psychology. Little focus has been on what religious beliefs mean to the individuals themselves, how the beliefs affect lives, and the impact of differences in beliefs. Religion has been sparsely studied as a connector to well-being among the elderly, although many recent writings on aging recognize the necessity of spirituality for understanding the aging personality.

This research examines some of the instruments most used to measure religiosity, specifically the Intrinsic, Extrinsic Religiosity Instrument, and Spiritual Well-Being Instrument. It will also look at the connection and conceptual overlap of these instruments with measures of Life Satisfaction. A factor analysis of these instruments using a 319 person mid-life sample shows there are four factors to consider for the older individual. Factor one relates to a belief in a higher being and finding purpose for life. Factor two is satisfaction with current life and hope for the future. Factor three is extrinsic religion, belief in the social aspects of religion. Factor four is integrating past life experiences into the present to find satisfaction and meaning. The implications for understanding the spiritual needs and outlooks of the aging population will be presented. Also, the possibility of combining these instruments for a more adequate assessment of religiosity's meaning in old age will be addressed.

361

USING SERVICE LEARNING TO CHANGE ATTITUDES ABOUT AGING

M. Teaford, Ohio State University, 1583 Perry Street, Columbus, OH 43210.

Participants:

E. Lucas (Carlow College, Pittsburgh, PA 15213) Impact of service learning on older adults and the community

P. Alt (Towson University, Towson, MD 21252) The impact of service learning on students and faculty

A. Nichols (University of Pittsburgh, Pittsburgh, PA 15260) Evaluating Student Attitudes About Older Adults

J. Bartmann (Nova Southeastern University, Fort

Lauderdale, FL 33314)Using Service Learning in a Distance Learning Classroom.

Discussant:

D. David (San Jose State University, San Jose,CA 95192)

Service learning has been put forth as innovative means of combining community service and academic study by students studying aging. Many students have little or no experience with older adults especially those outside their families. Others see only those in a health care setting who are frail and ill health (Fournier, Harea, Ardalan, & Sobin, 1999). Attitudes about aging are learned early and are not easy to change. Service learning can give students a "hand-on" approach which will enhance their classroom experience and through the use of journals a chance to reflect upon what they have learned. But how effective is service learning for this population and for classes in aging? What is the impact upon students, older adults, faculty, and community agencies when service learning is used as part of the academic experience? Does it change attitudes among younger students? Can it enhance a sense of civic responsbility for older generations?

Faculty from four colleges and universities who are presently using service learning in the classroom will report on their experiences and identify its success in enhancing the community and academic components.

IMPACT OF SERVICE LEARNING IN OLDER ADULTS AND THE COMMUNITY. E. Lucas, Carlow College, Pittsburgh, PA 15213

Draft Description

Students enrolled in Social Gerontology at Carlow College were introduced to conceptual and theoretical components of adult development and social gerontology. The majority of the students completed service learning placements at the Mercy Convent on Carlow's campus. Service learning is an opportunity for students to exercise civic responsibility and democratic rights. The students interacted with elderly nuns and assisted with all activities from geography bingo to feeding. These interactive contacts provided excellent learning opportunities for students that helped them better understand the natural aging process. The nuns continuous remind the students of the meaning of their interactions to them. Students' oral and written reflections are evident of the value of these contacts because they receive as much, and often more, than they give.

THE IMPACT OF SERVICE LEARNING ON STUDENTS AND FACULTY P. Alt, Towson University, Towson, MD 21252

Attitudes about aging are prevelant among both students and those who teach about aging. Service learning in courses on aging can impact both the students and the faculty involved. Both can learn from the variety of experiences and reflection offered by the service learning format. This presentation covers the process of initiating an internship course in a new Gerontology major, and integrating service-learning into it from the beginning. Problems and successes will be discussed.

EVALUATING STUDENT ATTITUDES ABOUT OLDER ADULTS. A. Nichols, Generations Together, University of Pittsburgh, Pittsburgh, PA 15260.

Can the attitudes about aging which are so common in our society be changed through course work which includes service learning experiences with older adults? This presentation will discuss findings that show the impact of intergenerational exchanges in intergenerational service-learning gerontology courses on attitudes of students toward aging and older adults, attitudes of older adults toward youth, student career choices, and town-gown relationships between gerontology programs and service agencies.

USING SERVICE LEARNING IN A DISTANCE LEARNING CLASSROOM. J. Bartmann, Nova Southeastern University, Ft. Lauderdale, FL 33314

Service learning provides an added dimension to gerontology courses which gives the student an opportunity to interact with an older adult in a supportive environment. The model used as Nova Southeastern University in our distance education program is tailored to the working professional who is currently working with an elderly clientele. The projects undertaken provide the students an opportunity to reevaluate the relationships they have with their elderly clients and get a better perspective of an older persons needs and perceptions than is achieved in the regular work setting. The service learning activities provide the opportunity to redefine priorities, address stereotypes, and develop a holistic outlook on aging and aging individuals. All too often the working professional tends to develop tunnel vision in the work setting only focusing on the presenting problem rather than the individual, thereby not meeting the needs of the client. The project provides a method for analysis and sometimes redirection and broadening the learning experience.

362

CHANGING BEHAVIOR IN NURSING HOMES: PSYCHOSOCIAL INTERVENTIONS FOR STAFF AND RESIDENTS. L. Burgio, Applied Gerontology Program, University of Alabama, Box 870315, Tuscaloosa, AL 35487-0315.

PARTICIPANTS

L. Burgio, B. Tharpe, T. Blaski, P. Paul, D. Roth, S. Fisher, M. Powell (Applied Gerontology Program) Audiotape Intervention for Disruptive Vocalization: A Pilot Study.

E. Bailey, A. Stevens, F. Scogin, S. Black (University of Alabama, Tuscaloosa, AL 35487-0348) Multi-Component Therapeutic Activity Program for Improving Quality of Life in Nursing Home Residents.

R. Allen-Burge, L. Burgio, E. Jackson, L. Bankester, J. Gerstle, (Applied Gerontology Program) M. Bourgeois, K. Dijkstra (Florida State University) Improving Communication Between Nursing Home Residents and Staff During Care.

D. Roth, A. Stevens, J. Gerstle, O. Clay, L. Burgio (University of Alabama, Birmingham, AL 35294) Effects of Staff Training and Management on the Sequential Relationship of Staff-Resident Interaction.

DISCUSSANT:

J. Cohen-Mansfield (Research Institute, Hebrew Home of Greater Washington, 6105 Montrose Road, Rockville, MD 20852)

In an effort to provide the least restrictive environment for nursing home residents, emphasis has been placed, in recent years, on the development of nonpharmacologic, psychosocial interventions for reducing behavioral symptoms and for increasing quality of life. This symposium presents findings from four different intervention studies that attempted to change both staff and resident behaviors. Specific interventions will be presented along with motivational systems to increase staff adherence to the interventions over time. The presenters will focus on the pragmatics and challenges encountered in conducting clinical intervention research in nursing homes. Issues will also include the use of time series observational techniques for measuring treatment outcome, the assessment of treatment implementation, and statistical analysis of nursing home outcome data.

AUDIOTAPE INTERVENTION FOR DISRUPTIVE VOCALIZATION: A PILOT STUDY.

L. Burgio, B. Tharpe, T. Blaski, P. Paul, D. Roth, S. Fisher, M. Powell Applied Gerontology Program, University of Alabama, Tuscaloosa, AL 35487-0315.

This pilot study examined initial efficacy of two variations of an audiotape intervention. Subjects listened to either environmental sound ("county stream" and "gentle ocean") or soothing voice (relaxation) audiotapes according to an individualized behavior management program. The intervention was administered by nursing assistants during or prior to high probability agitation periods. Five residents from one nursing home participated in the study (M age = 72.8; M MMSE = 5.6). The intervention included a formal staff training phase and a staff motivational system. Results show that 3 of the 5 residents reduced disruptive vocalization by an average of 66%; one resident showed no change in behavior; one resident's condition worsened. Possible reasons for response and non-response to treatment will be discussed.

MULTI-COMPONENT THERAPEUTIC ACTIVITY PROGRAM FOR IMPROVING QUALITY OF LIFE IN NURSING HOME RESIDENTS

E. Bailey, A. Stevens, F. Scogin, & S. Black, Department of Psychology, University of Alabama, Box 870348, Tuscaloosa, AL 35487-0348.

A multi-component therapeutic activity program is compared to usual nursing home activities on subjective and objective measures of resident quality of life. During baseline, all participants attend usual nursing home activities. During the experimental phase, control participants continue to attend usual activities, and experimental participants begin attending Question-Asking Reading & Reminiscence (QARR), a structured reading group activity. QARR related materials and individualized behavioral activity programs are placed in participants' rooms, and nursing staff receive inservice and on-the-job training on engaging participants in QARR related interactions. Self-report, interview, and behavioral observation outcome measures are used to assess depression, overall quality of life, positive and negative affect, verbal interaction, engagement and enjoyment of activities. Permutation tests, a nonparametric procedure in which the probability distribution is created by repeatedly computing the t-test on all permutation of the data, indicate significant findings for verbal interaction ($p < .05$) but not for depression on current data ($n=9$); however, trends are in the anticipated direction. Approximately, thirty participants are expected to have completed data collection by the time of the presentation.

IMPROVING COMMUNICATION BETWEEN NURSING HOME RESIDENTS AND STAFF DURING CARE

R. Allen-Burge, L. D. Burgio, E. Jackson, L. Bankester, J. Gerstle, The University of Alabama, Tuscaloosa, AL 35487-0315, M. Bourgeois, K. Dijkstra, Florida State University.

In this two group comparison study with an embedded intrasubject comparison component, we examined the effects of communication skills training and the use of memory books by Nursing Assistants (NAs) during care routines with 53 nursing home residents (M age = 81.96, M MMSE = 13.76). A staff motivational system (Burgio & Burgio, 1990) was used to encourage performance of these skills during care routines. Data on the amount and quality of interaction between NAs and residents were gathered using computer-assisted, real-time observational techniques. Analyses of covariance using baseline data as covariance were conducted on the amount of resident speech, the amount of staff speech, the rate of positive statements made by NAs or residents, and the length of care routines. Preliminary results show that trained NAs increased their overall verbal communication with residents during care, $F(1,47) = 8.16$, $p < .01$, in comparison with nontrained NAs. This increase in verbal interaction did not lengthen the amount of time spent in caregiving, $F(1,47) = 0.07$, $p = .79$. Additionally, the rate of positive statements made per hour of care increased dramatically among NA-resident dyads on intervention units in comparison with nontrained dyads, $F(1,47) = 13.17$, $p < .01$. Post-intervention positive statements per hour of care were .63 for trained NA-resident dyads in comparison with 31 for nontrained dyads.

EFFECTS OF STAFF TRAINING ON SEQUENTIAL ASSOCIATIONS OBSERVED DURING STAFF-RESIDENT INTERACTIONS.

D. L. Roth, A. B. Stevens, J. Gerstle, O. J. Clay, and L. D. Burgio, Department of Psychology and Center for Aging, University of Alabama at Birmingham, Birmingham, AL, and Applied Gerontology Program, University of Alabama, Tuscaloosa, AL.

Computer-assisted observational data collection systems provide an immense array of analytic options to the applied investigator. In this project, sequential analysis methods are applied to test hypotheses of antecedent-consequent behavior sequences using observational data collected during nursing home resident ADL care. Data were collected from 69 residents during eight staff-resident interaction periods (4 pre-treatment, 4 post-treatment). Two nursing staff focused treatments were implemented: (a) behavior management skills training and (b) behavior skills training plus a staff motivational system. Preliminary timed-event sequential analyses (Bakeman & Quera, 1995) indicated an overall effect for disruptive vocalizations by the residents to be less frequent following positive verbal statements by staff. The rate of staff positive statements increased significantly after both forms of treatment, and the attenuating effect of positive statements on the rate of disruptive vocalization was consistent across both treatment phases.

363

NEW DIRECTIONS IN DEMENTIA CARE: RESEARCH AND PRACTICE

S. McFadden, Psychology, University of Wisconsin Oshkosh, Oshkosh, WI 54901

Participants:

B. Barkan (Live Oak Institute, El Sabrante, CA 94803) The Nursing Home Change Movement: Challenging Assumptions, Forging New Traditions, and Creating a New Context for Dementia Care

L. C. Mead (Sanders-Brown Center on Aging, Lexington, KY 40536) Spatializing Dementia Care Mapping: Notions of Home and Quality of Life

P. Stein, D. Dannefer (University of Rochester, Rochester, NY 14627) From Ontogenesis to Sociogenesis: Theory and Method in Studying Culture Change in Long Term Care

S. McFadden, C. Olson, M. Ingram (University of Wisconsin Oshkosh, Oshkosh, WI 54901) Normalizing Daily Experience: The Construction of Interpersonal Meaning in a Dementia Care Community

Discussant:

J. Stuckey (University Alzheimer Center, Cleveland, OH 44120)

This symposium brings together researchers and practitioners who are committed to actualizing the "new culture" of dementia care as articulated in the work of British psychologist Tom Kitwood. Recently, a national group called the "Nursing Home Pioneers" formed to bring awareness of person-centered care to residential facilities in the United States. These presentations describe new ways of conceptualizing and studying dementia care and the communities that result when residents with dementia are understood as retaining their personhood despite their cognitive difficulties.

THE NURSING HOME CULTURE CHANGE MOVEMENT: CHALLENGING ASSUMPTIONS, FORGING NEW TRADITIONS, AND CREATING A NEW CONTEXT FOR DEMENTIA CARE

B. Barkan (Live Oak Institute, El Sabrante, CA 94803).

An organic movement is building to change the cultural context in which services and support for people with dementia are provided. Underlying the new culture is the belief that people with dementia are sensate beings who have a part of them that is well and capable of learning, growth, and development. This wellness potential is in some ways present even as the varied diseases connected to dementia run their course. People with dementia do best when we see them as individuals and when we strive to understand who they are and what they are trying to tell us. They are constantly expressing needs and experiences of reality that provide clues about how to serve them. Within this emerging culture, it is commonly agreed that people with dementia are capable of participating in a community that empowers, stimulates and connects them to a new shared reality in which they can be comfortable. The qualities of the cultural environment of the institution (including line staff and management) are understood to have the potential to adversely or positively affect the mood, orientation, and quality of life of persons with dementia.

This presentation will describe the values, principles, practices and processes of the Nursing Home Pioneers and their impact upon people with dementia. It will also introduce the community development methodologies that Live Oak Institute has used to simultaneously involve people with dementia in a meaningful community that draws from the past, involves them in the present, and connects them to the future.

SPATIALIZING DEMENTIA CARE MAPPING: NOTIONS OF HOME AND QUALITY OF LIFE

L.C. Mead, Sanders-Brown Center on Aging, University of Kentucky, Lexington, KY 40536

Dementia Care Mapping (DCM) is a new method for evaluating and improving care given to persons with dementia in formal care settings. Developed by Dr. Tom Kitwood and the Bradford Dementia Group, University of Bradford, England, DCM is linked conceptually to person-centered care.

In this evaluative study DCM was used to assess the impact of environmental design and organizational care modifications on the psychosocial adjustment of persons with dementia who moved into a newly constructed Alzheimer's care residence. The study evaluated the residents' process of adjustment from pre-opening visits through their first six months of residence. Throughout the course of the study, DCM was used to provide on-going feedback to staff and administrators.

FROM ONTOGENESIS TO SOCIOGENESIS: THEORY AND METHOD IN STUDYING CULTURE CHANGE IN LONG TERM CARE

P. Stein, D. Dannefer (University of Rochester, Rochester, NY 14627).

Theorizing aging as constituted by historical social processes contests the inevitability of ontogenetic/developmental "natural declines" of aging by excavating the complex of cultural and interactive bases of the constitution of aging. The facticity of naturalization of aging as degeneration depends on methodologies that, in turn, naturalize the evidence of aging. Dementia is located as "brain failure", the forgetful symptomatology of neural dysfunction, while both possible gains of dementia and the social processes through which dementia is constituted as a culturally recognized phenomenon go unrecognized. We contend that methodologies as well as theories of aging are true to their subject matter only when they can discern other possibilities of aging than organic degeneration and progressive incompetence. We describe a study of ambitious culture change efforts in two large LTC facilities being conducted with "methodological pluralism." Through a combination of structured and unstructured observation, interview and archival analysis, we seek to describe constitutive processes of transformations of aging. These vectors of emergent social realities include dimensions of self, social action and cultural motivations, and necessarily exceed the limits of interpersonal analysis.

NORMALIZING DAILY EXPERIENCE: THE CONSTRUCTION OF INTERPERSONAL MEANING IN A DEMENTIA CARE COMMUNITY

S. McFadden, C. Olson, M. Ingram (University of Wisconsin Oshkosh, Oshkosh, WI 54901).

How do people with dementia create a sense of community in small, special care environments? In order to answer this question, one must first accept the notion that these individuals retain the emotional capacity for interpersonal interactions and the formation of relationships. Grounded in this fundamental assumption about the personhood of people with dementia, we conducted an observational study of two small groups of persons living in a dementia care facility. Detailed descriptions of verbal and nonverbal interactions, expressions of emotion, and repeated patterns of interpersonal behavior served as the starting point for a qualitative analysis of the ways residents actively construct their lives in community. The presentation utilizes insights from Bronfenbrenner's work on social ecology, Eibl-Eibesfeldt's studies of human ethology, recent research on emotion in later life, and the emerging study of environmental cognition to describe the "normalities" of human interaction that persist despite the changes wrought by dementia.

364

CONCEPTUALIZATION OF ALZHEIMER'S DISEASE AND HELP SEEKING AMONG KOREAN AMERICANS

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Ethnic minority older adults are known to underutilize mental health services, but there is little research on assessment and treatment of Alzheimer's disease (AD) in this population. The purpose of this study was to examine the relationship between conceptualization of AD, attitudes toward professional help, and behavioral intentions among Korean Americans (KA). 109 KA (51% women, mean age = 40.3) filled out a survey that included a vignette describing a "close friend" who has symptoms of AD. 69% were able to correctly identify symptoms as "Alzheimer's disease." These people were more likely to indicate that help should be sought out, compared to those who interpreted symptoms as "forgetfulness," "senility," "normal aging," or "lack of concentration," $F(1, 87) = 10.07$, $p < .01$. Conceptualization of symptoms was not related to preferred source of help. Those who preferred to seek help from an AD specialist (23%) or their general practitioner (35%) had more favorable attitudes toward using professional help than those who indicated they would turn to family/friends (23%).

CAREGIVING BURDEN AND DEPRESSION: A COMPARISON OF SPOUSE AND ADULT-CHILD CAREGIVERS IN SHARED AND SEPARATE HOUSEHOLDS WITH CHILDERN IN SOUTH KOREA.

Hyunsook Yoon, Department of Social Welfare, Hallym University, Chunchon, Kangwondo, 200-702, South Korea.

This research examines the differential impact of caring for an impaired elderly in three settings: (1) a spouse caregiver who does not live with children, (2) a spouse caregiver who lives with children, and (3) an adult-child caregiver who lives with parents. Results show that spouse caregivers not living with children experience the highest level of financial burden, feelings of abandonment, impact on health, and depression. However, the adult children caring for elderly parents who live together experience the highest sense of entrapment. The differences of caregiving burden and depression among three settings can be explained by caregiver's health status, family income, and elder's cognitive impairment. Social support including emotional support, financial support, and social acknowledgement also significantly influence the differences. These findings have implications for the delivery of social services, specifically for targeting health monitoring, financial support, respite, and family counseling services.

INTERACTIONS IN A CONTEXT OF ELDER CARE: HEARING FROM ELDERS AND CAREGIVERS IN KOREA

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This study examined elder care situation in Korea as a mutual exchange process, and investigated how intergenerational support exchange affects relationship satisfaction of caregivers and receivers. Social Exchange Theory served as a conceptual framework for examining intergenerational exchanges of support. In addition, caregiver's filial piety and elder's expectation were examined as confounding variables. The objectives of this study were to generate and compare descriptive profiles of elder care situation as a mutual exchange process from both perspectives of caregivers and elders, advance understandings of elder care, and eventually suggest ways to enhance relationship satisfaction for both caregivers and elders. This study was designed using combined methods of quantitative data and qualitative data. The data for this study were obtained from 93 dyads of Korean female elders and their female caregivers. Four dyads were interviewed. The survey and interview were conducted in two Korean cities during the winter of 1997. Results showed that there was a positive correlation between reciprocity and relationship satisfaction for caregivers, but no correlation was found for elders. Caregiver filial piety was positively related to relationship satisfaction for both caregivers and care receivers. Care receivers' expectation was negatively related to caregiver reciprocity.

INTERGENERATIONAL RELATIONSHIPS AND SUPPORT EXCHANGES OF OLDER ADULTS

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The purpose of this study was to examine the effects of contact and relationship quality with adult children on intergenerational support exchanges between older adults and their adult children. Data were gathered from 381 elderly over 65 years of age from 32 rural villages in 8 provinces of Korea. Older adults reported that they received more support than they gave to their adult children. Regression analyses showed that the frequency of contact with adult children had positive influences on intergenerational support exchanges. Examining different types of support indicated that the quality of relationships with adult children was related to giving financial and emotional support and receiving instrumental support for older adults. These findings suggested the importance of considering both the quality and quantity of intergenerational relationships and considering both support given and support received for intergenerational support exchanges of older adults. Implications of these findings for future research on intergenerational support exchanges in older adults were discussed.

Depression Among Elderly in Korea: Effects of Health Status, Social Support, Income, Gender, Area of Residence, and Marital Status

Tai. S. Kang, J. Y. Kim, Department of Sociology, State University of New York at Buffalo, Amherst, NY 14260

Effects of health status, social support, income, marital status, and gender on depression among elderly have been extensively studied in the U.S. The object of this paper is to make a comparative study of effects of those variables on depression among elderly in Korea. Using multi-stage random sampling method, sample of 584 elderly from three different areas was interviewed. Three nested hierarchical regression models were examined. Frequency of interaction with offspring, being male, being married, living in large urban areas, and having good physical health (listed in order of relative magnitude of effects - Betas) produced significantly lower depression scores (CES-D) for elderly in Korea. When other variables such as employment status, education, living arrangements, interaction with friends, participation in voluntary organizations, and age were added to the models, they did not have significant effects on depression. This finding supports research results of several studies done on depression among Asian American elderly. The finding is consistent with studies of elderly in the U.S. which generally list health status, gender, marital status, and income as variables that affect depression. The mean CES-D score for Korean elderly was 19. If one applies CES score of 16 as cutoff point for caseness, well over 63% of Korean elderly in the sample evidence possible clinical depression.

365

EFFECTIVE INTERVENTIONS TO REDUCE CAREGIVERS' DISTRESS AND IMPROVE MENTAL HEALTH

D. Gallagher-Thompson, VA Palo Alto Health Care System & Stanford Univ, Palo Alto, CA.

Participants:

M. Mittelman (Aging & Dementia Research Ctr, New York Univ, NYC 10016) Efficacy of Psychosocial Interventions to Reduce AD Caregivers' Negative Reactions to Patient Behavior.

A.M. Steffen (Univ. of Missouri, St. Louis, MO 63121) Anger Management for Dementia Caregivers: Innovative Solutions Using Video and Telephone Interventions.

D. W. Coon (Goldman Institute on Aging) & D. Gallagher-Thompson (VA Palo Alto/Stanford Univ; both with Older Adult & Family Center, VA Medical Ctr, Menlo Park, CA 94025) Impact of Group versus Individual Interventions for Family Caregivers.

D. Perdomo, S. Czaja & M. Rubert (Univ. of Miami School of Medicine, Miami, FL33136) Tele-Reach: A Telephone Based Intervention for Isolated Caregivers.

H. D. Davies, A. M. Zeiss & C. Bloss (Stanford/VA Alzheimer's Center, Palo Alto, CA 94304) Quality of the Sexual Relationship Pre and Post Disease in Alzheimer's Patients & Their Partners.

Discussant:

L. Teri (Univ. of Washington, Seattle)

This symposium will highlight several innovative approaches (eg. use of video and telephone-based interventions) for providing mental health services to distressed caregivers. Data will also be presented from studies using more traditional modalities, such as individual, group, and family counseling, to empirically show the utility of these approaches as well. Given the high prevalence of depression, anxiety, guilt, and other negative emotions in family caregivers of AD victims, it is imperative that innovative, cost-effective, and efficient means for delivery of mental health services be disseminated to the field at large. The final paper in the series (although not intervention based) will provide descriptive information to generate hypotheses for future research.

EFFICACY OF PSYCHOSOCIAL INTERVENTIONS TO REDUCE AD CAREGIVERS' NEGATIVE REACTIONS TO PATIENT BEHAVIOR

M. Mittelman, Aging and Dementia Research Center, New York University Medical Center, New York, NY 10016

Subjects in the NYU Spouse-Caregiver Intervention Study were randomly assigned to a treatment or control group. Treatment consisted of individual and family counseling, weekly support group, and continuous availability of counselors to caregivers to help them deal with crises. Each cg in the treatment group received all interventions. Control caregivers received routine services, i.e., resource information and help upon request. The active intervention had a dramatic effect in delaying nursing home placement and reducing caregivers' depression. A major predictor of both of these outcomes is the reaction of the caregiver to the patient's troublesome behaviors. Analysis of our data, controlling for reactions at baseline and cg gender, revealed that the treatment group had significantly less severe reactions to patient behavior than the control group at all follow up assessments. We will present a variety of explanatory factors for this significant outcome.

ANGER MANAGEMENT FOR DEMENTIA CAREGIVERS: INNOVATIVE SOLUTIONS USING VIDEO AND TELEPHONE INTERVENTIONS

A. M. Steffen, Department of Psychology, University of Missouri-St. Louis, St. Louis, MO 63121.

Data are presented on a preliminary study investigating the efficacy of an anger management video series for distressed family caregivers. Materials from a previously developed intervention (Gallagher-Thompson & DeVries, 1994) were used to create a videotaped version of the treatment program. Women and men (N= 33) caring for a relative with dementia were randomly assigned to one of two formats for the video intervention (home-based or class-based viewing) or to a wait-list comparison condition. The 8-week intervention focused on cognitive and behavioral skills to manage anger and frustration (i.e., relaxation training, cognitive restructuring, and assertion training). Compared to control participants, caregivers in both of the treatment conditions showed improvements in anger, depression, and self-efficacy for caregiving. Results from the study suggest that innovative multi-component anger interventions can be effective for middle aged and older caregivers of dementia patients.

IMPACT OF GROUP VERSUS INDIVIDUAL INTERVENTIONS FOR FAMILY CAREGIVERS.

D. W. Coon, Goldman Institute on Aging, 3330 Geary Blvd., San Francisco, CA 94118 & D. Gallagher-Thompson, Older Adult & Family Center, VAPAHCS, 182C/MP, 795 Willow Rd., Menlo Park, CA 94025.

At present, there is inadequate evidence in the research literature to form definitive conclusions regarding the comparative efficacy of the individual versus group psychoeducational programs for family caregivers. In a preliminary response, the current study uses an individual growth curve methodology to compare changes in depressive symptoms among 281 female family caregivers participating in either individual or group psychoeducational interventions or waitlist control conditions across 4 separate caregiver intervention programs. A main effect for treatment was found $F(3,272)=7.86$; $p<.001$, with caregivers in the individual interventions improving at twice the rate of group intervention participants. Possible explanations for these results will be discussed, including associations between rates of change and both amount treatment exposure and baseline level of depressive symptoms.

TELE-REACH: A TELEPHONE BASED INTERVENTION FOR ISOLATED CAREGIVERS.

D. Perdomo, S. Czaja, M. Rubert; Center on Adult Development and Aging, University of Miami School of Medicine, Miami, FL 33136,

Many caregivers of persons with dementia find themselves alone in the caring process. The Tele-REACH project evaluates the feasibility and the efficacy of delivering a psycho-educational ("skills training") program via the Computer-Telephone Integration System (CTIS). This system allows the caregivers to "attend" the training sessions without having to leave their homes. This is particularly important for dementia caregivers, who find it difficult to leave home because of lack of appropriate care for their patient. Information is presented via voice and text menus and is tailored to the user (e.g. menu choices and language). The purpose of this program is to provide caregivers with coping skills to reduce the stress and burden associated with caregiving. In addition, the intervention seeks to improve the caregiver's interaction with their social system. Comparisons in responsiveness to the intervention will be compared between Hispanic and Anglo caregiver participants.

QUALITY OF THE SEXUAL RELATIONSHIP PRE AND POST DISEASE IN ALZHEIMER'S PATIENTS AND THEIR PARTNERS

H.D. Davies, A.M. Zeiss & C.S. Bloss, Stanford/VA Alzheimer's Center, & VA Palo Alto Health Care System, Palo Alto, CA.

Older adults with Alzheimer's disease (AD) and other dementing illnesses often experience marked negative changes in sexual functioning. This paper looks at the quality of the sexual relationship prior to the onset of AD (as perceived and reported by patient and partner), as well as changes that have occurred since disease onset, and how the couple has dealt with these changes. We specifically wanted to determine if the perceived quality of the sexual relationship pre-disease would serve as a significant predictor of the perceived quality of this relationship post-disease. Eighteen patients and partners were interviewed, following establishment of reliable coding categories (based on pilot data).

Fewer problems in sexual functioning were found post-disease than anticipated, given the extant literature in this field. Also, better perceived quality of the sexual relationship post-AD was found than was hypothesized. Implications for development of appropriate therapeutic interventions (when needed) will be stated.

366

Restorative Care Education and Training Program (RCET): A New Perspective on Ageing in LTC

N. Ecclestone, The Centre for Activity and Ageing (CAA), affiliated with the University of Western Ontario and the Lawson Research Institute of the St. Joseph's Health Centre, London, ON, N6A 3K7.

Participants:
N. Ecclestone (CAA) A New Perspective on Ageing in Long- Term Care Institutions
C. Fitzgerald (CAA) Development of RCET
G. Jones (CAA) Implementation Issues of RCET
C. S. Jacob (CAA) Impact of RCET on Staff and Residents of LTC
Discussants:
N. Ecclestone (CAA)

The attitude toward care provision in long-term care (LTC) facilities is slowly changing from a medical/custodial model where the basic needs are met to an enabling/ rehabilitative model to include the rehabilitation of the abilities of the residents. In order to train the staff in LTCs along this new perspective, the RCET Program was designed. The purpose of this program is to provide the staff with the appropriate skills and knowledge to deliver restorative care to the residents. This interactive program comprised of five modules--Communication, Physical Activity and Ageing, Rehabilitation-Transfers & Resident Mobility Program, Safe and Effective Feeding, and Assessment and Evaluation. Implementation evaluation of the RCET and its acceptance into the daily programming involved 24 LTC staff and 6 administrators from 6 LTC facilities. The evaluation was conducted three months post RCET and encompassed the adoption of all of the activities contributing to the operation of a program, such as program design, the method of program delivery, the implementation strategy, and the nature of the agency/institution delivering the program. The impact of this program on selected staff (N=20) from six LTC facilities was assessed using knowledge-based measures. The results showed a statistically significant ($p < .05$) improvement in the knowledge level in exercise, communication, and feeding. The impact of this program on the residents was assessed using a randomized control trial involving 12 LTC facilities. Experimental (N=42) and Control (N=42) group residents were assessed before and four months post RCET program. Several outcome measures such as Functional Independence Measure were included. The results showed a significant improvement ($p < .05$) in functional independence and mobility of the residents. The results are discussed in terms of the need for continuing education of staff in LTC and large scale implementation on RCET.

Other Contributors: Nicole Segall[1], Paul Stolee[2], JB Orange[3] [1]The Centre for Activity and Ageing, The University of Western Ontario; [2]Southwestern Ontario Regional Geriatric Program, Parkwood Hospital; and [3]School of Communication Science & Disorders, The University of Western Ontario, London.

A New Perspective on in Long-Term Care Institutions

N. Ecclestone, The Centre for Activity and Ageing affiliated with the University of Western Ontario and the Lawson Research Institute of the St. Joseph's Health Centre, London, Ontario, Canada N6A 3K7.

This is an exciting era for care of the frail elderly. It is a time of challenge for professionals committed to improving the quality of life for older adults. As the ageing population increases, there is increased demand for knowledgeable and skilled staff prepared to care for their unique needs.

This presentation will address the link between applied research and program planning as conducted by the Centre for Activity and Ageing, and we will highlight a new perspective on caring for the frail elderly using our RCET model.

Development of the Restorative Care Education and Training Program

C. Fitzgerald, The Centre for Activity and Ageing affiliated with the University of Western Ontario and the Lawson Research Institute of the St. Joseph's Health Centre, London, Ontario, Canada N6A 3K7.

The Restorative Care Education and Training (RCET) program was a joint initiative undertaken by the Centre for Activity and Ageing, and several community partners. The RCET was originally undertaken as a pilot study to determine the effectiveness of this type of program on the well-being of long-term care residents and staff. The educational resources designed for RCET focused on the philosophy or "attitude" that needed to be redirected from a task oriented approach to care as compared to restorative, quality driven approach for delivering care to the residents. Thus the formation of the RCET program, providing quality care through education and research.

The Ontario Nursing Home Association defines Restorative Care as "the provision of the restoration or maintenance of a physical functional and/or psychosocial ability. Restorative Care requires an interdisciplinary collaborative approach which is based on goals jointly determined by the resident and team" (ONHA, October 1998).

The RCET program is a five week interactive course offered to staff in long-term care facilities to provide the skills and knowledge necessary for implementing Restorative Care. There are 5 Modules: Communication, Physical Activity and Ageing, Rehabilitation - Mobility and Transfers, Safe and Effective Eating, Assessments and Evaluation. This presentation will elaborate on the development of the RCET project and the educational content of the training.

Implementation Evaluation of the Restorative Aide Education and Training Program

G R Jones, The Centre for Activity and Ageing affiliated with the University of Western Ontario and the Lawson Research Institute of the St. Joseph's Health Centre, London, ON N6A 3K7.

The Centre for Activity and Ageing and other researchers at the University of Western Ontario, in collaboration with other community partners have developed and piloted the Restorative Care Education and Training Program. One aspect of the investigation involved an implementation evaluation of the education and training program and its acceptance into the daily programming of the long term care facilities involved. The implemenation evaluation involved 24 LTC staff and 6 administrators from 6 LTC facilities. The implementation evaluation was conducted three months post the education and training program and encompassed the adoption of all of the activities contributing to the operation of a program, such as program design, the method of program delivery or implementation strategy, and the nature of the agency/institution delivering the program. This presentation will address the information compiled from this implementation evaluation of the Restorative Care Education and Training Program.

Impact of the Restorative Aide Education and Training Program on the Residents and Staff in Long-term Care Institutions

C. S. Jacob, The Centre for Activity and Ageing affiliated with the University of Western Ontario and the Lawson Research Institute of the St. Joseph's Health Centre, London, ON N6A 3K7.

The impact of this program on selected staff (N=20) from six long-term care facilities was assessed using knowledge based measures. Knowledge-based outcome measures developed based on the content of the module for exercise (including physical activity and ageing, rehabilitation, and mobility), feeding, and communication (including knowledge of communication disorders) were administered before and immediately after the training session. A paried sample t-test was performed to compare the change in the knowledge level before and after training. The results showed a statistically significant ($p<.05$) improvement in the knowledge level in exercise, communication, and feeding. The impact of this program on the residents was assessed using a randomized control trial involving 12 LTC facilities. Experimental (N=42) and Control (N=42) group residents were assessed before and four months post RCET program. Measures included Functional Independence Measure, Goal Attainment Scaling, Multidimensional Observational Scale for Elderly Subjects, Hierarchical Assessment of Balance and Mobility. The results show a significant ($p<.05$) improvement in functional independence and mobility of the residents. The results are further discussed in terms of the need for education and training of staff in long-term institutions and its implications.

367

CULTURAL DIFFERENCES IN LIFE TRAJECTORIES AMONG OLDEST OLD: RESULTS FROM MULTINATIONAL LONGITUDINAL RESEARCH

C. Lalive d'Epinay, Center for interdisciplinary gerontology (CIG) and Department of sociology, University of Geneva, 59, route de Mon Idee CH-1224 GENEVA (Switzerland)

Participants:

S.M. Hofer1 & B. Johansson[2] [1]Center for Developmental Health Genetics, The Pennsylvania State University, University Park, PA 16802. [2]Institute for Gerontology, Jonkoping, Sweden: Aspects of personality in the old-old.

C. Johnson, Medical Anthropology, University of California, San Francisco CA 94143-0850: Life Course effects of early family losses among Afro-Americans.

M. Jyhla, O. Jolanki, School of Public Health, University of Tampere, PO Box 607, FIN-33101 Finland: Nonagenarians and health: a cultural perspective.

C. Lalive d'Epinay, J.-F. Riand, D. Spini, C. Cordonnier (Address: see above): Cultural factors associated with octogenarians health trajectories.

Discussants:

J. Birren, Center on Aging, University of California, Los Angeles, 10945 Le Conte Ave, L.A. Ca 90095-6980.

S. Zarit, Gerontology Center, Penn State University, University Park, PA 16802.

Since very late age has become a specific field of research, a limited but growing number of longitudinal research has studied health transitions leading to the last stages of life. They typically focus on changes in functional health and use as predictors physical and mental health indicators, biographical elements (marital status, nature and composition of the household, kinship, etc.), psychological attributes, family and social networks and SES. What is notable about these studies in their omission of the consideration of culture in accounting for variations in the trajectories of late life. Cultures is seen here as part of social identity (ethnic and religious affiliations) and as patterns of self, life and world conceptions.

This symposium addresses a number of issues: the influence of specific cultural factors in shaping and differentiating old-old age, and the way an ethos may help to interpret and integrate new experiences. Correspondingly, it considers the social changes and the eventful experiences (like losses) that may lead to changes or even disintegration in self- and life conceptions.

The four contributions are based on quantitative (in two cases also qualitative) data drown from longitudinal researches carried out in US and Europe.

ASPECTS OF PERSONALITY IN THE OLD-OLD

S. M. Hofer[1] & B. Johansson[2],
[1]Center for Developmental Health Genetics, The Pennsylvania State University, University Park, PA 16802.
[2]Institute for Gerontology, Jönköping, Sweden.

A sample of octogenarian twins (OCTO-twin) provides a basis to study the influence of critical life events and health concerns on aspects of personality. Previous findings from genetically informative samples indicate that genetic influences on personality factors are moderate and relatively stable across adulthood. However, change in personality dimensions in response to critical life changes has rarely been assessed.

The focus of this study is whether changing contexts (e.g., life events, health, living conditions) in late adulthood produce changes in aspects of personality and well-being. Estimates of heritability and twin similarity are compared across three occasions for twins concordant and discordant for critical life changes. The utility of personality factors in the prediction of mortality is also assessed.

LIFE COURSE EFFECTS OF EARLY FAMILY LOSSES AMONG AFRICAN-AMERICAN OLDEST OLD.

C. J. Johnson, Medical Anthropology, University of California, San Francisco, CA 94143-0850.

In research on the oldest old, focussed interviews were conduct with 122 Black Americans who were interviewed three time over four years.

At each contact, respondents were questioned about their early experiences, their family life, and the cultural dimensions of their life course.

Those who had lost one or both parents before age sixteen and those who did not grow up in a nuclear family were affected well into advanced age. They were significantly less integrated into family and social networks than those without such losses. Psychologically, they were less optimistic and exercised less mastery over their life. Socially, they also had a lower educational lever and fewer economic resources in late life. Culturally, these life trajectories demonstrate how these effects of early losses continue to shape their life experiences and systems of meanings about their last stage of life.

NONAGENARIANS AND HEALTH - A CULTURAL PERSPECTIVE

M. Jylhä, O.Jolanki, School of Public Health, University of Tampere, PO Box 607, FIN-33101 Tampere, Finland.

In this study, we employ both longitudinal survey data and biographical narrative interviews to analyze the images and self-perceptions of health in exceptionally long-living people. We examine the structure and 2-year changes in their self-rated health as well as the ways in which they construct their health in a free-form interview. Our perspective to 'health' is cultural: our starting point is that in defining their health status or describing it people at the same time use different cultural images of 'health' and 'old age' to construct their self-images.

The data comes from the Vitality 90+ project. In 1996, a postal survey was carried out with the total home-dwelling

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population aged 90+ in the city of Tampere, Finland. The response rate was 87%. In 1998, the survey was repeated with those who still were living at home (N= 246, response rate 90%). At baseline 39% and at the 2-year follow-up 33% assessed their health as very good or fairly good. The decrease in functional ability was much more evident than decrease in self-rated health.
At baseline, a majority of the respondents also participated in a narrative life story interview. The analysis of extracts dealing with health indicated two different ways to talk about it: (poor) health was described as a necessity in very old age, but on the other hand health was described as a matter of own choice, depending on own behavior and attitudes.

CULTURAL FACTORS ASSOCIATED WITH OCTOGENARIANS HEALTH TRAJECTORIES : A LONGITUDINAL ANALYSIS

C.J. Lalive d'Epinay, J.-F. Riand, D. Spini, C. Cordonier, Center for interdisciplinary gerontology (CIG), University of Geneva, Switzerland, 59, rte de Mon-Idee, CH-1226 Geneva.

Changes in functional health trajectories in old-old age are currently a central research topic for research. Equating aging with physical decline, most studies find functional health trajectories to be associated with changes in other health indicators and with gender and SES. Little attention has been drawn to indicators of religiosity and of cultural attitudes towards self and life.

This study uses the data of "Swilso-o": the Swiss Longitudinal Study on the Old-Old, which since 1994 has been following a cohort of 340 randomly sampled and community living octogenarians at baseline. It reports the results of analyses on the relationship of religious attitudes and conceptions of self and society to: 1) functional health and well-being at baseline time; and 2) health trajectories over a 30 months span.

Cross-sectional results reveal strong correlation between religion and some culturally-based attitudes and one side, and, on the other, functional health and well-being. Longitudinal findings indicate that these cultural conditions have an impact on health trajectories.

368

OLDER MEN'S RELIGIOUSNESS

E. Thompson, Department of Sociology and Anthropology, Holy Cross, Worcester, MA 01610.

Participants:

K. Meador (Divinity School and School of Medicine-Psychiatry, Duke University, Durham, NC 22708). Religion and the Social Construction of the Self in Older Men.

E. Thompson & K. Remmes (Sociology & Anthropology, Holy Cross College, Worcester, MA 01610). Older Men's Spirituality After Leaving the Labor Force.

H. Black & R. Rubenstein (Polisher Research Institute, Philadelphia, PA 19141; Sociology & Anthropology, University of Maryland at Baltimore County, Baltimore, MD 21228). No One Laughs His Way Through Life: The Spiritual Value of Suffering in Aged Men.

A. Futterman, P.J.Brown, & P.Glew, (Psychology, Holy Cross College, Worcester, MA 01610). Gender, Religious Involvement, and the Response to Late Life Stress in a Community Dwelling Sample.

Discussant:

S. Eisenhandler (Sociology, University of Connecticut at Waterbury, Waterbury, CT 06710)

The study of the relationships between gender and religion has occurred principally within a gender-comparative framework that unwittingly ignores the experiences of older men. This symposium explores the unique, multiple ways older men are religious. Older men's religious beliefs and behaviors and sense of spirituality often are central to self-definition. Examined also are the social contexts of elder men's religiousness, the bearing of their spirituality on well-being, and the structure of their religious motivation.

K. Meador (Divinity School and School of Medicine-Psychiatry, Duke University, Durham, NC 22708). Religion and the Social Construction of the Self in Older Men.

Theories regarding the "self" and its development are many and varied. The social constructivist model and its variants are one approach for considering this issue. Sociocultural parameters and their contribution to our understanding of the self in older men are central to a social constructivist model of personhood. One of the primary sociocultural determinants of the self is religion. This presentation will frame the issues relevant to the notion of the social construction of the self within sociological and psychological theories and then focus on the particular significance of religion in the ongoing development and functioning of older men as they engage the inevitable changes and challenges of later life.

E. Thompson & K. Remmes (Sociology & Anthropology, Holy Cross College, Worcester, MA 01610). Older Men's Spirituality After Leaving the Labor Force.

Barbara Payne theorized that older men's religious experiences are no longer strongly configured by the masculinist demands in our culture, and men become more open to religious experiences in the later stages of the life cycle. This paper investigates if older men's spirituality reflects the theorized developmental changes that occur after men exit the labor force. A random sample of community-based elders (N=229, mean age 76.3) in Worcester, Massachusetts, were interviewed in 1990 about their religious involvement and commitment. Findings show that 1) greater personal religious involvement and spirituality were predictably related to men's (and women's) exit from the labor force, and 2) men aged 75-and-over had noticeable grow in their spirituality. The findings support the gender argument that older men's social worlds no longer thwart faithing and religious experiences.

H. Black & R. Rubenstein (Polisher Research Institute, Philadelphia, PA 19141; Sociology & Anthropology, University of Maryland at Baltimore County, Baltimore, MD 21228). No One Laughs His Way Through Life: The Spiritual Value of Suffering in Aged Men.

Ten each African-American and white men (N=20) were interviewed concerning their personal definitions, experiences and theories about suffering. Experiences of suffering were examined under the domains of health and spirituality. This paper addresses men's open-ended responses concerning the spiritual value either granted or denied by self-perceived suffering. It explores differences and similaritiews in attributesion, definitions of, and theories about suffering between elderly with and African-American men.

Key themes include: 1) suffering is experienced as a loss of control or lack of choice by both groups of men. Loss of control and lack of choice may be interpreted as cognitive diminishment, illness of self or significant other, grief, regret, or thoughts of impending death; 2) African-American men differentiate personal, individual and immediate suffering from the "concept" of suffering that they believe all African-American men endure; and 3) if a respondent perceived himself as currently suffering, his narrative was rooted in the present, and "value" to suffering was denied. If he perceived himself as having "overcome" his suffering, he ascribed value not only to his past pain, but to its meaning within the context of his whole life story.

A. Futterman, P.J.Brown, & P.Glew, (Psychology, Holy Cross College, Worcester, MA 01610). Gender, Religious Involvement, and the Response to Late Life Stress in a Community Dwelling Sample.

Religious involvement has been associated with utilization of social support and with stress-buffering effects in later life. Few studies have examined the influence of gender on relationships between religious involvement, social support utilization, and response to late life stress. The purpose of this study was to determine the role of religious involvement relative to other coping resources in buffering the effects of late life stress. Participants were 342 older adults living in Worcester, MA. assessed at two times over a one year period on a variety of religious, coping, social support, and health outcome measures. Briefly, gender differences were noted in the relationships between religious involvement variables and social supports. Among older men, religious involvement was predictive of higher levels of perceived unconflicted social support, whereas among older women, religious involvement was less associated with unconflicted support, but more associated with negative interactions. Broad gender differences in stress buffering effects of religious involvement were noted. For example, whereas negative life stress appeared to trigger the use of religious involvement and social support in keeping with a "suppressor" model of stress-buffering among older men, no such suppressor effects were noted for religious involvement and social support among older women. This pattern of results is in keeping with different motives for religious involvement in older men and women. Men appear to use religion to increase unconflicted social support and to reduce stress, women appear to be more intrinsically motivated in their religious involvement.

369

CHANGING THE CULTURE OF HEALTH CARE: HOW FAST IS FAST ENOUGH?

M.K. Aronson, Bergen Regional Medical Center, Paramus, NJ 07652

Health and long term care services are undergoing significant changes, due to their heavy costs and their use by a large and growing elderly population. Recent budget reforms have targeted Medicare and Medicaid and have resulted in reimbursement changes and cuts. Business strategies have been applied including restructuring (vertical integration), bundling and unbundling of services, providing global rates vs. fee for service, rewarding efficiency by cutting Medicaid rates for facilities with lower occupancy, requirements of prompt reporting via electronic submission of data. All providers have been affected, but none more than public providers who have traditionally had less ability to move quickly. A case history will be presented of a large county facility which was privatized in order to improve its ability to compete in the new faster-paced environment. The changes had to occur in the context of the ongoing operation of the facility. The positive and negative impacts of this cultural change will be discussed, based on the first eighteen months' experience.

Japanese social security reform from an international perspective

Tetsuo Fukawa, National Institute of Population and Social Security Research, Tokyo.

Japan has a significantly lower total fertility rate than the US. and the Japanese enjoy significantly longer life expectancy than Americans. Consequently, population aging is occurring much faster in Japan than the US. Population aging has a strong impact on public retirement program. Japanese social security system was reformed in 1994. Because of the rapid deterioration of insured-beneficiary relation in near future, however, Japanese system is now forced to reestablish its long-term financial stability by cutting future benefit level with other measures combined.

In this study, Japanese social security system was analyzed in terms of functions, consistency, degree of redistribution and sustainability. We viewed the Japanese system in comparison with the systems in USA, UK, and Germany. Japanese reform options will be also assessed from the point of view of above mentioned four dimensions.

OLDER MINORITIES AND ECONOMIC SECURITY. C. Bernard, & L. Grillo-Chope National Committee to Preserve Social Security and Medicare, 10 G Street N.E. Washington, DC 20002.

Before Social Security, retirement was not an option for Americans. The majority of workers remained in the labor force indefinitely, and those who were not able to continue working were often reduced to a life in poverty. According to the Social Security Administration, 38% of Black seniors, and 41.2% of Hispanic seniors are kept out of poverty by Social Security. The signing of the Social Security Act in 1935, and the subsequent amendments to the Act gave workers the ability to retire in dignity.

With the graying of America, Social Security will face future economic challenges. The challenge for lawmakers will be to find solutions that will honor the commitment made to America's seniors nearly 65 years ago, and prevent further economic disparities among beneficiaries.

Can lawmakers accomplish this task successfully? Will there be special consideration for the needs of special populations, specifically for the needs of minority men and minority women, as they increasingly depend on Social Security?

Census Bureau projections reveal that by 2050 the proportion of seniors who are white will decline to 67% (from 87% in 1990). The rapid rise in diverse populations requires an overall reconsideration of how the new diverse group of seniors will be affected under Social Security reform based on current program dependency statistics.

This paper will discuss potential policy solutions, address issues of access to needed services based on socioeconomic status, and question the need to recall and reframe the nation's perspective on "anti-poverty" entitlement programs.

DELIVERY AND FINANCING OF MENTAL HEALTH CARE FOR OLDER ADULTS.

M. P. Norris, Department of Psychology, Texas A&M University, College Station, TX 77843-4235.

Mental health care for older adults has been expanding since 1990 when Medicare began reimbursing psychologists. The demand for mental health care services for community-dwelling and long-term care residents is flourishing. This paper will review policies that regulate the delivery and financing of mental health services to older adults. Mental health care providers will be updated about service regulations and reimbursement policies of Medicare, Medicaid, and the managed care industry. The goal of this paper is to promote more accessible and better mental health services for older adults. Providers will be updated about issues central to mental health care delivery. For example, many providers are not aware that Medigap policies are required by federal law to pay the full 50% co-payment for outpatient psychotherapy. Likewise, providers need to know that most older adults are unaware that Medicare coverage includes mental health services. Additional topics include: OBRA and other policies that regulate standards of care, the financing of long-term care and mental health services provided in these settings, reimbursement policies of Medicare and Medicaid, and the complex relationship between Medicare and managed care. Finally, empirical research will be reviewed that addresses whether managed care is a cost-savings asset to the Medicare program and whether the quality of care declines with managed care. It is vital for mental health providers to keep abreast of Medicare reforms, OBRA legislature, and managed care transformations in order to provide care in this new era of health care.

370

PRELIMINARY EXPERIENCES OF THE MULTI-SITE AGING, MENTAL HEALTH AND SUBSTANCE ABUSE IN PRIMARY CARE INITIATIVE.

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Participants:

S. Levkoff (Harvard Medical School, Boston, MA, 02115) Overview: Objectives and Design of Multi-Site Study.

J. Maxwell (John Snow, Inc., Boston, MA, 02210), H. Chung Chinatown Health Clinic, NYC, NY), K. Miles (Dartmouth College, Lebanon, NH), G. Constantino (Sunset Park Family Health Center, Brooklyn, NY). Conceptualizing and Measuring Dimensions of Integration of Primary Care and Substance Abuse Services.

D. Lindeman (Rush Institute for Healthy Aging, Chicago, Il 60612) P. Gold, MUSC, Charleston SC 29425) C. Zubritsky (U Penn, Philadelphia PA 19104) Preliminary Multi-Site Process Evaluation Findings of the SAMHSA Initiative.

L. Quijano (Evelyn Brandon Health Center, Rochester, NY14608), A. McKinney (John Snow, Inc., Boston, MA 02210), T. Persky (Consumer Representative, Philadelphia, PA 19107) Involving Older Consumers in Research Projects.

I. Katz (U Penn, Philadelphia, PA 19104) Opportunities to Leverage Findings from SAMHSA, NIMH, and Hartford Foundation Initiatives.

C. Estes & K. Linkens (UCSF, San Fransisco, CA 94118) Integrating Primary Care and Mental Health/Substance Abuse Services for the Elderly: Policy Challenges and Opportunities.

Discussant: G. Gottlieb (Partners Psychiatry and Mental Health System, c/o MGH, Boston, MA 02114)

Many older persons experience serious mental health and substance abuse (MH/SA) problems that affect their quality of life and ability to function independently in the community. The Substance Abuse and Mental Health Services Administration (SAMPSA) and other Federal Agencies are committed to improving the quality of life of elders by providing quality services in accessible, community-based settings. Since older adults seek and receive MH/SA services more often from their primary care providers than from specialty MH/SA providers, SAMHSA has developed and funded a multi-site (7 sites in 5 states) initiative to compare and evaluate the effectiveness of different primary care treatment models. The VA hopes to fund an additional 6 study sites. This symposium will provide an overview of this initiative, highlighting innovative aspects of the project, including: conceptual/methodological issues related to the integrated and referral models of care, consumer involvement in the research process, findings from the on-going process evaluation, overlap with initiatives funded by the Hartford Foundation and NIMH, and policy issues raised.

OVERVIEW: OBJECTIVES AND DESIGN OF MULTI-SITE STUDY

S. Levkoff, Division on Aging, Harvard Medical School, 643 Huntington Ave. Boston, MA 02115.

The purpose of this initiative is to evaluate alternative models of delivering and financing mental health and substance services for older adults through primary care. We hope to identify differences in outcomes between models referring to specialty mental health/substance abuse services outside the primary care setting and those providing such services within the primary care setting itself. The SAMHSA participating sites and PIs include: UCSF (C. Estes); Dartmouth College (S. Bartels); Chinatown Health Clinic (H. Chung); Sunset Family Health Center (D. Brizer); Unity Health Systems (J. McIntyre); U Penn (I. Katz);

and, MUSC (A. Santos). An additional 6 VA study sites include: Little Rock, Arkansas (J. Kirchner); SanDiego, CA (D. Jeste); Miami FL, (E. Olsen); Chicago, IL (N. Durai); & Philadelphia PA (I. Katz). These study sites achieve a strong geographic distribution and serve a variety of special populations of older adults, including women, Hispanic, Asian, and African-Americans and rural as well as urban residents.

This paper presents an overview of the overall multi-site study, identifying criteria for target conditions, hypotheses, pre-implementation factors (i.e., organizational characteristics and processes, and MH/SA service system), exogenous/independent variables (i.e., target population, organizations and environment), mediating variables (i.e., patient, provider, and site characteristics), outputs and process effects (i.e., cost, treatment, and inter-system effects), and outcomes (patient and provider). This paper provides an overview demonstrating the interrelationships among the target population and environment and the intervention's goals, objectives, and desired outcomes.

CONCEPTUALIZING AND MEASURING DIMENSION OF INTEGRATION OF PRIMARY CARE AND SUBSTANCE ABUSE SERVICES.

J. Maxwell, John Snow, Inc, 44 Farnsworth St, Boston, MA 02210L.,.H. Chung,, Chinatown Health Clinic, K. Miles, Dartmouth College, G. Constantino, Sunset Park Family Health Center.

The overall study question is "under which conditions are the integrated or referral models most effective in terms of access, adherence, patient outcomes, and cost." In integrated models, the Primary Care Provider (PCP) either individually of as part of a team is responsible for MH/SA treatment. In referral models, the PCP may screen or even diagnose patient for MH/SA problems, but refers patients to specialized MH/SA providers who assumes responsibility for treatment of the patient. In usual care models, the PCP may initiate treatment for MH/SA problems and refers patient at his/her discretion.

Because the Steering Committee recognized that the models of care being tested cannot be easily described categorically as either integrated or referral, they developed multiple dimensions to more adequately characterize integration. This continuum can be characterized on a number of different dimensions, including responsibility, array of services, provider expertise, communication, organizational (financial), physical, and temporal. Data will be used to describe each model along an anchored continuum developed for each dimension. This allows comparison of models and analysis of outcomes based on degree of integration. Cultural competence is incorporated throughout the domains of integration.

Data will be presented on more than 50 primary care clinics to characterize them according to these domains of integration.

PRELIMINARY MULTI-SITE PROCESS EVALUATION FINDINGS.

D. Lindeman, Rush Institute for Healthy Aging, Chicago Il 60612. P. Gold, MUSC, Charleston, SC 29425, C. Zubritsky, U Penn, Philadelphia, PA 191040.

The process evaluation involves the collection of a common set of organizational and system level data elements that are not included in the baseline and follow-up patient or provider assessments instruments. The process evaluation will enable the study to ensure program fidelity and to define the prevention, assessment, and intervention components of the program models as accurately as possible for comparison across study sites.

An extensive process evaluation protocol and corresponding questions were developed and required for use at each study site. The process evaluation addresses the following areas; program goals and objectives, patient characteristics, provider characteristics, environment, logic model, current services, proposed integrated and referral models, implementation process, human resources, funding model and evaluation/data plan.

The results of the process evaluation are to be incorporated into a Mental Health/Substance Abuse Service Model Manual. The primary goal of the Manual is to provide basic descriptive information that defines both the MH/SA Study Model and the Comparison Model. It addresses the same content areas as the Process evaluation and is intended to permit a comparison of the Study Model and the Comparison Model and to provide information to assist other researchers replicate the model.

This paper presents the preliminary results from the multi-site process evaluation.

INVOLVING OLDER CONSUMERS IN RESEARCH.

L. Quijano, Evelyn Brandon Health Center, 81 Lake Avenue, Rochester NY14608. A. McKinney, John Snow Inc, Boston MA, T. Persky, Consumer Representative, Philadelphia, PA 19107.

A number of recent reports suggest the need for broader stakeholder representation in the development and delivery of quality mental health and substance abuse services. These reports contain data from a number of studies that show the feasibility and importance of examining the consumer's perspective. We report on this initiative's steps to ensure the incorporation of the older consumer's perspective in the development and implementation of the proposed study protocol.

Consumers have been integrally involved in all aspects of this study , and are seen as critical to its overall success. Each site has developed its own Consumer Review Group to help inform and guide study design and implementation. In addition, the Steering Committee has created a Consumer Committee of program representatives and consumers from each site, which has helped to inform and guide the development of the multi-site study.

The Consumer Committee and site level Consumer Review Groups are composed of consumers, advocates, caregivers, and others within a typical consumers social support network. The objectives of these groups are to 1) guide the development of the site-level studies and the multi-site study, 2) contribute to the body of literature on exemplary practices for encouraging consumer involvement, and 3) create guidelines for the development of consumer "friendly" MH/SA services.

In addition to advising the Steering Committee, the Consumer Committee assists individual study sites in the development of their site-specific groups. One output of this group is the development of a Consumer Recruitment Guide which will be distributed so that other research projects can benefit from this study's experience.

OPPORTUNITIES TO LEVERAGE FINDINGS FROM SAMHSA, NIMH, AND THE HARTFORD FOUNDATION INITIATIVES ON MENTAL HEALTH.

I. Katz, U Penn, Philadelphia, PA 19104.

The SAMHSA initiative described in this symposium is one of three on-going multi-site initiatives whose focus is on improving the delivery of mental health services to older adults. The other two initiatives are being funded by the NIMH and the Hartford Foundation. The timing of these three initiatives provides an unusual opportunity for knowledge development in this neglected area of research.

An overview of the goals, objectives, and methodologies of the NIMH and Hartford initiative will be provided. Discussion will focus on potential contributions of all three studies, given their differing goals, objectives, and methodologies.

INTEGRATING PRIMARY CARE AND MENTAL HEALTH/SUBSTANCE ABUSE SERVICES FOR THE ELDERLY: POLICY CHALLENGES AND OPPORTUNITIES.

C. Estes, K. Linkens, UCSF, CA 94118.

This paper discusses the policy context in which the SAMHSA initiative is being implemented. We first describe provider, patient, and systems level obstacles to elderly consumers' use of MH/SA services. Existing evidence suggests that MH/SA disorders are underdiagnosed and ndertreated among the elderly. Many of the current generation of elders also hold a stigma about mental health treatment that discourages their use of specialty services. Reimbursement policies toward mental health and pharmacologic treatment in the Medicare program has posed financial obstacles to treatment for many elders.

A second focus is on exploring recent developments in primary care and mental health services that are influencing the provision of MH/SA treatment for the elderly. The implications of managed care in Medicare and Medicaid programs and of increasing reliance on carved-out mental health contracts are examined.

A final discussion centers on analyzing the alternative policy mechanisms for improving the elderly's access to MH/SA prevention and treatment services. Alternatives considered include research, promoting innovative service models, regulatory policy, and reimbursement changes in Medicare and Medicaid policy.

Research like the SAMHSA initiative described here can contribute importantly to policy discussions in this area.

371

LONG-TERM INCARCERATED ELDERLY: RELEASE POTENTIAL

D. Romano, M.S.W. and T. Pastorello, Ph.D., Syracuse University, School of Social Work, Syracuse, New York 13244.

The sparse amount of research available on the long-term incarcerated elderly is consistent on the point of the exponential growth of this segment of the prison population. Also highlighted in the literature is the potential cost-benefit savings of release and alternatives to incarceration for the elderly serving life sentences. In order to help realize cost-savings and contribute to inmate rehabilitation, without sacrificing community safety, this research explores the likely predictors of successful release and recidivism.

Findings for this study are generated by qualitative data analysis of interviews with purposively selected corrections officials in Central New York, using artificial intelligence software PROLOG. Under the constraints of limited case history experience, results indicate that, in consideration of such indicators as age, length of stay, health (including the presence of terminal illness), type of crime (including violent and non-violent), and family resources; the best predictor of successful release and non-recidivism is the existence of supportive family ties. The insights gained from this qualitative phase of research are used to inform quantitative assessment tool construction, as well as the development of community support structures for inmates without supportive family.

SPIRITUALITY IN BEREAVEMENT PROCESS AND COUNSELLING AMONG ELDERLY WIDOWS

R. Frost, M.S.W. and T. Pastorello, Ph.D., Syracuse University, School of Social Work, Syracuse, NY 13244.

The role of religion in the process of bereavement and pastoral counselling is fairly well defined. The focus of this research is the influence of the elderly widow's spiritual orientation on her life satisfaction after the death of a family member. Guiding this study conceptually is Pastorello's definition of spirituality as an orientation to life and death characterized by the individual's search for meaning transcendent of socially constructed reality. Without a sense of Self defined in terms other than social roles, e.g., wife, mother, worker, or even religious member, does the bereaved one without spiritual orientation suffer irreparable damage to life satisfaction following the loss of a loved one who supported a major social identity? Correspondingly, does one's belief in transcendent Soul buffer self-concept losses following family member death?

Within a hospice-based support group setting in Central New York, intensive case study profiles, including in-depth interviews, of purposively selected elderly women – identified as having or not having a life-long spiritual orientation – are compared in quasi-experimental research. Qualitative data analysis, using artificial intelligence software PROLOG, is used to generate findings. Results indicate that, after an initial period of intense grief, spiritually oriented women are more likely to re-establish prior levels of life-satisfaction following the death of a loved one. Consequently, the notion of spirituality, as opposed to and in addition to religiosity, is used to shape bereavement counselling strategy.

PRELIMINARY VALIDATION OF THE SOCIAL SUPPORT SCALE ON SOUTH ASIANS.

Rashmi Gupta , School of Social Work, Hunter College, 129 East, 79th Street, New York, NY 10021.

Research targeting the elderly among ethnic minorities in the United States has primarily focused on validating scales on African Americans and the Hispanics. However, little is known about the reliability and validity of social support scales as they apply to an immigrant South Asian population of elderly.

The purpose of this paper is to test the validity of the social support scale as it applies to South Asian elderly in the Dallas/Fort Worth area. A sample of 150

South Asians caregivers of the elderly were interviewed via telephone interviews. The data was subjected to confirmatory factor analysis. The original three-factor model did not fit the data well. However the findings indicate that for South Asian elderly a two-factor model was better suited. The comparative fit index of the two-factor model was .95, and the alpha values for the two factors were .85 and .80 scale. Ten additional items of social support are suggested as they would be more pertinent for assessing social support on South Asians. Practitioners and human service providers must use this scale with caution before further studies replicate the findings of this study with other South Asian elderly in other parts of the United States.

ATTITUDES TOWARD DISABILITY IN PERSONS AGING WITH LONG-TERM PHYSICAL IMPAIRMENTS IMPLICATIONS FOR POLITICAL COALITION BUILDING BETWEEN DISABILITY AND AGING INTERESTS

M. Putnam, Department of Social Welfare, School of Public Policy and Social Research, University of California, Los Angeles, Los Angeles, CA 90095

This paper explores attitudes toward disability in a cross-disability sample of persons aging with the long-term effects of polio, rheumatoid arthritis and stroke. These impairments were selected because they represent chronic disabling conditions acquired at different stages of the life course with different disability trajectories. To date, attitude research in the field of disability has focused primarily on the attitudes toward disability of non-disabled individuals and attitude adjustment of disabled individuals during the initial or acute phase of impairment. Little attention has been given to exploring attitudes towards disability among physically and chronically impaired individuals themselves. This study seeks to better understand how individuals with long-term physical impairments interpret their own disabilities and changes in disabilities, to determine if there is a difference between the attitudes of people who have different disability experiences and to explore how these differences in attitudes may impact the potential for political coalition building between disability and aging interest groups.

INTERGENERATIONAL MENTORING: A COMPUTER PEN-PAL PROJECT

C. J. Jensen, M. Washko, Department of Individual and Family Studies, University of Delaware, Newark, DE 19716.

Intergenerational mentoring projects exist between young adults and older adults; however, few connect these two age groups via the computer. Mentoring is generally measured as a unilateral experience focusing on the mentor or mentee but rarely on both. The purpose of the present study was to connect older and younger adults through the use of electronic mail while testing for benefits received by both age groups. First, we hypothesized that the older adults would report increased levels of comfort with computer usage. In addition, we incorporated Erikson's (1959) concept of generativity, expecting both older and younger adults to express higher levels of generative feelings. Older adults could pass along knowledge of life experiences, while the young adults could pass on their knowledge of computer skills. The participants were given the opportunity to expand their understanding of the other age group. For a period of 8 weeks, area senior citizens and college students were paired together. They e-mailed one another at least 2 times per week on topics that were provided including aging issues and career choices. Pre- and post-tests consisted of the Attitudes Towards Computers Questionnaire (Jay & Willis, 1992) and the Loyola Generativity Scale (McAdams & de St. Aubin, 1992). Pre- and post-test scores were used to detect changes within the age groups and differences between the age groups. Older adults reported an increase in positive attitudes towards computers, while the young adults reported no significant change. Although older adults expressed generativity, a greater increase in generative feelings in the younger age group was found. It appears that both age groups can view themselves as generative and that generativity can be expressed via the computer.

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THE UTILITY OF SELF-REPORT MEASURES OF QUALITY OF LIFE: THE CASE OF CONGESTIVE HEART FAILURE IN OLDER ADULTS

D. E. Stull, Department of Sociology, The Univ. of Akron, Akron, OH 44325-1905, L. B. Stull, Physiology and Biophysics, Case Western Reserve Univ. Cleveland, OH, 44106.

Congestive heart failure (CHF) affects 3 to 4.7 million people each year and is the most common cause of death and hospitalization for older adults. The number of patients with CHF doubles with each decade of life. Patients with CHF have high mortality rates (the six-year mortality rate is over 65%) and have the highest reported hospital re-admission rates for all patient groups. Quality of life for patients with CHF centers on maintaining physical and social functioning as a way of reducing mortality and the risk of hospitalization. Typically, clinicians focus on clinical measures to assess the success of interventions and the patient's progression with CHF. These clinical measures are often expensive and physically invasive. In this study we hypothesize that self-report quality of life (QOL) measures offer an alternative, or at least an additional, approach to assessing a patient's condition and risk for mortality. Using data from a large clinical drug study involving 1,600 older adults--Studies Of Left Ventricular Dysfunction (SOLVD)--the present research compares the relative utility of clinical measures and self-report QOL measures for predicting mortality during a five-year period of study. Using Cox regression we found that in addition to several clinical measures, five of eight self-report QOL measures were significant predictors of mortality. These findings suggest that obtaining and using self-report QOL can give clinicians an early indication of patients who may be in need of more intensive intervention such as more frequent follow-up or home health care to monitor the patient's health and lifestyle changes.

HEALTH, FAMILY FUNCTIONING, AND VOLUNTEERISM AMONG OLDER ADULTS.

R.Jirovec, Wayne State Univ., School of Social Work, Detroit, MI 48202.

The purpose of this empirical study was to determine if volunteerism was related to the health and family functioning of older adults. Project interviewers gained access to sample participants at local senior centers scattered throughout a major metropolitan area. The purpose of our investigation was explained to center attendees, and a brief, self-administered questionnaire was completed by those who gave verbal consent. The resulting non-probability sample (N=179) was roughly 2/3 female, white, widowed/divorced/never married, had completed 10 years of education, and had modest annual household incomes (over half had yearly incomes < $10, 000).

Health was measured in terms of physical health (self-rating, # of doctor visits, # of housebound days) and mental health (PGCMS). The family APGAR scale was utilized to assess family functioning. Volunteer activities were evaluated via a series of ten "yes/no" items concerned with the amount, type, and frequency of volunteer commitment.

Data analyses revealed statistically significant associations between physical health, family functioning, and volunteerism. While the results concerning health serve to corroborate the previous research, our finding of a relationship between family functioning and volunteerism is an interesting, new addition to the knowledge base.

ELDERCARE: JOB PERFORMANCE AND JOB STRESS.

D.J. Monahan. Syracuse University School of Social Work, Syracuse, New York 13244-1230.

To what extent does eldercare responsibility affect employee job performance? While attitudes and work behavior of older workers are generally congruent with job performance, perceptions are not. The focus of this study is on understanding whether job performance is affected by age, health, job stress, and eldercare. Nurses employed in a large, urban long term care facility were surveyed (n=74). Their average age was 39 years, 49% were married, 18% had children, and 51% had eldercare responsibility.

Results from the multiple regression analysis found that employees with higher levels of education, income, job satisfaction and eldercare responsibilities had higher levels of job performance. Employee age and number of children were not significantly associated with job performance whereas number of health symptoms was significant and negatively associated with performance. The significance of the overall regression was p = .02.

REPRESENTATIVENESS OF A CONVENIENCE SAMPLE OF ELDERS' CAREGIVERS.

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We examined the representativeness of a convenience sample of elders' caregivers who used community services, relative to a larger representative sample of all elders and their caregivers in a Tokyo suburb. The representative sample was generated through a census-like screening of all residents aged 65 and over; the convenience sample was obtained from caregivers in the larger sample who used community services during the study period. We evaluated the representativeness of the convenience sample by comparing caregiver characteristics from the convenience sample to those in the larger representative sample. We then compared across the two samples the following factors related to caregiver well-being (measured by depressive symptoms): caregiving stressors (activities of daily living (ADL), cognitive function of the elderly), factors which might heighten caregiver well-being though a direct effect or a buffering effect (e.g.,social support), and demographic variables. Caregiver well-being was our main dependent variable, and caregiving stressors, social support, and several interaction terms were independent variables. The convenience sample was likely to have elderly with higher levels of ADL disability and lower social support than those in the representative sample. In regression analysis, well-being of caregivers was influenced by elderly's cognitive function and social support in both samples. Findings suggest that, although some differences exist between convenience and representative samples of elderly caregivers, results obtained from convenience samples of community service users are useful in modeling caregiver well-being.

FACTORS ASSOCIATED WITH IMPLEMENTATION OF A CONVERGENT NEEDS ASSESSMENT MODEL IN AREA AGENCIES ON AGING

S.Balaswamy, College of Soc. Wk, OSU, 1947 College Rd. Stillman Hall, Columbus, OH 43210. In Hae Seo, Hallym University, Dept. of Social Welfare, Kongwon-do, S. Korea.

This research examines the needs assessment models used by Area Agencies on Aging (AAA) and explores the factors associated with a specific model. A survey instrument was mailed to 659 AAA nationwide. The response rate was 41%. Analysis revealed four models of needs assessment i.e. maximum convergent model; minimum convergent model, the moderate convergent model, and divergent model. The classification of models were based on the degree of conversion of (1) different data collection methods, (2) different perspectives of data sources, and (3) different data levels. A multiple discriminant analysis was employed to examine the relationship between six organizational factors (energy, power, value, competence, work relationships, and communication) and implementation of a maximum convergent model. Examination of standardized discriminant function coefficients indicates that frequently the agencies use maximum convergent model, rather than the other model groups. The convergent model users also tend to have higher determinants for attributes such as key research actor's attitude on needs assessment (.380), director's involvement (.418), agency's research competence (.512), and agency's work relationship with the external environment (.495). Findings implications are valuable, given the restricted economic atmosphere for social programs, increasing importance of budget management, and accountability. It can facilitate aging service administrators understanding of how critical organizational factors influence assessment of elders needs, and its subsequent influence on policy decisions and funding.

PREVALENCE OF DISABILITY AND COMORBIDITY AMONG PATIENTS WITH HIP FRACTURE

N Minicuci, Ph.D for the VELCA Study Group; CNR-Center on Aging, Clinical Medicine I, University of Padua, Italy

The Verona Elderly Care Study analyses the impact of the Prospective Payment System, introduced in Italy in 1995, on the hospitalization of the elderly in Verona. Main goals are: 1) to describe the hospital care for elderly admitted for dementia, heart failure, COPD, stroke, hip fracture and MI; 2) to analyze costs, quality and outcomes of the hospital care at discharge and one year after hospitalization. The study includes 170 patients for each disease and they are assessed through: Apache II, Mini Nutritional Assessment, Barthel index, SPMSQ, Individual Disease Severity of the comorbid conditions and complications. The use of drugs is also recorded. Fourteen males and 105 females were admitted for hip fracture in 1998 (mean age 83.4±7.8 and 81.8±7.7 years, respectively); 27% live alone, 25% with their spouse, 25% with their sons and 22% with other relatives or in nursing home. The mean length of stay was of 13.9 days and 66% were transferred to rehabilitation units. Two weeks before admission, 55.6% were independent on the daily activities and 17% had a severe-total dependence; at admission the latter percentage raised to 94% and 71.5% did not improve their disability status at discharge. About 18% had one-two other diseases, 18.5% from three to four, and 60% more than five. Hip fracture among elderly is a risk factor for mortality and disability. The implementation of the PPS has reduced the mean length of stay and we need to carefully assess the effectiveness of the rehabilitation therapy.

SATISFACTION WITH COMMUNITY BASED CARE: ELDERS VERSUS DISABLED ADULTS

M Drzewiczewski and J Kolodinsky, Department of Community Development and Applied Economics, University of Vermont, Burlington VT 05401

This presentation describes the results of a study that estimates the probability of being satisfied with community based health care services in a rural area and compares the formation of satisfaction for elders and disabled adults. Data from two different sources, the Independent Living Assessment and a survey of care recipients are used. The final sample contains 218 elders and disabled adults aged 20 through 97. Multivariate logit analysis reveals that the formation of satisfaction differs for elders and adults receiving care. Differences are found in the impact of client evaluation of components of the quality of care and in the effect of predisposing variables. Caregiver preparation impacts the satisfaction of both elders and adults, while continuity of care actually decreases the satisfaction of rural disabled adults and increases the satisfaction of elders. Overall, this study finds that once predisposing, enabling, need, and service use are controlled for, objective evaluations of the characteristics of care are important predictors of overall satisfaction with the quality of care. It appears that recipients of community of care are well able to judge quality based on objective measures of the characteristics of care they receive.

CHARACTERISTICS OF THE POPULATION IN A LEADING RETIREMENT MIGRATION STATE: FROM AHEAD DATA

Sue Reynolds-Scanlon, L. Polivka, S L Reynolds, M Kristen Peek, FPECA, University of South Florida, Tampa, Florida 33620.

Examination of the domains of health, financial resources and family networks in a retirement population of older adults age 70 and above in Florida, the nation's oldest state demographically, explodes the conventional wisdom about the more favorable aspects of an elderly migratory population. This gives rise to potential issues for long term care needs of such a population.

This study examines the Florida oversample, a representative community sample (n=1088), of Wave 1 of the Asset and Health Dynamics of the Oldest Old Study (AHEAD) and compares their characteristics with the national sample.

Findings indicate contrary to popular belief, this population is similar in many respects to the national sample in Socio-economic status, financial resources, some demographic characteristics and health status for those who are impaired. This population has fewer proximate children, smaller networks, but is sightly healthier than the national sample. Further research should be conducted on this sample to examine longitudinal changes in the populations. With Wave 2, we might be able to analyse some of the changes

SENIOR MOBILITY: BARRIERS AND INCENTIVES TO USE OF PUBLIC TRANSIT

Michael A. Creedon and Deborah Dubin-Rosenberg, Creedon Group, 8214 Bucknell Drive, Vienna, VA 22180

As the number of persons over age 75 grows to more than 17 million, alternatives to driving become essential for many. The public transit system can assume a major role in maintenance of senior mobility. However, most elders have not used buses regularly and a large proportion of them have never used public transit.

BEST COPY AVAILABLE

A series of five focus groups with diverse groups of seniors was conducted in July-August, 1998, in Dallas, TX: one with seniors who are blind or visually impaired; another with current senior transit users; others with seniors who have voluntarily limited their driving; seniors whose licenses were recently revoked, and seniors who are current paratransit users.

A sixth focus group was composed of family members, caregivers and professionals who assist seniors with travel needs. Specific issues explored included: actual patterns of usage; perceived barriers to use; factors affecting choice of fixed route service from a range of available options; factors which might encourage increased use of fixed route bus service; information deemed important to potential riders, and media options for disseminating that information.

The 53 participants were screened and recruited by the American Foundation for the Blind from the senior population in the area served by DART. They were of varied ethnic backgrounds and ranged from daily users of fixed route transit to persons who never use it.

Barriers fell into three categories: personal, technical and attitudinal. Incentives included personal travel companions, low costs, convenient routes, appropriate communication strategies, driver training, enhanced security, and linkage to shops and other vendors. The project found a range of policy, training and communication strategies which could enhance senior use of public transit.

"ca.boom": THE AGING OF CALIFORNIA'S BABY BOOMERS

Jeanne E. Bader, Gerontology Program, California State University, Long Beach.

Hawaii, Minnesota & North Carolina have produced State-sponsored projects to anticipate the needs and recommend policy responses to the aging of their Baby Boomers (BBrs). With the largest population and the largest number of older citizens of any state, California has an enormous social and financial investment in identifying probable individual, group and State needs and expectations before 2010-2030 (during which most BBrs will be employed and considering retirement), 2030-2050 (when all BBrs will be between the ages of 65 and 85) and 2050+ (when all BBrs will be 85 or older). Four methodologies were used: 100+ individual interviews; group interviews; census data analysis; identification of historical events presumed to have helped shaped BBrs' values and behavior patterns; literature review. Results include comparisons of current realities to those anticipated for 2010, 2030 and 2050; research questions that need to be answered by each of these deadlines; resource lists; recommendations for mid-life and older BBrs, their families, practitioners, the State of California, and especially educators and researchers.

Bridging the G.A.P.

Whitney A. Roach, Antoinette R. Thorn, M. Jean Turner, University of Arkansas, HOEC 118, Fayetteville, AR 72701.

The prevalence and incidence of grandparents parenting grandchildren emerge clearly through a comparison of the demographic information in the National Survey of Families and Households (NSFH). We developed a curriculum based on research and evaluation of the demographic information in order to establish the *Bridging the G. A. P.* parenting group. We analyzed questions related to the incidence of grandparenting, reasons for intergenerational care, associated stressors, legal implications, financial repercussions, caregiving, and length of time living in household for application to the curriculum. Identification and application of factors related to grandparents parenting grandchildren contributed to the development of a community program focused on this unique parenting group. Research assisted in the development of a program to provide support to grandparents functioning as parents. We used research based educational concepts to study potential needs of local grandparents. We employed resources within the community to address participants' legal, financial, and parenting needs, in addition to providing emotional support. The direct application of research findings to the development of an education program, demonstrates that issues addressed by researchers in the field of gerontology have identified many of the needs of parenting grandparents. Further, application of research indicators is an effective method of addressing the needs of grandparents raising grandchildren.

PREDICTORS OF THE SERVICE PACKAGE PROVIDED TO COMMUNITY-BASED FRAIL ELDERLY.

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There appears to be limited knowledge concerning the factors associated with the specific package of services provided to older people. This study examined the predictors of number and volume of service for a group of Medicaid-eligible community-based home-bound elderly in a four county region.

A purposive sample of 126 elderly service recipients was selected. Data was gathered on their perceived and assessed quality of life measures along several dimensions (including physical health, morale, economic resources, ADL-IADL, religiosity and social resources) and the number, volume and type of services utilized while participating in the PASSPORT Program. Also data on relationships and frequency of contact with formal and informal service providers, medical indicators, and behavior and cognitive impairments were collected. A series of two-group discriminant analyses were performed to identify factors associated with prescription of service. A number of study variables successfully discriminated between individuals who received fewer services than average vs. those who received more services than average and those prescribed a less than average volume of service vs. Those prescribed an above average volume of service. The significant function which emerged accurately classified 78% and 72% of the cases, respectively. Methodological issues and practice and policy implications will be discussed.

372

HIP FRACTURES: VARIOUS ASPECTS OF MANAGEMENT IN LONG-TERM CARE AND REHABILITATION SETTINGS.

M. A. Haber, MD, MPH, CMD, FACP, Abington Memorial Hospital, Elkins 2B, 1200 Old York Road, Abington, PA 19001.

Participants:

K. Boyle-Giannini, MSN, CRNP (Foulkeways at Gwynedd, Gwynedd, PA 19436) Clinical Pathway Development for Hip Fracture Rehabilitation in a Retirement Community Health Center.

M. A. Haber, MD, MPH, CMD, FACP (Abington Memorial Hospital, Abington, PA) Determining the Optimal Setting for Hip Fracture Rehabilitation Across Spectrums of Health and Health Care Settings. Overview of Osteoporosis and Its Treatment in the Long-Term Care Setting.

R. F. Costello, RN, BSN (Willow Ridge Center, Genesis ElderCare Network, Hatboro, PA 19040) Fall Prevention in the Long-Term Care Facility: A Working Model.

Discussant:

J. Weinryb, MD, CMD (University of Pennsylvania Institute on Aging, Philadelphia Presbytery Home Services for the Aged, Philadelphia, PA 19104)

Mrs. X, an 83 year-old widow, was in her usual state of health until she fell and sustained a hip fracture. Following surgical repair and rehabilitation, she settled back into a new "usual state of health". Many issues arise in a consideration of Mrs. X's course of care, among them, the processes of and different sites for recovery and rehabilitation, cost issues and efficiencies, potential complications, the management of concurrent medical problems, and the prevention of falls and fractures across the care continuum. This symposium will address various aspects of Mrs. X's care from the vantagepoint of the primary care provider and multidisciplinary team. Individual presentations will explore alternative scenarios of Mrs. X, from the healthy, active octogenarian who lives independently and has virtually no past medical history, to the frailer, less fortunate Mrs. X who suffers from a number of medical problems and requires ADL assistance even before this most recent setback. In this way, applicability will be to a broad spectrum of geriatric functioning and the range of long-term care and rehabilitation settings.

373

MEDICAID HOME AND COMMUNITY-BASED WAIVERS: FINDINGS FROM A 51 STATE SURVEY AND DESIGN FOR A NATIONAL EVALUATION

S. Lutzky, & L.M.B Alecxih. The Lewin Group, 3130 Fairview Park Drive, Suite 800, Falls Church, VA 22042.

Participants:

L.M.B Alecxih (The Lewin Group). Overview and evaluation design

S. Lutzky (The Lewin Group). Findings from program reviews and site visit to Texas Star+Plus

J. M. Wiener (The Urban Institute, Washington, DC 20037). Findings from site visits to elderly/disabled 1915(c) programs.

Discussants:

W.G. Weissert (University of Michigan, Ann Arbor 48109). Methodological issues

Medicaid Home and Community-Based Services (HCBS) waiver programs offered by states provide elderly and younger individuals with disabilities and their families the opportunity to access needed care in their home or more home-like settings. It also allows states to fund non-medical services not usually covered by Medicaid. While they are generally thought to be desirable, very little systematic information about their processes and effectiveness has been generated, especially since the mid-1980s.

Under contract with the Health Care Financing Administration (HCFA), The Lewin Group and its subcontractors are determining if an evaluation of the Medicaid HCBS waiver programs is feasible and developing possible technical approaches. This project will focus on the tasks necessary to design an evaluation that will provide meaningful information for HCFA and the states to assist them in monitoring and advancing the effectiveness of the HCBS waiver programs. HCFA has also asked that we develop and eventually implement an evaluation design for the Texas Star+Plus program, a mandatory managed care program for the LTC population currently underway in the Houston area.

In this symposium, we will discuss the findings of a solicitation of information from of all 1915(c) waiver programs that was conducted to assist in site selection and finding from site visit to selected 1915(c) programs and Texas Star+Plus. We will also discuss the design for planned evaluations of 12 waiver programs and Texas Star+Plus.

L.M.B Alecxih (The Lewin Group). Overview and evaluation design

Home and Community-Based Services (HCBS) waiver programs provide elderly and younger individuals with disabilities and their families the opportunity to access needed care in their home or more home-like settings. It also provides states with the opportunity to fund non-medical services not usually covered by the Medicaid program. The number of and expenditures for these waivers continue to grow dramatically despite a dearth of research documenting the effects of these services on cost, quality of care, or quality of life of both recipients and their families. Between fiscal years 1996 and 1997, HCBS waiver expenditures increased 44 percent. While they are generally thought to be desirable, very little systematic information about their processes and effectiveness has been generated, especially since the mid-1980s.

This presentation will address the following topics:

1. A brief overview of the HCBS programs
2. Issues that led HCFA to request an evaluation
3. The process for developing the evaluation design
4. The planned designs for the HCBS waiver and Texas Star+Plus evaluations.

S. Lutzky (The Lewin Group). Findings from solicitation of information from all waiver programs and site visit to Texas Star+Plus

This section will describe the findings from two major components of the evaluation site selection process: a solicitation of information of and categorization of data from all waiver programs and the site visit to the Texas Star+Plus program.

The Lewin Group built upon data about HCBS waivers maintained by the American Public Human Services Association (APHSA). These data provide a useful starting point of basic information about each waiver, including the target population and a contact person. In order to supplement the APHSA data, Lewin contacted each state to obtain information about key elements that could affect the evaluation design--wait lists, data systems, eligibility criteria, number of participants and expected new entrants each year. Other areas that will assist in understanding the programs include: outreach, how individuals access the system, screening tools, needs assessment, services offered, care plan development and monitoring, service allocation, case management, reimbursement, quality assurance efforts, level of consumer direction and mechanisms for involving informal caregivers.

This database alone represents a major addition to our understanding of the HCBS program. This presentation will provide an overview of key findings about the program and categorization of individual programs.

The presentation will also present background materials and key findings from the site visit for the Texas Star+Plus program.

J. M. Wiener (The Urban Institute, Washington, DC 20037). Findings from site visits to elderly/disabled 1915(c) programs.

As part of the site selection and evaluation design of the HCBS waiver evaluation, we are conducting site visits to seven aged/disabled waiver programs. These visits address the following issues: definitions of quality of life and quality of care; the effect of cost pressures on care provided and quality of life; the relationship between program design and quality of care and life; mechanisms for ensuring informed decision making and addressing disagreements between recipients, family, and professional staff; congruencies and inconsistencies between quality of life and quality of care goals; degree of control over care; desired level and experienced degree of control over basic life decisions; satisfaction with services provided; level of community involvement; and satisfaction with life and emotional well-being.

This presentation will provide an overview of the findings from these site visits. Lessons to be learned from each site and other policy relevant issues will be discussed.

374

OLD AGE I: A CONVERSATION WITH JOAN ERIKSON AT 90

Wisdom and integrity are something that other people may see in an old person, but it's not what that old person is feeling. That's what kind of roused me up to see what it was that old people do feel and what they have to face.

With the above quote, Joan M. Erikson begins a frank and personal re-examination of the last stage of the life cycle. She and her husband Erik Erikson formulated their eight stage life cycle theory during their middle years, and Mrs. Erikson believes they tended to romanticize the eighth stage in which she is now living. This video was shot in 1993 when Mrs. Erikson was about to celebrate her 90th birthday. With great grace, humor and some feistiness, Mrs. Erikson takes on a wide range of topics from forgetfulness, coping with physical limitations and facing death. The film is a thought-provoking experience for everyone interested in developmental psychology and for all who live or work with an older person or are planning to be old themselves.

Frances Davidson, President, Davidson Films,
668 Marsh Street, San Luis Obispo, CA 93401
(805) 594-0422
½ inch VHS 39 minutes (1995)

375

OLD AGE II: A CONVERSATION WITH JOAN ERIKSON AT 92

Joan M. Erikson describes her search for a better living situation for her frail husband and then presents her poignant recounting of his subsequent death. She uses these experiences to suggest strategies to meet the physical and emotional needs of the fragile old and to support those who work with them. With a personal understanding of the challenges of old age, Mrs. Erikson revisits the eighth stage of the life cycle and proposes a new ninth stage for the changes that face the very old. She describes the difficulties of being in one's nineties without losing what she calls one's indomitable core.

Frances Davidson, President, Davidson Films,
668 Marsh Street, San Luis Obispo, CA 93401
(805) 594-0422
½ inch VHS 30 minutes (1995)

INDEX OF PARTICIPANTS

Arabic numbers refer to session numbers.
Roman numbers refer to participants listed in the front part of the program.
An asterik (*) indicates a Fellow of the Society.

A

Aartsen, M. J., 357
Abalos, A., 198
Abbott, D. A., 88
Abbott, K., 165, 174
Abbott, P. A., 190
Abbott, T., 37
Abe, T., 343
Abend, T. A., 46
Abernethy, A. D., 360
Acanfora, M., 106, 347
Accorinti, K. L., 246
Acevedo, A., 33, 334
Acrese, Z. A., 356
Acrich de Gutmann, L. A., 224, 292
Acton, G. J., 63
Adams, K., 360
*Adams, R. G., 196
*Adelman, R., 339
Adler, L., 274
Adrian, M., 94
Agger, M., 49
Aguilar, E. J., 351
Ahacic, K., 165
Aharon, J., 236
Ahern, F. M., 157, 165
Ai, A. L., 167, 282
Ajmani, R. S., 88
Ajrouch, K. J., 96, 253
Akhtar, A., 334
Akiyama, H., 96, 106, 223
Akkawi Mahaliki, N., 88
Akrigg, G., 356
Albarede, J. L., 67
Albert, M., 97
Albertson Owens, S. A., 198
Albertson Owens, S. S., 106
Albet, S. M., 97
Albin, R., 236
Albo, J., 157, 269
Albsrede, J. L., 333
Aldridge, T., 310
Aldrige, T., 310
Aldright, E., 310
Aldwin, C. M., 46, 139, 249, 314
Alecxih, L. M., 373
Aleman, S., 27
Alessi, C., 68, 243, 356
Alexander, D. B., 14
Alexander, J. A., 228
Alexander, N. B., 93, 129, 300
Alford, D. M., 66
Algase, D., 32, 154, 274
Algase, D. L.,
Algermissen, M., 77
Ali, A. S., 10, 38, 217, 334
Alibhai, S., 186
Allaire, J., 256
Allan, D. E., 315, 360
Allard, M., 123
Allen, S. M., 13, 14
Allen-Burge, R., 18, 156, 160, 362
Allen-Holmes, L. M., 136
*Allman, R., 13, 190, 217
Almeida, D., 198, 221
Alonso, J., 18
Alt, P., 322, 361
Altpeter, M., 343
Altschuler, J., 284
Altus, D. E., 337
Alwin, D. F., 139
Amberg, J., 288
Amella, E. J., 214
Amit, L., 10
*Ammons, R., 174, 356
Anand, R., 77
Anas, A. P., 133, 340
Andersen, P. K., 18
Andersen, R., 270, 348, 356
Anderson, C., 13
Anderson, J. J., 246
Anderson, M. A., 332
Anderson, T. L., 315
*Andres, R., 131, 149
Andrews, G., 87, 347
Andrieu, S., 67, 333
Aneshensel, C., 228
Angel, J. L., 343
Angel, R. J., 27
Angelelli, J., 108, 152, 166
Aniff, M., 38
Ankrom, M., 15
Anme, T., 233, 360
Annis , S. M., 77
Annoni, G., 88, 157, 343
*Ansello, E., 286
Ansello, E. F., 112, 140
Anson, R. M., 210
Antezberger, G., 311
*Antonucci, T., 14, 253, 347, 96, 223
Antuono, P., 314
Applebaum, R., 55, 108, 274, 231
Applegate, W. B., 7
Appollonio, I. M., 246
Aquino, G., 27
Arbuckle, J. L., 18
Arbuckle, T. Y., 340
Arbuckle-Maag, T. T., 314
Archer, D., 199, 258
Archibald, N., 246
Arcoleo, G., 157
Arcona, S., 131, 264
Arcury, T., 44, 66, 164, 198
Ardelt, M., 18
Ares, P., 256
Arguelles, S., 256, 306
Arias, R. M., 134
*Arking, R., 202
Arling, G. W., 322
Armour, B. S., 109
Armstrong, D., 153
Armstrong, T., 360
Arndt, S., 252
Arnett, M., 302
Arnold, R. M., 15
Arnold, W., 295, 339
Arnsberger, P., 236
Aroian, K., 204, 314
Aronow, W. S., 95, 90, 299, 352
Aronson, L., 156
Aronson, M. K., 26, 206
Arosio, B., 88
Arredondo, R., 95
Artale, L., 75
Arthur, A., 360
Arunachalam, S., 73
Asamoah, Y., 317
Asch, D., 215
Ashley, J., 269
Ashmore, J., 77
Ashtari, M., 214, 256
Ashton-Miller, J. A., 129
Assman, S., 336
Asthana, S., 33
*Atchley, R., 202, 218, 295, 275
Atienza, A., 46, 165
Atkinson, R., 358
Auh, S., 351
Aviles, X., 153
Axelrod, D. T., 198
Ayres, M., 301
Azen, S. P., 160
Azharrudin, M., 334
Azzouz, F., 77, 206

B

Babic, A. L., 147
Baca, D. P., 198
Baccash, E., 305
Backman, L., 198, 343
Bade, S., 93
Baden, A. R., 313
Bader, A., 351
*Bader, J. E., 371
Badley, E. M., 77
Baggio, G., 115
Bailer, A. John, 46
Bailey, E., 362
Bailey-Wilson, J. E., 18
Baio, J. E., 103
Baillargeon, L., 314
Bakal, D., 356
Baker, C., 131
Baker, D. C., 282
Baker, L. D., 33
Baker, M., 214
Baker, P., 356, 13
*Baker, S. P., 256
Baker, T. A., 18
Bakhashi, V., 302
Balada, F., 205
Balaswamy, S., 371
Bales, C., 68, 95, 60
Balfour, J. L., 158
Balkany, T., 186
Ball, K., 234, 336
Ball, L. J., 93
Ball, M. M., 55
Ball, S. F., 73
Ballinger, L., 215
Balsam, A., 204, 314
Baltes, M., 57, 76, 198
*Baltes, P. B., 114, 338
Banazak, C., 236
Bandeen-Roche, K., 18, 37, 165, 198
Bandinelli, S., 129, 131
Bandura, A., 39
Bankester, L., 156, 362
Banks, W. A., 88, 122
Bansal, A., 38
Bar, S., 88
Barber, A., 353
*Barber, C. E., 265
Barber, J. P., 264
Barbisoni, P., 130, 356
Bardawil, M., 73
Barghouthi, H., 68, 274
Barkan, B., 363
Barker, J., 196
Barker, W., 206, 33
Barnes, D., 288
Barnes, K. A., 17
Barnett, K., 132
Barnett, S. D., 300, 356
Barocas, R., 77
Baron, A. E., 292
Barrett, A. E., 360
Barrett, J., 243
Barrett, L. L., 46
Barrett-Connor, E. L., 37
Barrial, R., 356
Barrick, A. L., 18, 228
Barry, C. R., 152
Barsness, S., 6
Bartholomew, J. B., 165
Bartlett, A. D., 223
Bartmann, J., 361
Barton, K., 331, 303
Barton, W., 279
*Barusch, A. S., 236
Barziali, N., 88
Barzilai, N., 182, 241
Basch, A., 322
Basehore, P., 264
Basler, S., 100
Bass, D., 62, 147, 206
*Bass, S. A., 321, 342
Basso, C., 6
Bastani, R., 356
Bastida, E. B., 343
Basting, A. D., 227
Bata, E. J., 228
Bathon, J., 300
Bathum, L., 88
Battaglia, S., 157
Bauer, D. C., 331
Bauld, L., 322
Baum, A., 15

Baum, C. M., 19, 328
Baum, E. E., 303
Baum, M. C., 165
Baumann, K., 46, 165
Baumgardner, C., 251
Baumgarten, M., 95
Baumrind, N., 139
Baxter, J., 13, 18, 314, 360
Baylis, G. C., 256
Baylis, L. L., 236
Bazargan, M. M., 165
Beach, C. L., 356
Beach, S. R., 15
Beam, A. K., 264
Beane, J., 290
Beard, R., 322
Beard, V., 43
Beaton, C., 303
Beattie, E., 32, 274, 154
Beatty, G., 271
Beausoleil, S., 271
Beck, A., 229
Beck, C. K., 46, 55
•Beck, J., 251, 93
Becker, C., 244, 272
Becker, G., 137, 248
Becker, H., 130
Becker, M., 228
Beckett, L. A., 71, 343
Beckman, K. B., 2
Bedard, M., 356
•Bedford, V. H., 137
Bee, S., 264
Beekman, A., 357
Beeri, M. S., 236
Beers, S., 290
Behary, S. K., 332
Beitman, J., 275
Belcher, C. R., 343
Belin, T. R., 10
Bell, R., 66, 164, 44, 198
Bellantoni, M., 6, 88
Bellar, A., 270
Belle, S., 69, 246
Bellelli, G., 130, 356
Belleville-Taylor, P., 264
Bellino, F., 35
Belliston, L. M., 100
Bellnier, T. J., 131
Bemben, M., 37
•Bengtson, V., 222, 100, 197
Benn, D., 77, 106
Bennahum, D., 215
Bennett, G., 46, 141
Bennett, J., 106, 330
•Bennett, R., 165, 305
Bensing, K., 147
Benson, K. L., 172
Benson, W. F., 287
Benton, D., 136, 284
Benvenuti, E., 129, 131
Benzer, S., 183
Berdes, C. M., 163
Berens, B., 200
Berg, C. A., 17
Berg, J. A., 302
Berg, K., 13, 152, 289, 108
Berg, S., 95, 314
Bergamini, E., 326, 360
Bergeman, C. S., 198, 343
Berger, M., 37
•Berkman, B., 52
Berkman, C., 64
Berkman, L., 44, 13
Berlowitz, D. R., 246
Berman, D., 149
•Berman, H., 291, 218
Berman, J., 27, 47, 236
Bermingham, M. A., 270
Bern-Klug, M. E., 292
Bernabei, R., 264
Bernard, C., 369
Bernard, M., 165, 181
Bero, L. A., 175
Berry, B., 165
Berry, J. M., 313
Berthoff, M. A., 228, 249
Bertrand, R. M., 256
•Besdine, R., 4, 181, 259
Bethea, L. S., 315
Bettin, K., 271
Beverly, C., 55
Beyene, Y., 137, 248
Bharathan, T., 292, 305
Bianchetti, A., 46, 236, 356
Bibeau, C. A. E., 284
Bickel, J. F., 165
Bickford, J., 10
Biddlecom, A., 43
Bienias, J. L., 270
Bigelow, W., 228
Bilasano, V. B., 300
Biler, A. J., 18
Biles, B., 220
Binder, E., 93, 152, 131, 155
Binetti, G., 77, 88, 236
Bini, E., 131
Binns, M. A., 130
•Binstock, R., 199
Bird, C. E., 139
Birditt, K., 74, 139, 196
Birks, C., 334
•Birren, J., 367
Bisconti, T. L., 198, 343
Bishop, K., 286
Bjorkgren, M. A., 199
Black, A., 296
Black, H., 368
Black, S., 360, 362
Blackman, M., 6, 88
•Blanchard-Fields, F., 76
•Blanchette, P. L. 154, 165
Blanco, D., 217
Blanco, M. L., 68
Blandford, A. A., 322
Blank, K., 10, 93, 215
Blanton, C. A., 60, 131
Blaski, T., 228
Blaum, C., 252, 332
•Blazer, D., 252, 243
Blevins, D., 165, 343, 360
Bliesmer, M. M., 184
•Blieszner, R., 75, 101, 162
Blissmer, B., 165
Bloss, C., 365
Blow, F. C., 358
Blsaski, T., 362
Bludau, J., 334
Blum, M., 33
Blumenthal, M., 98
Boal, J., 173, 274
Bochniak, A. M., 316
Bodkin, N. L., 88
Bodner, E., 332
Bodyak, N., 325
Boffelli, S., 190, 284
Bogerts, B., 214, 256
Bogue, E. L., 154
Bohannon, A., 131
Bokhour, B. G., 77
Boland, R., 198
Bolda, E., 49
Bolen, J., 305
Bolger, J., 158
Bolla, L. E., 292
Bolla, L. R., 319
Bonafe, M., 115
Bonner, G. J., 136
Bonsignore, G., 157
Bookout, J. Caroline, 100
Boonin, J. M., 51
Booth, M., 198
Boothe, A. A., 310
Bopp, M., 38
Borders, K., 292
Borrayo, E. A., 27
Borrell, L. N., 185
Borrie, M. J., 303
Borrouso, L. B., 18
Borst, S. E., 88
Bosch, J., 29, 30, 111, 148, 207
Boswell, D., 351
Bosworth, H. B., 134
Botella, J. J., 264
Botsford, A. L., 112
Bott, M. J., 322
Bottrell, M., 173
Bould, S., 235
Bourgeois, M., 18, 156, 160, 314
Bowen, J., 46, 115, 123, 135, 333
Bowen, L. E., 157
Bower, A., 191, 341
Bowers, B. J., 145
Bowers, K. N., 198
Bowler, S., 309
Bowles, K. H., 184, 332
Bowman, E., 275
Bowman, J. L., 21
Bowman, K. F., 55, 206
Boyce, A., 46, 69
Boyer, R., 343
Boyette, L. W., 45
Boyle-Giannini, K., 372
Brackett, K., 162
Bradham, D. D., 303
Bradley, D., 295
Bradley, E., 144, 292, 78, 159
Bradsher, J., 165, 289
Brallier, S., 284
Bramlett, M., 139
Branco, K., 282
Brandstetter, R., 38
Brandt, J., 97
Brangman, S., 206, 262
Branin, J. J., 256
Brant, L. J., 272
•Braun, K., 144, 167
Braun, U., 356
Brauner, D., 38
Braunschweig, H. M., 55
Bravo, G., 343
Brendle, D., 303, 331, 360
Brenes, G., 77, 314, 360
Brennan, F. C., 163, 284
Brennan, M., 221, 360
Breuer, B., 334
Brewer, B., 301
Brewster, S., 115, 123, 182
Briller, S., 236
Brink, C., 305, 8
Brinker, J., 163, 314
Brintnall-Peterson, M., 142
Britan, L. S., 228
Brochelt, D., 3
Brock, K., 270
Brockwood, K., 281
Brod, M., 351, 55
Brodowski, A., 246
Brodsky, M. J., 15
Brody, C. M., 355
•Brody, J. A., 38
Broese van Groenou, M. I., 357
Brooke, V. V., 246
Brookover, C. B., 106
Brooks III, J. O., 256
Brooks, M., 300, 356
Brooks-Oakley, M., 27
Brown Jr., E., 25
Brown, D., 99, 138, 308
Brown, E., 55, 246
Brown, J. S., 18, 360
Brown, K., 152
Brown, M., 190, 244
Brown, P. J., 280, 368
Browne, C., 41
Bruce, C., 10
Brun, K., 53
Brunk, U. T., 2
Brunt, A. R., 66
Brutus, P., 55
Bryan, J., 275
Bryant, L. L., 198
Bubeck, C., 254
Bubolz, C., 31
Buchanan, J., 77, 337
Buchman, C. A., 356
Buchner, D., 6
Buckley, C. J., 343
Bucknell, M., 351
Buckwalter, J. G., 212
Buckwalter, K., 128
Bucur, A., 349, 213
Budge, R., 292
Buettner, L., 32
Buettner, L. L., 77
Bula, C. J., 243
Bunyard, L., 303
Burack, O. R., 188
Burant, C., 18, 308
Burbank, P., 79
Burchett, B. M., 329
Burck, R., 173
Bures, R. M., 351
Burge, S. K., 37
Burgener, S., 46
Burger, S. G., 201
Burgio, L., 18, 69, 160, 228, 284, 337, 362
Burgion, L., 314, 156
Burke, D. T., 325
Burke, H., 174
•Burkhauser, R. V., 114
Burnand, B., 243
•Burnette, D., 27, 197, 320
Burns Allen, O., 360

Burns, M. J., 314
Burns, R., 69
Burr, J., 88, 159, 321
Burton, K., 27
Burton, L., 15, 226, 274
Busby-Whitehead, J., 94, 147, 331
Buschmann, M. T., 212
Bustillo, A., 68
Butler, E. W., 264
•Butler, R., 227, 321
Butt, W., 88
Buttar, A., 332
Butts, D., 142

C

Cadelo, M., 129
Cadogan, M. P., 356
Cagan, P., 262
Cagney, K., 314
Cai, C., 325
Cain, K. C., 245
Cain, V. A., 314, 343
Cairl, R. E., 228
Calasanti, T., 41, 159
Calderon, A., 73
Caldwell, C. H., 223
Calkins, M., 80, 156, 219, 236, 360
Call, V., 348
Camaione, D. N., 303
Camberg, K., 4
Camberg, L., 269
Cameron, I. D., 356
Cameron, K. A., 157
Camp, C., 228, 360
Campbell, G., 356
Campbell, J., 10, 264
Campbell, M. L., 26
Campbell, R., 223
Canetto, S., 228
Cantone, A., 131
•Cantor, M., 68, 142, 206, 262, 347
Capello, C., 274
Capezuti, E., 42, 130
Capitman, J., 318
Caporotundo, S., 246
Capozzi, J., 125, 190
Caputo, R., 335
Caputo, W., 88
Caramela-Miller, S., 165, 234
Carbonin, P., 152
Carder, P., 351
Carell, A., 46, 147
Carey, J. R., 88
Carlson, B., 131, 157, 269
Carlson, M. C., 198
Carmelli, D., 77, 88
Carney, C., 252
•Caro, F., 48, 204, 321
Carosella, L., 152
Carpenter, B. D., 264
Carr, D., 44, 132
Carrillo, F., 292
Carru, C., 115
Carson, L., 109, 164
•Carstensen, L. L., 39, 139, 198
Carter, J. M., 188
Cartwright, C., 244
Cartwright, R., 27
Case, L. D., 66
Caserta, M., 18, 27, 309
Casini, N., 356
Caskie, G., 18, 256
Casperson, L., 228
•Cassel, C., 114, 147, 173, 274
Cassidy, E. L., 228
Castel, A. D., 106
Castelletti, F., 236, 284
Casten, R., 314
Castillo-Castaneda, C., 97
Castle, J., 62
Castle, S., 95, 246
Castrejon, M., 38
Castro, C., 165
Catalano, F., 157
Cataldi, L. A., 190, 292
Cattaneo, M. T., 343
Cavallini, G., 326
•Cavanaugh, J. C., 46, 75, 313
Cawthon, R., 2
Center, J. R., 272
Ceranski, S., 77
Chadha, N. K., 165
Chadiha, L. A., 140
Chafetz, P. K., 246
Chalian, A. A., 65
Chambers, C. K., 139
Chan, A., 43, 246
Chan, V. W., 329
Chandler, A. L., 284
Chandler, J. M., 130
Chang, B., 91, 264
Chang, H., 140, 360
Chang, M. C., 43
Chang, R. W., 186
Chang, S., 356
Chao, D., 46
Chapin, R., 109
Chapleski, E., 343, 350
Chapman, L., 295
Chapman, N. J., 351
•Chappell, N., 284, 311
Chase, G., 343
Chatman, C., 228
Chatters, L. M., 99, 196
Chau, T. M., 284
Chaves, P. H., 300
Chavez, E., 185
Chayovan, N., 43
Chee, Y. K., 46, 236
Cheitlin, M. D., 299
Chelluri, L., 246
Chen, C., 356
Chen, J., 88
Chen, L. M., 314
Chen, M., 256
Chen, P., 360
Chen, X., 106
•Chen, Y., 193, 232
Cheng, S., 17, 77
Cherlin, E. J., 292
Chernew, M., 20, 264
Cherniack, E. P., 212
Chernoff, R., 278
Cherry, K., 256
Cherry, R., 284
Chevalier, L., 95, 246
Chi, I., 106
Chi, P. S., 165
Chiang, L., 204
Chiarlone, M., 331
Chichin, E. R., 188
Chien, Y., 85
Chiodo, L. K., 33
Chipperfield, J. G., 77
Chirico, G., 292
Chiu, A., 217
Chodosh, J., 274
Choi, E. E., 133
Choi, L. H., 106
Choi, N., 85, 232
Chong, Y. C., 356
Chopp, M., 343
Chopra, A., 67
Chou, K. L., 106
Chren, M. M., 95, 333
Christakis, N., 228
Christensen, K. A., 106
Christianson, A. L., 292
Christmas, C., 6, 88, 270
Christner, L. A., 55
Chrousos, G., 6
Chu, L., 274, 217
Chumbler, N. R., 46, 55
Chumlea, W. C., 6, 7
Chung, H., 370
Chyun, D., 211, 356
Ciampa, B., 305
Cicchetti, D. V., 144, 292
•Cicirelli, V. G., 228
Ciocon, J., 66
Cizza, G., 6
Clark, A., 334
Clark, C., 351, 215
Clark, D. O., 360
Clark, E., 279
Clark, F. A., 160
Clark, J. A., 77
Clark, M. Cherie, 139
Clark, P., 79
Clark-Plaskie, M., 256
Clarke, P. J., 77
Clausen, D., 95
Clawson, D., 174
Clay, O. J., 136, 362
Climo, A. H., 223
•Clipp, E. C., 46
Clipp, J., 228
Clott, C., 77
Coburn, A. F., 49
Cochran, D., 46
Cody, M., 46
Cogliano, J., 329
Cohen, A., 360
Cohen, D., 18, 292, 343
Cohen, D. D., 10
•Cohen, G., 230, 97
•Cohen, H., 153, 329
Cohen, S. J., 94
•Cohen, U., 80
•Cohen-Mansfield, J., 145, 362
Coker, L., 9
Colditz, G. A., 44
Cole, K., 264
•Cole, T., 248, 250
Cole, W. G., 245
Coleman, E. A., 203
Coleman, J., 284
Coleman, N., 261
Coleman, P. G., 280
•Colling, J., 129
Colling, K., 32
Collins, C., 236
Collins, K. J., 75
Collins, R., 46
Collins, T., 228
Colman, R., 88, 296
Compton, J., 315
Comsti, E. A., 10
Comstock, G. W., 333
Conard, C., 68
Connell, B., 8, 128, 246
Connell, C. M., 147
Connelly, J. R., 274
Connidis, I. A., 284
Connor, J. H., 18
Constantino, G., 370
Cook, A. S., 216
•Cook, F. L., 85, 114
Cook, J. M., 161, 194
Cook, T. K., 226
Cook-Daniels, L., 51
Cooley, D. M., 88
Cooley, S. G., 274
Coolidge, F. L., 343
Coon, D., 69, 58, 365
Cooney, T. M., 190
Cooper, B. A., 18
Cooper, J., 259
Coppin, A. K., 68
Corazzini, K. N., 48
Corbett, K. K., 198
Corcoran, M., 46, 104
Corcoran-Perry, S., 104, 206
Cordonier, C., 16
Cordonnier, C., 367
Cornelius, E., 330
Corrigan, M. C., 292
Corsi, A., 129, 131
Costa Jr. , P. T., 158
Costello, R. F., 372
Cote, J., 336
Cotrell, V., 360
Cotter, E. M., 46
Cotter, J. J., 235
Counsell, S., 333
Counte, M. A., 11
Courtney, G., 88
Covan, E. K., 139
Covinsky, K., 333
Coward, R., 336
Cox, B. K., 106
•Cox, C., 100, 197, 320
Cox, E. R., 264
Cox, L. S., 228
•Coyne, A. C., 314
Cranston, T., 64
Craven, T., 314
Cravens, D., 95, 322
Crawford, W. Y., 139
Creedon, M. A., 228, 371
Crespo, C., 270
Crespo, E., 73
Cress, E., 33, 190
Crimmins, E., 18, 44, 71, 88, 106, 134, 158
Cripps, D., 244
Crisp, S., 316
•Cristofalo, V., 325
Crocco, E., 256
Cromwell, S. L., 302
Crooks, V. C., 212

Crose, R., 355
Crouch, B., 224
Crowley, B., 343
Crowther, M. R., 138
Cruise, P. A., 332
Csauley, J., 18
Csokasy, J., 46
Cucinotta, D., 88
Cuddy, T. E., 198
Cuellar, I., 343
Culp, K., 334
Cumming, A., 77
Cumming, R., 356
Cummings, N. A., 257
Cummings, S. M., 264
Cummings, V., 77, 271
Cunningham, S., 42
Cunningham, W. R., 139
Cupertino, A., 280, 308
Curb, J. D., 154
Curry Walker, L., 8
Curry, L., 78, 93, 246
Curtiss, K., 351
Curtsinger, J., 120
Curyto, K., 343
Curzio, J., 18
Cusumano, A. M., 88
Cutler, N. E., 258
Cutter, J. A., 175
Cypser, J. R., 88
Czaja, S., 45, 69, 256, 306, 336, 365
Czarnowski, E. J., 246

D

D'Agostino, R., 106
Daciuk, J., 83
Dahl, D., 10
Daichman, L., 106, 141
Dailey, M., 9
Dal Santo, T. S., 322
Daley, L., 46
Dallera, I., 157
Dalley, G., 169
Daly, D., 68
Daly, K., 27
Daly, M., 115
Dalzine, L., 140
Damrom-Rodriguez, J., 95, 147, 246
Damush, T. M., 360
Danigelis, N. L., 72, 159
•Dannefer, D., 363
Dannefer, W. Dale, 351, 360
Danner, D. D., 38, 89
Dansky, K. H., 332
Dasgupta, M., 130
Dasmahapatra, A., 190
Dauenhauer, J., 78, 171
Davey, A., 100, 103, 115, 158
David, D., 361
Davids, H. S., 214
Davidson, F., 57, 374, 375
Davidson, K., 72
Davidson, M., 236
Davidson, P. W., 286
•Davies, B., 24, 322
Davies, H. D., 365
Davies, K., 267
Davis, C., 94
Davis, L., 27, 88, 174
Davitt, J. K., 292, 322
Dawson, D., 115, 147
Dawson, P., 8
Day, K., 80, 219
Day, M., 66
De Alfieri, W., 331
De Benedictis, G., 115
de Beurs, E., 357
de Figueredo, J., 152
de Frias, C. M., 198
de Grey, A. D.N.J., 2
de la Cruz, M., 343
De Leo, D., 356
De Paul, V., 244
de Rekeneire, N., 305
De Vita, C. J., 351
de Vries, B., 12, 224, 254
DeCoteau, W. E., 88
DeGoede, K. M., 129
DeJonge, E., 272
del Aguila, L. F., 88
DeOllos, I. Y., 228
DeVaney, S. A., 85
DeViney, S., 106, 159
Dean, M., 332
Decker, I., 144
Deeg, D. J. H., 228
Deeg, D. J.H., 243, 357
Degenholtz, H. B., 292
Deimling, G., 206, 174
Dejana, L., 115
Del Campo, V., 68
Del'Aune, W. R., 284
Deligatti, G., 77
Delle Donna, B., 190
Dellefield, M. E., 199
Dellmann-Jenkins, M., 206
Dello Buono, M., 356
Deloughery, M., 95
Demirovic, J., 224
Dempster-McClain, D., 205
Denning, M. D., 152
Dennis, K., 149, 331
Dent, P., 107
Dentinger, E., 46
Denton, M., 46
Derry, H. A., 147
Detsky, A., 272
Devereux, J., 356
Dey, A., 25
Dey, A. N., 55
Dhanani, S., 95
Di Bari, M., 7, 331
Di Iorio, A., 129, 131
Di Modica, F., 131
Diaz Moore, K., 80
Diaz, P., 77
Dick, K., 91
Diehl, M., 139
Diggelmann, L., 334
Dijkstra, K., 18, 156, 160
•Dilworth-Anderson, P., 106, 136, 226
Dimond, M. F., 214
Dinh, T., 270
Diwan, S., 20, 345
Dixit, P. S., 129
Dixon, R., 18
Dixon, R. A., 198, 256, 343
Dobbs, D., 55, 109
Dobrof, R., 342
Dobrovolny, L., 303
Dodds, M. W.J., 185
Dogra, S., 131
Doherty, E., 8
Dolan, M. M., 271
Dolansky, M., 93
Dolfi, C., 360
Dominguez, A., 343
Dominick, K. L., 157
Dominquez, S., 301
Donati, A., 326
Donelson, S. M., 55
Donnarel, G., 305
Doody, R., 343
Doraiswamy, P. Murali, 98
Dore, P., 140
Dorfman, L. T., 171
Dorly, D., 357
Doty, L., 72
Doty, P., 50, 316
Dougherty, D., 308
Dougherty, L., 73, 247, 343
Douglass, C., 356
Douvan, E., 223
Douzinas, R., 339
Dow, E., 141
Dowling, G. A., 214
Downes, D., 163, 284
Downs, M. G., 19
Doyle, C., 160
Doyle, K., 93
Doyle, M. E., 46
Dragovic, L. J., 292
Drebing, C., 46
Drescher, K., 161
Drew, J. C., 246
Drew, L. M., 197
Drewnowski, A., 278
Drinka, T. J.K., 79
Drolet, G., 6
Drozdick, L., 77
Druley, J. A., 46, 77, 228, 249
Drungle, S. C., 249
Drusini, A. G., 198
Drzewiczewsi, M., 371
Du Bois, B. C., 74, 105
Duara, R., 33, 206, 256
Duberstein, P., 100, 360
Dubin, S., 346
Dubin-Rosenberg, D., 371
Ducan, P., 217
Duffy, M., 83, 355
Dugan, B., 9
Dugan, E., 94, 331, 334, 339
Duggan, J. E., 193
Duke, B., 285
Dulka, I. M., 147
Dumaguing, N., 93
Dunbar, J. M., 322
Duncan, P., 356, 95
•Dunkle, R., 136, 360
Dunlop, D. D., 186
Dunn, J. E., 185
Dunn, P., 354
Dupree, L., 358
Durand, E., 125
Durkin, A., 190
Dwyer, S., 18
Dyer, C. B., 292

E

End, E., 46
Earnst, K., 310
Eaton, J., 328
Eberly, S., 8
Ebersole, P., 212
Ecclestone, N., 366
Echt, K., 256, 351, 45
Eckert, D., 106
Eckert, J. K., 206, 311
Eckert, J. M., 163
Edelman, T., 287
Edelstein, B. A., 77
Edelstein, S. C., 258
Eder, R. V., 18
Edes, T. E., 95
Edinger, W. J., 292
Edlund, B., 354
Edmondson, R., 228
Edson, P., 68
Edwards, A. B., 284
Edwards, D. F., 19
Edwards, K. R., 77
Eggen, A. E., 157
Eggers, S. J., 360
Eilertsen, T. B., 203
•Eisdorfer, C., 69, 73, 306
Eiseman, J., 212
Eisendrath, S., 67
Eisenhandler, S., 218, 280, 368
Eisenstadt, R., 21
Eisman, J. A., 272
Eisner, S. B., 106
Ejaz, F., 145, 311
Ek, K., 212
•Ekerdt, D., 159, 279
Elder Jr. , G., 197
Eleazer, G. P., 198, 228
Ellig, N. R., 106
Elliot, M., 4, 302
Ellison, C., 196
Else, B., 190
Elson, R., 68
Elston, C., 162
Elswick, R. K., 217
Emerman, J., 105
Emerson Lombardo, N. B., 204
Emery, C. F., 77
Emick, M., 320
Emlet, C., 317
Empleo-Frazier, O., 356
Emsley, C. M., 360
Enberg, S., 305
Eng, C., 173
Engberg, R. C., 70
Engel, R. J., 165
Engelman, K. K., 337
•Engle, V. F., 156, 246, 330
Enloe, M., 31
Ennis, J. M., 264
Ennis, N. E., 46
Ensrud, K., 18
Enyeart, S. M., 206
Erber, J. T., 340
Erickson, M. A., 263
Erikson, J., 57
Esbaugh, J., 356
Eshelman, P., 263
Esker, D., 152
Espeland, M., 9
Espino, D. V., 302
•Estes, C., 21, 170, 236, 322, 370

Estigarribia, M., 264
Etchells, E., 272
Euhardy, R., 31
Euster, G. L., 147
Evans, B., 79
Evans, D. A., 270, 343
Evans, G., 263, 205
Evans, J. M., 6
•Evans, L., 42
Evans-Ross, A., 343
•Evashwick, C., 285
Evdokushkina, G. N., 88
Eve, R., 27
Everard, K. M., 165, 328
Evers, C., 10
Evinger, J. S., 360
Evler, A. E., 51
Exon, J. H., 297
Eyler, A. E., 51

F

Fabiny, A., 68
Fabiszewski, K. J., 269
Factor, A., 112
Fadem, P., 40
Fagnoni, C. M., 193
Fahey, M. C., 22
Fairbairn, T., 334
Falcon, L. M., 247
Fallin, D., 256
Fan, M., 300
Farkas, J. I., 46
Farr, S. A., 122
•Farran, C. J., 133
Fast, J., 74
Faulkender, P., 18, 139
Faulkerner, K., 37
Faulkner, K., 37
Feighner, S., 150
Feinberg, J. L., 157
Feinberg, L. F., 288, 307
Feld, S., 136
Feldman, M. L., 91
Feldman, P., 48, 55, 264, 322
Feldt, K., 126, 37
Feledy, S., 290
Felton, D. M., 9
Feng, D., 101
Fenster, J. R., 302
Fernandez, C., 157
Fernandez, J., 322
Ferrara, G., 157
Ferrara, M. S., 190
Ferrari, A., 221, 246
•Ferraro, K. F., 16, 71, 343
Ferrell, B., 93, 273
Ferrer, M., 18
Ferretti, L. E., 135
Ferris, H., 88
Ferrucci, L., 7, 18, 95, 129, 131
Festa, N. A., 292
Fick, D. M., 305
•Field, D., 101, 137
Fields, G. I., 284
Fields, H. A., 287
Fifield, J., 106
Filinson, R., 79
Fillenbaum, G., 131, 305, 356
Fillmore, H. H., 351
Finch, B., 343
•Finch, C., 121
Finch, M. D., 329
Finestone, A. J., 243
Fingerman, K., 74, 101, 139, 196, 224
Fink, A., 251
Finke, B., 350
Finkel, S., 231
Finlayson, M., 322
Finne-Soveri, U. Harriet, 199
Finnegan, T. P., 334
•Fischer, L. R., 229
Fisher, B. M., 343
Fisher, E. B., 165
Fisher, J. E., 77, 337
Fisher, N. M., 302
Fisher, S., 228, 314, 362
Fishman, L., 201
Fiske, A., 73
Fitch, V. L., 371
Fitzgerald, C., 366
Fitzgibbon, T., 284
Fitzpatrick, T. R., 174
Fitzwater, E. L., 166
Flacker, J. M., 271
Flaherty, E., 126
Flaherty, J. H., 174
Flandermever, D., 165
Flannagan, S., 343
Fleisher, C. L., 249
Fletcher, K., 356
Flinn, W. R., 303
Flood, J. F., 122
Fogel, D., 8
Fogel, J., 64
Fogg, L. F., 133
Foland, K., 269
Folette, V., 161
Foley, L. S., 282
Folsom, L., 8, 246
Fomby, P., 102
Fonda, S., 252
Foos, P. W., 139
Forbes, S., 292, 322
Force, L., 286
Ford, G. A., 6, 88
Ford, M., 253
Forde, D., 10
Foreman, M. D., 332
Forette, F., 7
Fortier, I., 154
•Fortinsky, R., 18, 78, 106, 5, 236
Foster, A., 13
Fotherby, M. D., 95
Fox, A. R., 274
Fox, M. H., 303
Fox, P., 236
Fox, S., 224
Foy, A., 356
Fradai, G., 131
Franceschi, C., 115
Francis, D., 248
Frank, E., 243
Frank, J. C., 11
Frankel, R. R., 322
Frankenberg, E., 43
Franks, J., 82
Franks, M. M., 106
Franse, L. V., 7, 331
Frantz, R., 273
Franxoni, S., 190
Franzoni, S., 356
Frattola, L., 246
Frazier, L., 360, 46
Frederick, J., 74
Fredericks, D., 77, 337
Fredman, L. L., 18
Freed, S. A., 68
Freedman, M., 185, 321
•Freeman, I., 144
Freeman, J. L., 308
Freeman, M., 242
Frengley, J. Dermot, 64
Frerichs, R., 256
Freshley, H. B., 172
Freund, A. M., 338
Frick, K. D., 26, 85
Fried, L., 129, 18, 88, 198, 300, 333
Fried, S., 228, 27
Fried, T., 78, 144, 292
Friedan, B., 57
Friedland, R., 114, 276
Friedman, D., 270, 272
Friedman, E., 325
Friedman, L. F., 256
Friedman, P. K., 217
•Friedsam, H., 222
•Fries, B. E., 199, 332
Friesen, W. V., 89
Frisoni, G. B., 77, 236
Frost, M., 38
Frost, R. L., 371
•Fry, P. S., 280, 309
•Frye, C., 133
Frytak, R., 168
Fukawa, T., 369
Fukaya, t., 206
Fulks, J. Steven, 284
Fuller, J. D., 58
Fuller-Thomson, E., 138
Fullmer, E., 174
•Fulmer, T., 126, 147, 211, 216, 242
Fulton Picot, S. J., 18
Funderburk, B., 147
Fung, D., 138
Fung, H. H., 139
Fung, T., 356
Funston, D. L., 246
Furbush, L. I., 8
Furstenberg, A. A., 46
Furukawa, T., 18
Fusaro, L., 88, 157
Futterman, A., 280, 368

G

Gabaldon, A. M., 88
Gabriel, R., 190
Gabriely, M., 88
Gaede, D., 284
Gage, B., 203
Gagliano, N., 88
Gagnon, M., 242, 283
Gainvecchio, L., 351, 360
Gajdoski, R. L., 153
Galanos, A., 42, 167
Galati, D., 343
Galindo, D. J., 66
Gallagher-Thompson, D., 69, 228, 365
Gallo, W. T., 159
Galluzzi, S., 88
Gambassi, G., 264
Gambert, S., 328
Gamdle, J., 10
Gammonley, D., 46, 343
Ganesan, K., 334
Ganir, C., 327
Gans, D., 47
Gantz, F., 8, 246
Garbarino, K. A., 157
Garcia, A., 185
Gardner, A. W., 153, 157, 303
Garner, C., 264
Garner, H. G., 147
Garrett, M., 146
Garrett, S. K., 78
Garris, J. M., 106
Garry, P. J., 215
Garska, T., 174
Gaspar, P., 274
Gates, D., 166
Gatti, S., 356
Gatz, M., 14, 73, 77, 222, 364, 314
Gaugler, J. E., 236
Gautam, S., 26
Gauthier, M., 274
Gauvreau, D., 154
Gavin, T., 165
Gavrilov, L. A., 88
Gavrilova, N. S., 88
Gazaev, M. A., 356
Gazewood, J. D., 322
Gebhard, T. M., 174
Gebremariam, A., 264
Gee, K., 93
Geisinger, J., 95, 246
Gekoski, W. L., 106
Gelb, B., 88
Gelber, R., 44
Geldart, K., 312
Gelehrter, G. L., 152
Gell, N., 93
Genge, T., 271
Gentili, A., 157, 302
•George, L., 46, 99, 132, 202, 275, 311, 315
George, S. M., 198
Georges, A., 93
Gerety, M. B., 245
•German, P. S., 272, 274
Geroldi, C., 88
Geron, S., 48, 231
Gerson, S., 10
Gerstle, J., 46, 156, 362
Gesen, K., 133, 165, 197, 284, 343, 360
Gessert, C., 292
Ghatak, R., 55
Ghezzi, E. M., 129
Giaquinto, E., 133
Giardini, G., 157
Giardini, S., 129
Giarrusso, R., 101, 138
Gibbons, L., 97, 135, 333
Gierl, B., 236
Gifford, D., 139, 246
Giglio, E., 206
Gignac, M., 77

Gilbert, M. S., 125, 190
Gilhooly, M., 18, 284
Gilhooly, M. L., 174
Gill, M. S., 176
Gill, T., 209
Gillick, M., 68
Gillingham, R., 193
Gilmer, D. F., 46
Gilmore, C. G. G., 128
Gilmore, G., 73
Gilster, S., 219, 246
Girman, C. J., 130
Gist, J., 85
Gitlin, L., 69, 73, 104, 228
Gitlin, N., 46
Giuliani, C., 331, 68
Given, B. A., 77
Given, C. W., 74, 206
Gladstone, J., 206
Gladyshev, G. P., 356
•Glascock, A. P., 45
Glasgow, N., 234
Glass, T., 78, 13
•Glasse, W. L., 170
Glasser, M., 13, 44, 284
Glazer, K., 77
Glew, P., 368
Glickman, L., 48, 231
Glicksman, A., 161, 283
Glidewell, R. S., 18
Glista, S., 147
Glittenberg, J., 301
Gloth, F. M., 94
Gnanasakthy, A., 165
Godfrey, D., 360
Godschalk, M., 302, 305
Goerz, E., 351
Goins, R. Turner, 55
Golberg-Glen, R. S., 335
Gold, C. H., 95, 157
•Gold, D., 12, 46, 77, 165
Gold, P., 370
•Goldberg, A., 6, 65, 149, 153, 303
Goldberg, S., 322
Goldberg-Glen, R., 320, 335
Golden, A. G., 300, 351, 356
Goldenberg, G., 292, 305
Goldlist, B., 272
Goldman, E., 290
Goldnetz, J., 73
Goldsmith, C. H., 356
Gollub, E. A., 174
Golubchikov, V., 190
Gomez, R. G., 77
Gomez-Marin, O., 186
•Gonyea, J. G., 21, 169
Gonzales, R., 46
Gonzalez, E., 305
Gonzalez, G., 343
Gonzalez, S., 130, 131
Goode, K. T., 136
Goode, P. S., 18
Goodkin, K., 73
Goodlin, S. J., 10
Goodman, B., 38
Goodman, C. R., 206
Goodman, R. M., 162
•Goodwin, J., 186, 270, 308, 360
Goodwin, P., 162, 343
Goodwin-Beck, M., 348
•Gordon, M., 38
Gorelik, Y., 147
Gori, Z., 326, 360
Gorizia, A., 131
Gosselink , C. A., 139, 284
Gothe, C. L., 156
Gothelf, E. J., 360
Gottlieb, A. S., 48
Gottlieb, G., 163, 370
Gottlieb, M., 305
Gould, E., 242
Gould, O. N., 256, 340
Gould, R., 356
Gozalo, P., 199
Grabert, B., 10
Grabowski, J. G., 256
Grabusic, C. C., 351
Graham, S. A., 147
Gramling, L., 46
Grandjean, H., 67, 333
Grando, V. T., 228
Grandy, D., 3
•Graney, M. J., 156, 246
Granieri, E., 274
Granieri, E. C., 215
Grant, M. D., 38
Grant-Griffen, L., 320
Granville, L., 94, 356
Gravdal, J., 284
Graves, A., 46, 157, 256, 333
Gray, S. L., 157
Green, D., 156, 219
Green, R. C., 345
Greenberg, D., 262
Greenberg, J. S., 19
Greenberg, S., 126
Greene, A., 83
Greene, M., 339
Greenfield, T., 251
Greengross, S., 347
Greenlees, J., 193
Greenlick, M., 318
Greenspan, A., 217
Greenwald, B. S., 214, 256
Gregerman, R. I., 149
Greggi, M. E., 131
Gregoratos, G., 352
Gregory, J., 340
Gregory, P. C., 334
Greiner, L. H., 77
Greiner, P., 211
Grenfell, T. J., 88
Griebling, T. L., 94, 242
Griffin, C. L., 15
Griggs, M., 10
Grillo-Chope, L., 369
Grim, C., 185
Grisoni, G. B., 88
Groebe, J., 229
Groene, L. A., 66
Groger, L., 360
Gross, A., 144
Gross, D., 264
Grossberg, G. T., 77
Grossman, M. D., 165
Grover, A., 5
Gruber, R., 36
Gruber-Baldini, A., 55, 83, 95, 274
Gruman, C., 10, 93, 215, 246
Grundy, E., 314
Grzywacz, J. G., 106, 174
Guarnaccia, C., 228
Gueldner, S. H., 18
Guerette, A., 314
Guinther, P., 228
Gunter-Hunt, G., 38
Guo, S., 7, 6
Guo, X., 340
Guo, Z., 204
Gupta, G., 88
•Gupta, K., 152, 174, 269, 292, 356
Gupta, R., 371
Guralnik, J., 18, 37, 95, 131, 165, 209
Gurland, B., 33, 253, 95
Guro-Razuman, S., 10, 68
Gute, J., 38, 89
•Gutman, G., 312
•Guttman, D., 342
Guttman, K., 246
Guttman, R., 68
Gwalloway, S., 103
•Gwyther, L., 140

H

Haan, M. N., 280, 308
Haas, W., 159
•Haber, D., 174
Haber, M., 216, 217, 372
Habermann, R., 38
Hackman, C. H., 356
Hadden, J., 77, 337
Hadley, E., 35
Haefner, G., 256
Haertlein, C., 77
Hagopian, K., 88
•Haight, B., 46, 154, 354
Hajjar, I., 185
Hakkinen, U., 199
•Haley, W., 69, 136, 228, 247, 306, 343
Hall, G., 6
Hall, K., 88
Hall, M., 222, 334
Hall, W., 181
Hallebeck, J. L., 245
Halunko, L., 147
Halverson Jr. , C. F., 158
Hamaguchi, T., 191, 340
Hamden, K., 300, 356
Hamer, L. B., 281
Hamilton, H., 191
Hamm, R., 305
Hamman, R. F., 13, 18, 314, 360
Hammel, J., 45, 349
Hammer, L. B., 281
Hammerman-Rozenberg, R., 360
Hammond, A., 310
Han, B., 247
Han, E. S., 325
Handy, A., 210
Hankin, C. S., 246
Hanlon, J., 131, 243, 298, 305, 329
Hannibal, M., 325, 46
Hannson, R., 12
Hansen, B. C., 88
Hanson, L., 217
Hansson, R., 12, 198
Happ, M. B., 42
Harada, N., 95
Harahousou, Y., 165
•Hardy, M., 279, 315
Hare, J., 292
•Harel, Z., 283, 311
Hargreaves, W. A., 229
Harker, J., 68, 243, 274, 356
Harman, S. M., 6, 88
Harper, D., 216
Harper, J. M., 247
Harrington, A., 140
Harrington, C., 55, 184
Harris, D., 190
Harris, E., 18
Harris, L. A., 343
Harris, P., 104
Harris, T. B., 331
•Harrison, D., 88, 162
Harrison, J. M., 345
Hartman, M., 331
Hartman, R., 77
Harvell, J., 203
Harvey, R., 97, 216
Harwood, D., 33, 206
Harwood, J., 284
Hasan, N., 269
Haskell, W. L., 165
Hastings, R., 6
Hatch, L. R., 139
Hatcher, K., 89
Hauber, A. Brett, 165
•Haug, M. M., 46
Haug, M. R., 134
Hausdorff, J. M, 360
Haut, M., 206
•Havens, B., 165, 198, 222
Havlik, R., 329
Havstad, S., 95, 253
Hawes, C., 83, 235
Hawkes, W., 130, 271
Hay, J., 160
Hayden, D. W., 88
Hayek, M. G., 88
Haynie, D. A., 314
Hays, J., 12, 42, 132, 275, 315
Hays, R., 251
•Hayslip, B., 15, 228, 320, 335, 343, 351
Hayward, L., 46
Hayward, M., 71, 134
Hazlitt, J. E., 256
Headen, A. E., 314
Hearn, D., 285
Hebel, J. R., 55, 83, 130, 274
Hebel, R., 271
Hebert, R., 343
Hecht, D., 316
Heck, R., 144
Heckhausen, J., 76
Hedlund, C., 269
Hedrick, S. C., 168
Hegeman, C., 171
Heidebrink, J., 236
Heidrich, S. M., 305
Heim, J. M., 88
Heinze, E., 360
Heller, D. A., 157

Heller, K., 14, 222
Heller, T., 103, 189, 336, 349
Helson, R., 195
Helzlsouer, K. J., 333
Henderson, C., 206, 335, 286
Henderson, M. L., 217
Henderson, N., 164
Henderson, P., 165
*Hendricks, J., 40
Hendrix, S., 8, 46
*Hennessy, C. H., 350
Hennessy, M., 220
Henricks, J. A., 236
Henson, K. D., 139
Hepburn, K., 104, 206
Herd, P., 351
Hermalin, A., 43, 87
Hermanson, S., 351
Hernandez, M., 82
*Hertzog, C., 313
Hertzsprung, M., 163, 314
Herzik, M., 257
*Herzog, A. R., 13, 198, 252
Heuser, M. D., 303
Hewitt, S., 360
Heydari, A., 327
Heyman, A., 356
Heymsfield, S. B., 68
Hickey, E. C., 246
Hickey, E. M., 314
Higami, Y., 88
Higgins, A. B., 161, 194
High, D., 89
Hills, W. E., 314
Hilsenbeck, S., 325
Himes, C. L., 44
Hinck, S. M., 106
Hiner, P. P., 215
Hines, M., 152
*Hinrichsen, G. A., 106
Hinterlong, J., 321
Hinton, L., 204
Hirsch, C., 15, 244, 344
Hirsch, M., 145
Hirsch, R., 18
Hirst, J., 93
Hirth, R., 264
Hiscock, M., 228
Ho, P., 264
Hobbins, M. J., 185
Hochberg, M., 37, 303
Hockenberger, M., 27
Hodes, R. J., 35
Hoeffer, B., 228
Hofer, S. M., 367
Hoffman, C. J., 139
*Hofland, B., 107
Hofmeister, H., 106
Hokenstad, M., 317
Holahan, C., 198
Holkup, P. A., 10
Hollis-Sawyer, L. A., 292
Holloszy, J. O., 157
Holm, M., 330
Holm, M. B., 67, 243
Holmes, D., 55, 97, 219, 253
Holmes, F., 356
Holmes, S., 147, 284
Holstein, M., 40, 277
Holston, E. C., 313
Holt, J., 38
Holt, S., 88
Holthaus, D., 203
Holtsberg, P., 115, 139, 345
Holy, M. Trinidad, 243
Honda, Y., 343
Hood, L., 325
Hook, J. N., 343
*Hooker, K., 46, 360
*Hooyman, N., 41, 78
Hopkins, B., 63
Hopp, F., 167
Hoppin, T., 192
Horgas, A., 39, 314
Horiuchi, S., 88
Horn, M. C., 139
Horn, S. D., 216
Horner, A., 269
*Horowitz, A., 128, 206
Horsburgh, D., 18
Horwitz, B. A., 88, 131
Horwitz, S. M., 144, 292
Hougham, G. W., 38, 89
Housen, P., 70
Howard, A., 150, 198
Howe, J., 52, 147, 173
Howland, J., 336
Hoyl, T., 68, 356
Hoyt, D. R., 222, 284
Hsaio, H., 217
Hsines, P. S., 174
Hu, J., 214, 256
Hu, W., 217
Huang, D., 356
Huang, L., 95
Huang, T. T., 210
Huber, M., 246, 356
Huber, R., 292
Huck, S., 174
Huckaby, M., 68
Hudson, K., 356
*Hudson, R., 21, 202
Huffman, E., 206
Hughes, M. E., 228
Hughes, S., 31, 305, 336
Hui, S. L., 217
Huijbregts, M., 36
*Hultsch, D. F., 18, 256
Hume, A., 79, 7
Hummert, M. L., 340
Hunkeler, E. M., 229
Hunter, M., 18
Hunter, R., 147
Hurley, A., 216, 269, 274, 333, 360
Hurwicz, M., 275
Hurwitz, J., 356
Hurzeler, R. J., 144, 292
Husaini, B. A., 314, 343
Hussain, S., 131
Hutchings, B. Lynn, 103
Hutchinson, J., 360
*Huyck, M. H., 255
Hwang, K. S., 233
Hybels, C., 243
Hyde, J. C., 165
Hyer, K., 173
Hyer, L. A., 256, 314
Hyman, D. J., 292
Hysni, C., 153

I

Iankowitz, N., 88
Idler, E., 99, 314
Igelsias, R. R., 68
Infante, A. J., 88
Ingersoll-Dayton, B., 281
*Ingram, D., 3, 297
Ingram, M., 228, 363
Ingstadt, B., 27
Innocenti, B., 360
Inouye, S. K., 270
Intano, G. W., 88
Intrator, O., 139, 152, 322
Intrieri, R., 162
Intrieri, R. C., 256, 343
Inui, T., 77
Iotti, R., 88
Ireland, J., 47
Irick, K. M., 46
Isaacowitz, D. M., 247
Isaacson, S. S., 139
Isgrigg, J., 281, 23
Ishikawa, H., 106, 343
Ishler, K., 62, 147
Issacowitz, D., 158
Iwao, S., 131
Izquierdo-Pozzera, A., 153
Izukawa, T., 154

J

Ja Hyun, K., 96
Jackson, C. L., 285
Jackson, D. D., 350
Jackson, E., 362, 156
Jackson, G., 329
*Jackson, J., 229, 99, 249
Jackson, S., 15
Jackson, T. W., 268
Jacob, C. S., 366
Jacobs, B. B., 85
Jacobs, D. M., 97
Jacobs, J. E., 101
Jacobs, L., 139
Jagger, C., 360
Janevic, M., 96, 253
Jang, Y., 228, 364
*Janicki, M., 26, 112, 286, 320
Jarjoura, D., 303
Jarrott, S. E., 139
Jarvik, L., 10, 348, 356, 358
Jay, S., 360
Jedrziewski, K., 285
Jedrziewski, M. Kathryn K., 242
Jenkins, C., 18
Jensen, C. J., 371
Jeong, H., 351
Jesdale, B. M., 130
*Jette, A., 209, 336
Jeune, B., 88
Jin, L., 88
Jin, Y., 133
Jirovec, M. M., 8, 270
Jirovec, R. L., 371
Joaquin, A., 334
Jobe, J., 124
Johansson, B., 314, 367
Johns, R., 232, 350
Johnsen, P. T., 360
Johnson, B., 88, 300
*Johnson, C., 133, 367
Johnson, C. L., 137, 196
Johnson, D. A., 185
Johnson, J. E., 38
Johnson, L. E., 353
Johnson, L. I., 55
Johnson, M., 18, 46, 115, 139, 156, 158, 203, 242
Johnson, R. W., 78
*Johnson, T. E., 210
Johnson-Dalzine, P., 140
Jolanki, O., 367
Jones, C., 195
Jones, D., 68
Jones, G. R., 366
Jones, R., 143, 242, 314
Jones, S. A., 9
Jopp, D., 76, 198
Joray, S., 243
Jordan, S., 257
Joseph, J., 297
Josephson, K., 68, 243, 356
Jowers, E. M., 165
Joyce, E., 115, 123
Jozwiak, J., 284
Juby, A., 271
Jucker, M., 3
Judelson, D. R., 67
Judge, J. O., 302
Judge, K., 197, 228
Jun, H. J., 198
Jurado, A., 88
Justice, C., 341
Jylha, M., 165, 367

K

Kabitsis, C., 165
Kaelin, J., 279
Kaffenbarger, K. P., 38
Kaffenberger, K. R., 166
Kagan, S. H., 65
*Kahana, B., 139, 174, 283
*Kahana, E., 18, 165
Kahn, A., 334
Kahn, K. L., 91
Kalavar, J. M., 284
Kalish, K., 77
Kalton, A., 286
Kamata, K., 343
Kamel, H., 10, 38, 55, 68, 131, 157, 217, 274, 334
Kamilar, C. B., 343
Kamin, M., 300
Kamitan, M., 190
Kanaiaupuni, S. M., 102
*Kane, R., 50, 168, 203, 260, 300, 307, 329
Kang, S. Y., 314
Kang, T. S., 364
Kaplan, G. A., 158
Kaplan, L., 315
*Kapp, M., 22, 58, 81, 107, 143, 167, 276, 319
Karcic, E., 68, 274
Kareholt, I., 165
Karel, M. J., 314
Karki, S. D., 131
Karl, J., 68
Karlawish, J. H., 215
Kart, C., 253
Karuza, J., 171
Kasarskis, E. J., 77

Kashimawo, T. A., 157
Kaskie, B., 19, 236
Kasl, S., 78, 144, 159, 209, 292
Kasper, J. D., 18
Kassner, E., 83
Katagiri, K., 96
Katon, W., 243
Katula, J., 165
Katz, A., 165, 284
Katz, I., 370
Katz, L., 157, 269
Katz, M., 146, 149
Katz, P. R., 171,
Katz, R., 343
Katzel, L., 153, 303, 331, 360
Kaufman, A., 10
Kaufman, L., 77
Kaufman, S., 40, 248, 335
Kaufmann, P., 124
Kaufmann, T., 272
Kauss, T., 285
Kawachi, I., 44
Kay, C., 307
Kaye, L. W., 264, 292, 322
•Kayser-Jones, J., 163, 184, 248
Kazakina, E., 198
Kazis, L., 334
Keane, J., 236
Keating, N. C., 74
Keber, R. A., 2
Keech, E. K., 334
Keefover, R., 206
Keiding, N., 18
•Keigher, S., 55, 174, 317
Keith, R. G., 49
Keller, B., 95
Keller, S., 84
Kelley-Moore, J., 71
Kelly, M., 284, 292
Kelly, V., 215
Kelman, H. R., 283
•Kemnitz, J. W., 88
Kemp, B., 189
Kempen, G. I.J.M., 16
•Kemper, S., 70, 312, 356
Keng, F., 356
Kennedy, G., 262, 283
Kennedy, Q., 139, 198
Kennet, J. M., 256
Kenney, D. E., 244
Kenny, A. M., 302
Kenyon, G. M., 254
Kenzora, J. E., 272
Kephart, G., 328
Kerber, R. A., 2
Kercher, K., 18, 165
Kerins, G., 5, 93, 305, 332
Kessler, J., 125, 190
Keyes, C. L. M., 221
Khan, A., 10, 217
Khatustsky, G., 314
Khatutsky, G., 204
Khavinson, V. K., 88
Khoury, G., 190
Khrapko, K., 325
Khwaja, T., 98
Kidd, K., 334, 9
Kidd, K. E. M., 360
Kielhofner, G., 336
Kiely, D. K., 42, 271
Kilker, K. M., 360
Kim, E. J., 212
Kim, H., 206
Kim, J., 106, 205
Kim, J. K., 44
Kim, J. Y., 364
Kim, K., 18, 247
Kim, W., 27
King, A., 46, 165
King, D. A., 100
King, S. V., 103
King, V., 197
King, W., 284
Kinney, J., 46
Kinsella, K., 43
Kirk, K., 190
Kirkhorn, L., 94, 256
Kirkland, J., 272
Kirkwood, K., 78
Kirwan, J. P., 88
Kittner, B., 88
Kittner, S., 55
•Kleban, M. H., 16, 18
Kleban, M. M., 160
Klebanov, S., 88
Klein, L., 284, 272
Kletke, M., 6
Klocinski, J., 215
Klohnen, E. C., 195
Klotman, P. E., 88
Knatterud, L. G., 172
Knickman, J., 20
•Knight, B. G., 222, 343
Knight, C., 91
Knipscheer, C. P. M., 228
Knoll, N., 77
Knopman, D. S., 269
Knox, V. J., 106, 343
Knudsen, P., 200
Knudson, D., 269
Kobayashi, E., 322
Kochersberger, G., 152
•Kodner, D., 24
Koenig, C. S., 139
Koenig, H. G., 314
Kogan, J., 77
•Kogan, N., 139
Kohn, S. J., 198
Kohrt, W. M., 131, 157
Kolanowski, A., 32
Kolodinsky, J., 46, 284, 322, 371
Kolomer, S., 320
Kominski, G., 356
Kong, J., 55, 97
Konnert, C., 163, 314
Koop, B., 88
Koopman, C., 275
Kopera-Frye, K., 133, 165, 197, 284, 343, 360
Kopp, J. B., 88
Koren, M. J., 186, 201
Kornblatt, S., 171, 173
Koropeckyj-Cox, T., 46, 72
•Kosberg, J., 147, 233, 317
Kosloski, K., 16, 159, 206
Koss, E., 128
Kotthoff-Burrell, E., 319
Koumaras, B., 77
Kovach, C., 314, 343
Kowall, N., 46
Kozachik, S. L., 206
Kozak, K., 129
Krahn, M. D., 186
Kraig, E., 88
Kramarow, E. A., 198
Kramer, A. M., 203
Kramer, B., 104
Kramer, B. Josea, 274
Kramer-Ginsberg, E., 214, 256
Krasnow, R., 88
Krause, C. R., 305
•Krause, N., 106
Kreder, K. J., 94
Kreidler, M. L., 165
Kresevic, D., 206
Kressig, R. W., 45, 217
Krichbaum, K., 264
Kriegsman, D. M.W., 357
Krishnan, K. R.R., 134
Krishnan, R. K., 88
Kristan, L., 68
Kristjansson, E., 256
Kritchevsky, S. B., 127, 331
Kriz, D. A., 88
Krolick, K. A., 88
•Krout, J. A., 147, 263
Kruba, G. J., 6
Kruglyak, L., 123
Kruse, R., 152
Kubeck, J. E., 236
Kubik, M., 251
Kuchibhatla, M., 134, 244, 305
Kuczmarski, M. Farnelli, 190
Kuhlemeier, K. V., 334
Kuhn, D., 322
Kuhnert, S., 285
Kukull, W., 135
Kumar, N. P., 95
Kunik, M., 343
Kunkel, L., 115, 123
Kunkel, S. R., 81, 264
Kunseller, K., 87
Kunzmann, U., 198
Kuo, T. A., 53
Kupperbusch, C. S., 360
Kurnakova, N. V., 356
Kurrle, S., 356
Kusuoka, H., 18
Kutner, J. S., 198
Kutner, N. G., 228
Kutsogiannis, J., 271
•Kutza, E., 23, 235
Kutzik, D. M. M., 45
•Kvale, J., 93
Kwan, V., 195
Kwon, S., 45, 84, 213, 313
Kwong See, S. T., 340
Kwong, E. Y-P, 356
Kydd, A., 18

L

La Tourette, T. R., 228
Labade, K., 190, 217
Labate, T., 303
Labouvie-Vief, G., 195
Lacelle, C., 88
Lacey, K., 356
Lach, H. W., 165, 328
•Lachman, M., 39, 338, 336
Lackie, C. L., 157
Lacy, N., 292
Ladd, R. C., 50
Ladden, M. J., 328
Ladiges, W., 325
Laditka, J., 314, 78
Laditka, S. B., 18, 206
Ladrigan, P. M., 286
Lagasse, G. W., 18
Lai, H. L., 88
Lai, P., 139
Lai, S., 217
Laird, R. D., 66
Laje, R., 236
Lalive d'Epinay, C., 165, 367
Lalive d'Epinay, C. J., 16, 198
Lalu, R. E., 360
Lam, B. L., 186
Lam, K. S., 217
Lamarca, R., 18
Lamb, V. L., 228
Lambet, D., 49
Lampley-Dallas, V., 154
Landau Fleisher, C., 77
Landau, R., 283
Landefeld, C. S., 333
Landefeld, C. Seth, 68, 95
Landerman, L. R., 131
Landi, F., 264
Landreaneau, L. T., 206
Landreville, P., 314
Landry, J., 314
Lane, C. J., 70
Lane, M. A., 296
Lane, W. C., 230
Lang, F., 39, 76, 198
Langdon, D. B., 37
Langdon, L., 181
Lankasky, K., 189
Lanning, B. D., 236
Lansdale, D., 84
Lansford, J. E., 96
Lantigua, R., 253
Lantz, M. S., 269
Lapane, K. L., 7, 130, 131, 156
Lapin, P., 259
Larsen, E. B., 46
Larsen, P., 88
Larson, E., 135, 157, 232, 333
Lashbrook, J. T., 163
Latham, B., 139
Lau, A. W., 147
•Laurie, W., 21
Lave, J., 292
Lavery, L., 153
Lavizzo-Mourey, R., 242, 285
Law, M., 18
•Lawton, M. P., 16, 19, 97, 139, 160, 219, 221, 264
Layman, D., 38, 89
Lazarus, L., 236
LeBlanc, A. J., 55, 139
LeBlanc, L. A., 337
Leak, S. C., 55
Lebowitz, K., 77
Lee, C., 200
Lee, D. J., 186
Lee, H., 106, 364
Lee, J., 27, 91, 322

Lee, N., 165
Lee, S. D., 228
Lee, V. K., 356
Lee, W., 264
Leff, B. A., 38
Legault, C., 9
Leinhaas, M., 79
Leipzig, R. M., 64, 274
Lemay, E. P., 228
Lemere, C. A., 88
Lentz, M., 214
Lentzner, H. R., 198
Lenzer, A. M., 167, 171
Leonard, M., 343
•Lesnoff-Caravaglia, G., 213
Letts, L., 18
Leukefeld, C. G., 360
Leung, J. K., 88
Leung, V., 73
Leutz, W., 24, 318
Leveille, S., 18, 37, 209
Levenson, M. R., 314
Levenson, R. W., 198, 360
•Leventhal, E. A., 314
Levin, A., 36
Levin, C. A., 351
Levin, J. R., 15
Levin, L. S., 196
Levine, D., 88, 314, 334
Levine, M., 356
Levine, P., 269
Levine, R., 343
Levine, S. H., 7
Levinson, D. S., 309
Leviton, D., 323
Levkoff, S., 46, 204, 236, 264, 370
Levy, A., 224
Levy, B., 134, 360
Levy, J. A., 315
Levy, P., 272
Levy-Storms, L., 228
Lewin, F. A., 218, 282
Lewinter, M., 74
Lewis, B. L., 360
Lewis, K. L., 70
Lewis, L. J., 165
•Lewis, M., 104, 206, 221
Lewis, R., 88
Lewis, S., 77
Lewis-Hall, F., 220
Li, G., 256
Li, L., 206
Li, Y., 174
•Liang, J., 106, 236, 322
Liao, M., 88
Liberalesso Neri, A., 198
Libmann, I., 76, 198
•Libow, L., 334
Licastro, F., 88
Licht, B. G., 77
Licht, M. H., 198
•Lichtenberg, P., 10, 77, 343
Lichtenstein, M. J., 230
•Liebig, P. S., 109
Liebowitz, B., 34
Liestol, K., 18
Lightbody, P., 18, 284
Liken, M. A., 236
Likourezos, A., 334
Lin, G., 165
Lin, H. S., 43
Lin, W., 329
LinOu, G. Y., 106
Lincoln, K., 99, 196
Lindeman, D., 206, 370
Lindemann, U., 244
Lindenberger, U., 338
Lindencrona, C., 329
Lindgren, C. L., 95
Ling, S., 37, 300
Linkins, K., 202, 236, 322, 370
Linton, A., 272
Lipman, R. D., 210
Lipschitz, D. A., 185
•Lipsitz, L., 68, 199, 242
Lipson, L., 187
Lipson, S., 212
Lipstreuer, E., 156
Lit, W., 157
Litke, A., 322
Litwin, H., 283
Liu, Q. A., 106
Liu, X., 97
Llorente, M. D., 216
Lloyd, A., 45
Lloyd, J., 236
Lo Sasso, A. T., 78
Lo, B., 107
Locher, J. L., 18
•Lockery, S., 308
Loewenstein, D., 256, 306, 334
Loewy, R., 344
Lofgreen, T., 33
Logsdon, C., 88
Logsdon, R., 54, 97, 135
Lombardo, N. E., 140
Long, K. M., 315
Long, M. Valora, 100
•Longino Jr., C. F., 175, 102, 277
Longo, D. L., 35
Looman, W., 147, 206
Looney, C., 174
Lopez, M., 82
Lorain, H., 10
Lord, S. R., 272
Lorig, K. R., 11
Louis, M., 331
Lovitt, L., 334
Lowenstein, A., 46, 343
Lowenstein, D., 206, 306, 33
Lu, R., 88
Lubben, J., 317, 364
Lubetkin, M., 284
Luborsky, M. R., 18, 137, 248
Lucas, E., 361
Lucas, J. A., 201
Luepke, L., 229
Luey, H., 240
Luis, C., 33
Lukas, C. Van Deusen, 246
Lum, Y. S., 21
•Lund, D., 42, 309
Lund, D. A., 27
Luoh, M., 198
Luong, V., 360
Luptak, M., 173
Lutzky, S., 373
Luxenberg, J. S., 156, 214
Lyder, C., 91, 246
Lynch, N., 6, 149
Lynch, S. M., 18, 165, 360
Lynch, T. R., 315
Lynn, J., 199, 228
Lyons, K. S., 46

M

MA, X. L., 325
Ma, F., 186
Ma, X., 88
Maag, U., 314
Maaravi, Y., 88, 360
Maas, M., 228
MacDonald, S., 18, 256
MacIntyre, D., 257
MacIntyre, L., 228
MacKnight, C., 38
MacLean, C., 4
MacLean, P. A., 228
MacNeil, S. E., 10
MacPhee, R. S., 157, 322
Maccheroni, M., 360
Mach, J. R., 271
Machado, L., 141
Mackenzie, C. S., 343
Mackie, B., 163
Maclean, J. R., 305
Macmillan, K., 109
Mader, S. L., 88
Madey, S. F., 77
Magai, C. Z., 343
•Magaziner, J., 55, 83, 95, 130, 209, 271, 272, 274
Maggi, S., 284
Mah, L., 356
•Mahoney, D., 45, 69, 184, 213
Mahoney, E. K., 216
Mahoney, J., 31, 38
Mahoney, K., 81, 316
Maiden, R., 49, 198, 205
Maislin, G., 42, 130
Maitland, S., 18, 256, 343
Makinodan, N., 95
Makoni, S. B., 308
Makosky, N., 199
Maldonato, D., 190, 292
Malekgoudarzi, B., 55
Malik, B., 131
Malmberg, B., 95
Malone, T. B., 228
MaloneBeach, E., 136, 226
Malott, O., 157, 165, 322
Malphurs, J., 18, 292
Maly, R. C., 11
Mancil, R., 8, 246
Mancuso, G., 157
Mandal, D. M., 18
Manfreda, J., 198, 214, 356
Manheim, L. M., 186
Manheimer, R., 291
Maniscalco, V., 131
Manjmudar, N. G., 6
Manning, B., 322, 360
Manoogian-O'Dell, M., 46
Manson, S., 192, 253
Marchetti, C. M., 88
Marchionni, N., 331
Marck, B. T., 149
Marcatonio, R., 68
Marder, K., 97
Marenco, A. L., 284
Margolis, D., 95
Mariano, C., 242
Marinelli, R. D., 236
Maris, P., 284
Markides, K., 27, 308, 360
Marks, B., 157, 269
Markus, H. R., 132
Marottoli, R. A., 13
Marshall, J. A., 360
Marsiske, M., 256
Marske, C. E., 174
Marson, D., 77, 143, 310
Martin Jr. , D. W., 284
Martin, A. R., 130
Martin, M., 139, 313
Martin, N. J., 91
Martin, P., 100, 115, 158
Martin-Matthews, A., 46, 281
Martin-Stanley, C., 140
Martinez, I. L., 102
Martinez, M. A., 264
Martire, L. M., 46, 139, 228, 249
Martucci, C., 334
Masaki, K., 154
Masotti, G., 331
Massimino, S. P., 88
Mast, B., 10
Masud, T., 95
Mathews, R. M., 337
Mathur, D., 91
Matire, L. M., 77
Matsouka, O., 165
Matsumoto, A. M., 149
Matsuoka, C. E., 106
Matteau, E., 314
Matthews, S., 72
Maudar, V., 157
Mauskopff, J. A., 165
Max, W., 236
Maxwell, A., 356
Maxwell, J., 370
Mayberry, P. S., 147
Mayer, R., 305
Mayger, H., 196
Mayhew, P., 63
Maystre, C., 165
Mazar, R. K., 165
Mazumdar, S., 102
McAlpine, C., 18
McAndrew, C. A., 95
McAuley, E., 165, 343
McAuley, L., 271
McBee, L., 55, 188
McBride, M., 240, 242
McCallion, P., 112, 174, 286, 320
McCallum, T., 136
McCammon, R. J., 139
McCann, J. J., 133, 343
•McCarter, R., 183, 347
McCarty, E., 46
McClearn, G. E., 95
McCleary, L., 83
McClendon, M., 16, 228
McConatha, D., 84
McConnel, C., 212
McConnell, E., 8, 128, 246, 298
McCormick, W., 46, 135, 333
•McCrae, R. R., 158

McCrone, S., 331
McCulloch, B. J., 77, 343
•McCullough, L. B., 173, 276
McCurry, S., 46, 97, 157, 135, 333
McDonald, D. A., 106
McDonald, J., 44, 66, 75, 98, 164, 198
McDonald, L., 83
McDonald, M., 264
McDonald, P. E., 308
McDonald, R. B., 60, 88, 131
McDonald-Miszczak, L., 284, 340
McDougall, G. J., 313, 334
McDowell, J., 305
McElhaney, J., 271
McElroy, M., 77, 88
McEvoy, C. L., 256
McFadden, S., 228, 280, 363
McFall, S. L., 305
McGadney-Douglass, B. F., 27
McGinnis, P., 287
McGrew, K. B., 139
McGuire, L., 256, 312
McGuire, S. L., 230
McGwin, G., 38, 329
McHugh, K., 279
McIlvane, J., 77
McIntosh, B., 72, 159
McIntyre, K., 269
McKean, M., 174
McKee, K., 150
McKenney, D. E., 138
McKenzie, D., 228
McKeon, K., 231
McKinney, A., 370
McLean, A., 191
McMahan, C. Alex, 88
McMahan, S., 106, 174
McManus, M., 354
McMaster, J., 284
McMillan, D., 188
McMullen, C., 18
McNeilly, D. P., 165
McNeilly, M., 228
McPherson, R., 343
McQuillen, A. D., 77
Mead, L. C., 363
Meador, K., 132, 275, 368
Medell, J. L., 300
Meegan, S. P., 17
Meehan, R., 86, 156, 360
Meehan, T., 91
Meeks, A., 354
Meeks, S., 228
Mehdizadeh, S., 18, 55, 108, 274
Mehr, D. R., 95, 155, 228
Mehrotra, C., 27, 147
Mele, J., 88
Melia, J., 280
Melnick, M. E., 190
Melov, S., 267
Meltzer, P. J., 139
Melvo, S., 183
Mendes de Leon, C., 13, 71, 165, 270
Menec, V. H., 198
•Meneilly, G. S., 241
Menendez, A., 69
Menio, D., 287
Menon, M., 217
Mentes, J., 334
Menzies, R., 360
Mercer, B., 57
Mercier, J. M., 351
Mercier, L. R., 77
Meresman, J., 229
Merkatz, R. B., 220
Merriam, G. R., 6
Merrill, S. S., 139
Mersky, M., 165, 360
Mervis, J. R., 356
Messecar, D. C., 334
Messina, J., 77
Metiteri, T., 46, 356
Metter, E. J., 88
Meydani, S., 297
Meyers, E., 284
•Mezey, M., 173, 184, 188, 214, 242, 354
Miceli, M. C., 131
Michael, Y., 44
Michela, P., 10
Micklin, M., 225
Midlarsky, E., 33, 198
Mihalko, S., 18, 343
Milburn, N., 343
Miles, K., 370
Miles, S., 173, 276
Miles, T., 115, 127, 153, 202, 232, 360
Milke, D., 80, 351
•Miller, B., 16, 58, 62, 147, 162
Miller, D., 217, 269
Miller, D. L., 264
Miller, J. Kim, 133
Miller, K., 280
Miller, L., 188
Miller, M., 256
Miller, P., 37, 106
Miller, S., 199, 289
Mills, S., 284
Mills, T., 158, 343
Miltiades, H., 108, 264
Miner, S., 102, 162, 292
Minicuci, N., 371
Minkler, M., 40, 138
Minnick, A., 64
Minnot, J., 188
Minsky, S., 314
Mintz, J., 10
Mion, L., 64
Mir, T., 10, 55, 68, 131, 157, 274
Miranda, M., 106, 192
Misquita, N. A., 303
Misra, R., 174, 308
Miszko, T. A., 190
Mitchell, C. M., 18
Mitchell, J., 49, 343
Mitrani, V., 306
Mittelman, M., 365
•Mitteness, L. S., 275
Mitty, E. L., 292
Moe, K. E., 6
Moen, P., 106, 255, 263
Mogk, L. G., 10
Mogosky, B., 256, 334
Mohr, M. L., 217
Molinari, V., 343, 355
Monaghan, P. G., 27
•Monahan, D. J., 46, 371
Monane, M., 131, 157, 190, 292
Montgomery, P. R., 214, 356
Montgomery, P. S., 157
•Montgomery, R., 16, 206
Montoro Rodriguez, J., 16
Montoro, J., 264
Montuori, G., 269, 292
Moody, H., 27, 227, 277, 342
Moody-Ayers, S. Y., 270
Moone, R. P., 147
Moonsawmy, C., 147
Moore, A., 251
Moore, D. H., 333
Moore, E. G., 343
Moore, J., 109
Moore, L., 10
Moore, S., 62, 93, 147
Moore, T., 289
Moorhead, J., 166, 264
•Mor, V., 108, 156, 166, 199, 289, 322
Morano, C., 206
Moreland, J., 244, 356
Morey, M., 153, 244
Morgan, D., 74, 228, 339
•Morgan, L. A., 206, 311
Morgan, R., 192, 213
Morgan, S., 205
Morgan, W. W., 88
Mori, C., 88
Morian, A. D., 312
•Morishita, L., 94
Morley, J. E., 10, 38, 88, 122, 174, 217, 334, 353
Morrell, R. W., 213
Morris, C. G., 201
Morris, D. C., 228
Morris, D. L., 46, 134
Morris, E., 68
Morris, J., 19, 42, 140, 289, 199, 264, 314
Morris, M. C., 270, 343
Morrison-Bogorad, M., 35, 208
•Morrow-Howell, N., 140, 166, 321
Morse, A. R., 264
Mortenson, M., 256
•Mortimer, J. A., 154, 256
Mosca, L., 340
Mosher-Ashley, P. M., 228
Mosier, M., 66
Mosqueda, L., 189, 344
•Moss, M., 42, 55, 139, 341
Moss, S. Z., 12
Mossey, J., 18, 209
Motta, L., 115
Moulton, H. J., 202
Mouton, C. P., 37
Moxley, S. C., 106
Moye, J., 314
Mroczek, D., 221
Mu, X. Y., 88
Mucha, L., 7, 131
Muchinik, E., 224, 292
Mucke, L., 3
Mudryj, M., 88
Mueller, D. J., 18, 247
Mueller, M., 106
Muhlestein, A., 360
•Mui, A., 27, 106, 232, 314, 343
Muilenburg, A., 10
Mukherjee, A. B., 88
Mullan, M. J., 256
Mullens, S., 68
Muller, D., 131, 274
•Mulligan, R., 187, 274
Mulligan, T., 157, 302
•Mullins, L. C., 162
Mumenthaler, M. S., 256
Munzer, T., 6, 88
Muramatsu, N., 228
Murata, T., 190
Murph, K., 340
Murphy, C., 332
Murphy, K., 289
Murphy, M., 165, 234
Murphy, P., 88
Murtaugh, C. M., 322
Musick, M., 99, 279
Musil, C., 46, 134, 284
Mutchler, J. E., 159
•Mutran, E. J., 270, 315
Myers, A., 36, 165
Myers, R., 336
Myllykangas, S., 139, 284
Myrtle, R. C., 329

N

N, E., 38, 55
Na, D. N., 18
Naegele, G., 285
Nagatomo, H., 190
Nagle, B. A., 292
Naglie, G., 186, 272
•Nahemow, L., 295
Nair, S. N., 336
Nakagima, I., 190
Nakatani, Y., 206, 371
Nakayama, S., 190
Nam, R., 186
•Namazi, K. H., 246
Named, T. b., 318
Nance, P., 9
Nankivell, A., 54
Napoles-Springer, A., 253
Narayan, S., 104, 206
Nasser, E. H., 46
Nathanson, I., 144
Natividad, J., 43
Naughton, B., 130
Navarro, J. R., 264
Naylor, M. D., 184
Neal, M. B., 281
Necomer, R., 351
Neece, W. M., 198
Neelon, V., 131, 157, 269
Neiss, M. R., 221
Nelson, C., 234
Nelson, H. Wayne, 292
•Nelson, J. F., 325
Nelson, M., 278
Nerenberg, L., 344
Ness, J., 95, 212
•Nesselroade, J. R., 39, 195
•Netting, F. E., 147, 292
Neufeld, R. R., 322

Neumann, S. A., 360
Neundorfer, M. M., 46, 228
Nevitt, M., 18, 127
Newbrough, J. R., 343
Newell, D. A., 308
Newman, A., 6, 127, 331
Newsom, J. T., 281
Ng, P., 139, 152, 217
Nguyen, H., 284
Nguyen, T. V., 272
Nichols, A., 361
Nichols, L. O., 264
Nicklas, B., 149
Nicklaus, T., 157, 244, 272
Nigg, C. R., 249
Nightingale, M. C., 284
Nims, J. P., 236, 257
Nitz, K. K., 27
Nitz, L. H., 165
Nitz, N., 229
Noble, J. M., 88
•Noelker, L., 145, 147, 163, 206, 228, 311
Nohara-LeClair, M., 312, 340
Nolin, M., 279
Nonemaker, S., 264
Noonan, A. E., 18
Noonan, M. C., 44
Nordgren, J., 242
Norgard, T., 252
Norris, M., 154, 343, 369
•Norris-Baker, C. C., 53
Norton, C. S., 264
Norton, T. R., 139
Nothwehr, F. K., 77, 360
Nourhashemi, F., 67, 333
Nuessel, F. F., 171
Nueva Espana, H. B., 346
Nunez, C., 68
Nusbaum, N., 332
Nussbaum, J., 315, 339
Nyquist, L. V., 93, 236

O

O"Rourke, K., 272
O'Brien, E., 2
O'Brien, J. G., 131, 157
O'Brien, S., 284
O'Connell, C., 68
O'Conner, K., 343
O'Connor, C. M., 134
O'Connor, D. W., 104, 160, 206, 343
O'Connor, K., 6, 88, 187, 284
O'Gorman, D. J., 88
O'Grady, M., 153, 217
O'Grady-LeShane, R., 85
O'Hanlon, A. M., 106
O'Hara, R., 256
O'Keeffe, J., 322
O'Neill, G., 23, 165
O'Sullivan, P., 46, 165
O'Toole, E. E., 55
Oakland, J., 66
Oakley, D., 89
Oakley, M., 228
Obiesson, T., 6
Ocepek-Welikson, K., 253
Official, E., 170
Ofstedal, M. B., 43, 252
Ogg, J., 165
Oggins, J., 205
Ogilvie-Harris, D., 272
Ogrocki, P., 360
Oja-Tebbe, N., 10
Okabayashi, H., 206, 371
Okimoto, T., 88
Okita, Y., 343
Okraku, I. O., 165
Olcoz, M. T., 68
Oldridge, N. B., 360
Olivieri, F., 115
Olness, G. S., 256
Olsen, E., 370
Olsen, R., 103
Olson, C., 228, 363
Olson, J. S., 88, 353
Onder, G., 152, 264
Ooe, Y., 18
Ooi, W. L., 199, 269
Opie, J., 160
Orengo, C., 343
Orsulic, S., 228
Ortiz, I. E., 215
Ortiz, S., 153
Orwig, D. L., 165
•Ory, M., 11, 69, 219, 339
Osborn, C., 256
Osborne, T., 292
Osiecki, S., 79
Oslin, D. W., 358
Ostermeier, M., 68
Osterweil, D., 130
Ostir, G., 360
Ostwald, S., 206
Osuagwu, N., 27
Oswald, F., 235
Ota, K., 334
Ouellette, M., 88
Ousset, P. J., 67, 333
Overton, J., 200
Overton, W. F., 139
Owen, R. L., 88
Owen, S. K., 139
Owen, S. V., 303
Owens, J., 88
Owens, N., 79
Owlsey, C., 234
Ownby, R., 256, 334
Owsley, C., 38, 186, 228, 329
Oxman, T. E., 243
•Ozawa, M. N., 21, 85

P

Pabst, K., 6, 88
Packer, L., 297
Padula, C., 79, 328
Paget, S. A., 77
Pahlavani, M. A., 88
Pahor, M., 7, 152, 331
Pallavicini, F., 246
Palloni, A., 87
Palm, L. J., 314
Palmer, L., 332
•Palmer, M. H., 284, 305
Palmer, R., 64, 360
Palyha, O., 150
Pan, C. X., 212
Panapasa, S. V., 87
Pandey, S., 279
Papaioannou, A., 356
Papandanotas, G., 156
Papini, D. R., 162, 343
Paradiso, C., 326
Pare, S., 147
Parentini, I., 326
•Parham, I. A., 147
Paris-Seeley, N., 349
Park, C. B., 165
Parke, D., 338
•Parker, M., 348
Parker, M. G., 165
Parker, M. H., 84, 349
Parker, P., 260
Parks, C. W., 106, 139
Parl, S., 228
Parmar, R., 292
Parmeggiani, L., 88
Parrott, T. M., 165
Parry-Jones, B., 285
Pascval, C. R., 68
Paskett, E., 106, 360
Pastore, E., 264
Pastorello, T., 371
Pasupathi, M., 198
Patel, M., 214, 256
Patern, V., 131
Patrick, J., 17, 100
Patterson, M. B., 89
Patterson, S. L., 147
Patti, P. J., 286
Patussi, V., 331
Paul, P., 228, 314, 362
Pavalko, E. K., 46
Paveza, G., 78, 206, 261
Pavlik, V. N., 292
Pea, S., 190
Peacock, J., 139, 198
Peak, T. L., 292
Pearlin, L., 228
•Pearlman, R. A., 245
Pearman, A., 256
Pearson, L. M., 213
Pearson, M. L., 91
Pebley, A., 360
Pedersen, N. L., 77, 314
Pedone, C., 152, 264
Pedrini, S., 88
Peek, C. W., 71, 343
Peel, N., 244
Peele, L., 331
Peled, M., 340
Pelham, A., 251
Penco, F., 326
Pendergast, D. R., 302
Pendergrass, W. R., 88
Peng, T. R., 27
Penn, P. E., 88
Penna, R. D., 11
Penning, M. J., 315, 360
Penninx, B., 243, 357
Penrod, J., 18
Penza, R. P., 224
Peralta, D., 343
Perdomo, D., 365
•Pereira-Smith, O. M., 88
Perese, K., 359
Perez, A., 43
Perez, C. G., 308
Perez, R., 27
Periconi, H. A., 292
Perkins, M. M., 55
Perkins, S., 360
Perkinson, M., 160, 191, 263, 356
Perlini, S., 88
Perls, T., 115, 123, 174, 182
Perry, G., 371
Perry, J., 104
Persky, T., 370
Pes, G., 115
Peters, K., 165, 322
Peterson, C., 190, 197
Peterson, E. W., 336
Peterson, S. A., 49
Petersons, M., 147
Petitti, D. B., 212
Petrick, C., 264
Petrisek, A., 166
Petti, J., 351
Petty, M., 88
Peyton, A. L., 147
•Pfeiffer, E., 271, 333
Phillips, C. D., 55, 83, 235, 311
Phillips, J., 165, 183
Phillips, L., 214, 301
Phillips, S., 27
Phillips, V. L., 345
Phillipson, C., 165, 169, 277
Phlavan, M., 55
Pickering, J. D., 66
Picot, S. J., 18
Pienta, A. M., 159, 314
Pieper, C. F., 329
Pierce, K., 305
Pierce, L. S., 106
Pietruszka, F., 68, 243, 356
Pignatti, F., 236, 284
Pillemer, K., 100, 171, 206, 336
Pinderhughes, S., 212
Pine, Z. M., 95
Pini, R., 331
Pinkard, O., 206
Pinquart, M., 72, 343, 360
Pitts, D., 314, 343
Pitts, M. M., 109, 279
Plahuta, J. M., 77
Plum, K., 8
Podgorski, C. A., 236
Podnieks, E., 141, 261
Poe, L., 142
Pohl, P. S., 356
Polen, A., 303
Polivka, L., 22, 27, 50, 227, 277, 307, 343
Polivka-West, L., 22
Polk, M. J., 33
Pollera, M., 326, 360
Pomerantz, R., 15
Pong, S., 150
•Poon, L., 115, 158, 247
Popejoy, L., 228
Porell, F., 108, 264
Portela, D., 68
Porter, E. J., 235
Porter, J., 77, 337
Portis, S., 284
Posada, A., 216
Posner, S., 253
Post, S., 208
Postigo, L. G., 270

Pot, A. M., 228
Potter, D. E.B., 25
Potter, J., 95, 292
Potthoff, S. J., 329
Pouget, R., 243
Pousada, L., 38
Powell, C., 153
Powell, J. W., 249
Powell, L., 124, 305
Powell, M., 228, 314, 362
Powers, D. V., 194
Prager, I. G., 340
Pratt, C., 343
Preisser, J., 94
Preston, J., 259
Prestwood, K., 18, 360
Prestwood, K. K., 67
Prestwood, K. M., 302
Preville, M., 343
Price, C. E., 73
Price, M., 136
Priefer, B., 7
Primomo, M. P., 245
Prineas, R. J., 224
Proctor, E., 140, 166
Prohaska, T., 11, 160, 165, 284, 336
Proulx, J. R., 284
•Pruchno, R., 138, 197
Pruett, D., 162
Pruitt, L. A., 165
Pruski, L., 230
Puapong, P., 165
Puca, A., 115, 123
Purdy, R., 356
Purser, J., 331
Pushkar, D., 340
Putnam, M. M., 371
Puttlitz, K., 153
Pynoos, J., 187, 200

Q

Qualls, C., 215
Qualls, S. H., 106
Quandt, S., 44, 66, 164, 198
Quijano, L., 370
Quine, S., 356
Quinn, C. C., 55

R

Raccuglia, M., 131
Rachlin, R., 109
Rademaker, A. W., 185
Rader, J., 228
Raether, T., 156
Raffoul, J. J., 327
Ragow-O'Brien, D., 320
Ragsdale, R., 18, 156
Rahimi-Moghaddam, P., 88
Rahman, M. O., 43
Rahn, D. W., 305
Rahrig Jenkins, K., 77, 314
Raia, P., 236
Raman, O., 87
Ramesh, A., 292, 305
Ramirez, M., 253
Ramos, V., 27
Ramsey, G., 346
Ramsey, J., 296
Randa, B., 8, 246
Raney, D., 165
Rangu, S., 271
Ranieri, P., 190, 356
•Rankin, E., 147, 206
Rantanen, T., 18
Rantz, M., 228, 330
Rapp, S., 9, 46
Rappaport, D., 339
Rappaport, S. A., 243
Raschke, S., 349
Rasin, J., 228
Raudonis, B. M., 10
Rauzy, O., 67
Ravdal, H., 342
Ray, L., 186, 270, 360
Ray, R., 41, 227
Rayford, W., 18
Rayo, J., 360
Razak, H., 10
Reaves, L. A., 264
•Rebok, G. W., 256
Redford, L., 49, 246, 322
Redinbaugh, E., 15
Reed, B. R., 284
Reed, G. R., 165
Reeder, S. J., 246
Regnier, V., 80
Reichert, M., 46, 147
Reid, R. C., 284
Reidhead, M. A., 275
Reidy, E. B., 44, 46
Reinhard, S. C., 201
Reinhardt, J. P., 106, 206
Reinhart, S. P., 353
Reisine, S., 106
Reiss, N. S., 228
Reitz-Friedrickson, D., 284
Rejeski, J., 278
Reker, G. T., 198
Remmes, K., 368
Rendall, M., 71
Renner, B., 77
Reno, V., 193
Renold, C., 292
Resnick, B., 165, 305
Resnick, H. E., 37, 331
Restrepo, A., 346
Reuben, D., 62, 181, 217, 274
Revell, A. J., 256
Reyes, M., 19, 97, 160
Reyes-Yera, M., 94
Reynolds, C. A., 77
Reynolds, C. F., 305
Reynolds, S., 19, 55, 109, 228
Reynolds, T., 206
Reynolds-Scanlon, S., 371
Rhoades, J., 25, 55
Rhymes, J. A., 173
Rhyne, R., 215
Riand, J., 16, 367
Ricci, G., 246
Rice , M. M., 333
Rice, D., 236
Rice, S. J., 309
Richards, A., 275
Richards, K., 32
•Richardson, A., 1, 88, 325
Richardson, J. A., 244, 356
Richardson, V., 41, 317, 335
Richer, B., 214
Richman, S., 10
Richter, A., 165
Rickard, A., 281
Riddering, A. T., 10
Ridge, S. B., 115, 123
Rieckmann, N., 76
Rifkind, J. M., 88
Riggs, K. M., 88
Rigler, S., 49, 246
Riley, D., 292
Riley, R., 278
Rimes, C., 203
Rimmer, J., 336
Riol, H., 88
Riolo, L., 256
Ripeckj, A., 236
Ripich, D. N., 89
Ritchie, C., 332
Ritchie, G., 284
Ritchie, S., 220
Ritter, R., 349
Riva, G. P., 246
Rivers, S. E., 147
•Rix, S., 169
Roach, W. A., 371
Roan, C., 43
•Robb, S. S., 246, 274
Robbins, L., 52
Roberson, T., 174
•Roberto, K. A., 46, 77
Roberto, T., 343
•Roberts, B. L., 93
Roberts, B. W., 195
Roberts, P. P., 228
Roberts, S., 284
Robichaud, M., 340
Robine, J. M., 123
Robinson, B. K., 322
Robinson, C. A., 285
Robinson, J. P., 67, 201
Robinson, S., 246
Robinson-Teran, J., 288
Robison, J., 8, 93
Robson, S. C., 6
Robson, S. M., 198
Rochon, P. A., 130
Rock, K., 74
Rockemann, D. D., 356
Rockwood, K., 154, 328
Rodeheaver, D., 27
Rodilla, E., 264
Roe, K., 142
Roenker, D., 234, 336
Roff, S., 27
Rogers, A., 236
Rogers, J. C., 37, 67, 243, 298
Rogers, N., 360
Rogus, E., 149
Rolland, Y., 333
Rolnick, S. J., 229
Romano, D. E., 371
Romero, L. J., 215
Rondorf-Kiym, L., 228
Rooks, R. N., 198
Roscoe, L. A., 292
Rose, J. H., 15, 62, 147, 206
Rose, M., 55, 235
Rose, T., 222
Rosen, A., 171
Rosenbach, J. K., 220
Rosenberg, A., 147
Rosenberg, M., 264, 343
Rosenberg, R. R., 242
Rosendahl, E., 314
Rosenkoetter, M. M., 106
•Rosenthal, C. J., 46, 281
Rosewarne, R., 206, 343
Rosowsky, E., 343
Ross, J., 113, 133
Ross, J. L., 193
Ross, J. R., 10
Ross, J. S., 228, 356
Ross, M. A., 77
Ross-Kerr, J. C., 26
Rossor, M. N., 97
Roth, C., 4
Roth, D. L., 18, 46, 136, 362
Roth, S., 290
Rother, M., 7
Rothman, M. B., 47
Rothschild, H., 18
Rott, C., 158
Rovine, M. J., 95
Rovner, B. W., 314
•Rowe, J., 332
Rowe, M. A., 211
Rowe, W. S., 147
Rowland, F. N., 271
•Rowles, G., 163, 342
Roy, T., 88
Royall, D., 33, 304
Rozzini, R., 130, 236, 284, 356
Rph, M., 152
Rubenstein, L. V., 91
•Rubenstein, L. Z., 4, 68, 243, 259, 300, 356
Rubenstein, R., 368
Rubert, M., 69, 256, 306, 365
Rubiano, F., 68
Rubin, R. M., 74, 165
Rubinstein, R., 55, 248, 341, 342
Ruby, C. M., 305
Ruckdeschel, K., 19, 97, 264
Ruckdeshel, K., 160
Rudberg, M. A., 38
Rudolph, M., 224
Rudy, T. E., 298
Ruehle, K. T., 303
Runnals, J., 284
Rush, D., 360
Russell, R. L., 46
Russo, C., 231
Russo, R., 131
Rutecki, G., 303
Ruzicka, S., 271
Ryan, A., 6, 149
•Ryan, E. B., 133, 312, 340
•Ryff, C., 132, 221
Ryther, C., 73

S

Sabatini, T., 130, 356
Sabelman, E., 244, 302
Sabo, M., 10, 133
Sachs, G., 38, 89, 107
Saczynski, J. S., 18, 256

Safran-Norton, C. E., 108, 264
•Sainer, J. S., 142
Saito, S., 190
Saito, Y., 134
Sakurai, H., 190
Salamone, A., 47
Salaveria, D. G., 68
Salerno, J., 186
Saliba, D., 4
Salmon, J., 27, 307
Samonte, J., 18
Samos, F. L., 351
Sampson, L. K., 198
San Roman-Windsor, I., 94, 356
Sanchez, J., 356
Sancier, K., 212
Sandberg, J. G., 247
Sandborn, M., 153
Sandhu, S., 64
Sandrini, M. C., 157
Sands, L. P., 333
Sands, R., 320, 335
Sandston, A. C.F., 143
Sanford, J. A., 351
Sankar, A., 248
Sano, M., 97
Santambrogio, D., 88
Santora, A., 37
Saran, N., 95
Sasser-Coen, J. R., 147
Satariano, W. A., 158, 357
Satish, S., 186, 270
Sato, H., 206
Sato, R., 333
Satre, D. D., 343
Sattlin, A., 214
Saunders, M. J., 185
Saunders, P. A., 340
Savorani, G., 88
Sayama, H., 190
Saydah, S. H., 198
Scala, M. A., 81, 264
Scarbro, S., 314
•Scarpace, P., 149
Schaefer, J. P., 159
Schaefer, M., 206
Schafer, A., 190
Schafer, D., 251
Schafer, E., 66
Schafer, K., 124
Schaffner, R., 274
•Schaie, K. W., 256, 284
Scharlach, A., 52, 322
•Scheidt, R. J., 53
Schell, E., 163, 184
Schenkman, M. L., 244
Schensul, J., 224
Scherr, P. A., 343
Scheve, A., 94, 156
Schiaffino, K. M., 77
Schiamberg, L. B., 47
Schiff, B., 139, 228
Schindel-Martin, L., 147
Schinfeld, S., 46, 228
Schlicht, J., 303
Schmidt, A. C., 360
•Schmidt, M. G., 74
Schmidt, W., 285
Schmitt, E. M., 55, 351
Schmucker, D. L., 88
Schnabel, E., 285
Schneider, J. K., 106
Schneider, L. S., 135
Schneider, U., 206
Schneidt, R. J., 49
Schnelle, E. R., 217
Schnelle, J., 4, 330
Schnitzer, T. J., 300
Schoelles, K., 68
Schoenberg, N. E., 134
Schoeneberger, M. L., 360
Schoentgen, S., 18, 360
Schoka, E., 15
Schonfeld, L., 228, 358
Schreiner, A. S., 216
Schrepferman, C. G., 94
Schrodt, L., 331
Schroeder, L., 147
Schroepfer, T., 136
•Schroots, J. J., 139
Schulman, D., 72
Schultz, K. S., 255
•Schulz, R., 15, 69, 76, 246
Schumacher, J., 108, 174
Schunk, M. V., 21
Schur, D., 147, 228
Schuster, M. W., 88
Schutte, D. L., 10
Schutzer, W. E., 88
Schuyler, M., 215
Schwartz, H., 10, 215
Schwartz, J. B., 7
Schwartz, L., 264
Schwartz, R., 6
Schwarz, K. A., 68
Schwarzer, R., 77
Schweiger, C., 88
Sciegaj, M., 307
Scilley, K., 228, 329
Scisney-Matlock, M., 18
Scogin, F., 362
Scott, J., 18
Scott, V., 333
Seeman, T. E., 18, 274
Segal, D. L., 228, 343
Segal-Gidan, F., 329
Segrist, K., 27, 292
Sehl, M., 88
Seibert, M., 88
Seidlitz, L., 360
Seidmann, S., 224, 292
Selai, C. E., 97
Seldin, M. F., 88
Seligman, M. E.P., 247
Selkoe, D. J., 88
Sellers, J., 27, 106
Seltzer, M., 132, 206
Semyonova, V. G., 88
Sender, S. A., 216
Senzel, R., 212
Seo, I. H., 371
Sereika, S., 305
•Serow, W. J., 159
Settersten, R., 342
Seux, M. L., 7
Sevak, P., 13
Sevick, M., 314
Shaffer, E. M., 360
Shaibu, S., 27
Shaner, J. L., 284
Shanks-McElroy, H. A., 85
Shannon, G. R., 284
Shapiro, A., 174
Shapiro, E., 198
Shapiro, J., 189
Shareeff, M., 10, 68
Sharit, J., 336
Sharkey, J., 174
Sharkey, S., 216
Sharma, R., 131
Sharp, Z. D., 325
Sharpe, M. H., 26
Shaver, J. C., 315
Shaw, B., 147, 236
Shawler, C., 163
Shay, J., 88
She, L., 88
Shea, G., 153
Shea, M., 115, 123
Sheets, D., 174
Sheets, D. J., 26
Sheikh, J., 161, 228
Shekelle, P., 4, 259
Shelley II, M., 351
Shelley, C. M., 10
Sheng, H., 88
•Shenk, D., 295
Sher, A., 88
Sherlock, A., 322
Sherman, A., 147, 242, 291
Sherman, A. M., 106
Sherman, A. M. A., 360
•Sherman, E., 292
Shermer, R. L., 314
Sherraden, M., 321
Sherwood, L., 37
Shetterly, S., 13, 18, 314, 360
Shibata, H., 206, 322, 371
Shibusawa, T., 106, 343
Shidler, S., 167
Shifren, K., 46
Shimatani, I., 223
Shimokawa, I., 88
Shiotani, H., 216
•Ship, J. A., 129, 185
Shippee-Rice, R. V., 38, 328
Shirey, L., 83, 134
Shkrela, H., 106
Shlimovich, P., 262
Shmuely, Y., 314
Shore, R., 7, 331, 335
Short, T., 334
Shostak, S., 322
Shou, L., 204
Shua-Haim, J. R., 10, 133, 228
Shua-Haim, V., 356
Shuey, K., 315
Shugarman, L., 175, 199, 332
Shughrue, P., 121
Shukitis, J., 260
Shukitt-Hale, B., 297
Shultz, K., 106, 255
Shumaker, S., 9, 314
Shyu, Y. L., 356
Sidani, S., 8
Siegenthaler, A. L., 206
Siegler, I., 115
Siervogel, R. M., 6, 7
Silva Capitanini, M. E., 198
Silva, A., 279
Silva, P., 72
Silver, M., 182
Silverio, E., 236
Silverman, M., 80, 216, 284, 300, 351, 356
Silverstein, J. H., 125
•Silverstein, M., 100, 106, 138, 197, 206, 255, 284
Silverstein, N. M., 166, 204
Silvestrini, G., 331
Simmons, S. F., 217
Simon, S. E., 314
Simon, S. F., 42
Simon-Rusinowitz, L., 81, 316
Simonsick, E., 18, 26, 127, 243, 331
Sims, R., 332
Sinclair, S., 292
Singer, B., 132
Singlevich, B. N., 280
Siris, E., 37
Siskin, L. P., 314
Sistrun, S. N., 88
Sivan, Y. S., 228
Skarupski, K. A., 264
Skinner, D., 292
•Skinner, J., 53, 192
Skinner, K., 334, 360
Skirchak, D. L., 10
Skultety, K., 75
Skytthe, A., 123
Slade, J. M., 190
Slaone, P. D., 18
Slater, S. B., 145, 334
Sleeper, R., 157
Sloane, M., 38, 234
Sloane, P., 18, 83, 130, 219
Sloss, L., 4
Small, B. J., 247, 256
Small, J., 312
Smeeding, T., 170
Smeenk, K., 260
Smerglia, V. L., 206
Smith, D. B., 174
Smith, G. B., 333
•Smith, G. C., 198, 284
•Smith, J., 96, 133, 228, 338
Smith, K., 2, 18, 224
Smith, L. H., 88
Smith, M., 185, 297, 319
•Smith, N., 242, 285
Smith, O., 276
Smith, P. K., 197
Smith, R. G., 150
Smits, C. H.M., 357
•Smyer, M., 106, 355
Smyth, C., 346
Smyth, K. A., 45, 46
Smyth, K. S., 228
Sneed, J. R., 139
Snow, A. L., 194, 343
Snowdon, D. A., 77
Snyder, E. H., 165
Snyder, L., 54
Sobel, E., 154
Soberon-Ferrer, H., 231
Sofaer, S., 258
Sohal, R., 267
Sohl-Kreiger, R., 126
Sohnle, S., 256
Sojo, K., 68
Solano, N., 46
•Soldo, B. J., 18
Solky, B., 65

Solomon, D., 4, 147
Solovieva, D. V., 88
Somerfield, M. R., 305
Somes, G. W., 7
Son, G., 18, 364
Soofi, A., 327
Soos, J., 206
Sorensen, S., 72, 343, 360
Soriano, R. P., 274
Sorkin, J., 88, 303
Sorrentino, R., 129
Souder, E., 128
Soulsby, J., 285
Southard, P., 254
Spain, M., 354
Sparer, M., 322
Spaziano, E., 246
Spellbring, A. M., 190
Spence, A., 79
Spiers, N., 360
Spiga, D., 246
Spillman, B. C., 322
Spini, D., 198, 367
Spirduso, W. W., 165, 360
Spiro III, A., 88, 139, 314
Spry, K. M., 83
Squires, R., 77
Srinivasan, S., 88
St. John, P.D., 356
Staats, D. O., 33
Staats, S., 77
Stacpoole-Shea, S., 153
Stacy, S., 88
Staessen, J. A., 7
Stafford, P., 295
Stahl, S. M., 11, 253
Stall, R., 249
Stalvey, B., 38, 186, 234
Stalvey, T., 310
•Stanford, E. P., 40, 74, 105, 192
Stanton, J. M., 139
Stark, S. L., 351
Starks, H. E., 245
Staudinger, U. M., 338
Stearns, J., 284
Stefanick, M., 9
Steffen, A. M., 365
Steffens, D. C., 134
Steigerwalt, S. P., 95
Stein, P., 351, 360, 363
Stein, W. M., 93
Steinberg, J., 314
Steinberg, M., 244
Steiner, V., 292
Steinhauser, K., 228
Steinhauser, S., 106
Steinman, M., 284
Stemmer, E. A., 90
Stephens, M. A., 77, 106, 139, 228, 236, 249
Stephens, P. A., 46
Stern, E. D., 88
Stern, Y., 97
Sternberg, S., 356
•Sterns, H., 103, 165, 234, 255
Stessman, J., 88, 360
Stevens, A. B., 284, 362
Stevens, B., 258, 292
Stevens, D. P., 245
Stevens, J., 105
Stevens, M. R., 88
Steverink, N., 76
Stewart, A., 165
Stewart, A. L., 253
Stewart, A. V., 171
Stewart, D., 147, 206
Stewart, N. J., 228
Stewart, S. T., 70, 285
Stiles, P., 157
Stolee, P., 303, 356
•Stoller, E., 44, 174
Stoltzner, S., 88
Stommel, M., 74, 77
Stone, D., 353
Stone, E., 259
Stone, M. D., 106
•Stone, R. I., 258
Stotts, N., 273
Stoukides, J., 79
Stout, J. C., 77
Strain, L., 214, 322, 351, 356
Straker, J., 55, 108, 274
Straus, W. L., 7, 131
Strauss, E., 125, 190
Strauss, M. E., 46, 313
Strawbridge, W., 240
Street, K., 88
•Streib, G., 159
Strekal, D., 284
Strough, J., 17
Strulowitz, S., 23
Strumpf, N., 42, 130
Stuckey, J., 228, 275, 363
Studenski, S., 10, 131, 217
Stull, D., 16
Stull, L. B., 371
Stults, E., 146
Stump, T. E., 77, 360
Su, Y., 343
Subar, M., 262
Subedi, S., 26
Sugihara, Y., 206, 371
Sugisawa, H., 106, 206, 322, 371
Sugishita, C., 343
Suitor, J. J., 206
Sullivan, D., 38, 353
Sullivan, G., 5, 181
Summerville, C. C., 9
Sunvold, G. D., 88
Suthers, K., 158, 314
Suzman, R., 35
Swagerty, D., 322
Swales, P., 161
Swan, C. E., 77, 88
Swaney, J. R., 319
Swanson, M., 152, 246
Sweaney, A. L., 235
Sweeney, S., 236
Swenson, C. J., 314
Swenson, K., 274
Swenson, L. M., 17
Swindle Jr., R.W., 14
•Sykes, J., 83, 347
Syverson, A., 274
•Szinovacz, M. E., 106

T

Tabbarah, M., 18
Tabloski, P. A., 343
Tadlock, J. G., 305
Taets, J. D., 286
Tagliabue, J., 88
Tai, W., 360
Taillie, E. R., 8
Taira, E. D., 330
Takahashi, M., 139
Takanashi, K., 371
Takanshi, K., 206
Talcott, J., 77
Taler, G., 216
Talerico, K., 130
Talley, K., 217
Tally, K. M. C., 217
Tam, S., 217
Tammeveski, P., 102
Tan, C., 150
Tan, E., 73
Tanaka, S., 233
Tang, Z., 256
Tanji, V. M., 144
Tanner, J. L., 101
Tansey, C., 272
Tansman, M. S., 160
Tanzi, R., 208
Tappen, R., 8, 301
Targ, D., 142
•Tariot, P. N., 345
Tarlow, B., 213
Tarnowski, A. C., 96
Tatara, T., 47, 141, 233
Tate, L., 240
Tate, R. B., 198
Tatum, C., 106
Taunton, R. L., 322
Taylor, E. L., 37
Taylor, G. W., 185
Taylor, J., 190, 256
Taylor, R. J., 196
Taylor, S. A., 356
Teaford, M. H., 228, 361
Teaster, P. B., 261
Teigland, C. E., 33
Temkin-Greener, H., 260
TenHave, T. R., 16
•Tennstedt, S., 18, 69, 124, 294
Teno, J., 139
Tenover, J. S., 153
Tepper, C. G., 88
Teresi, J., 33, 55, 97, 219, 253
•Teri, L., 18, 46, 97, 124, 135, 310, 365
Terman, A., 2
Teutsch, S., 37
Thadepalli, K., 334
Thal, L., 124, 208
Tharpe, B., 228, 314, 362
Theodoropoulos, T. T., 88
Thijs, L., 7
Thom, D. H., 242
Thoman, M. L., 88
Thomas, A., 95
Thomas, C., 283
Thomas, D., 273
Thomas, D. R., 10, 38, 217, 334
Thomas, K., 78
Thomas, T. H., 88
Thomas, V. S., 154
Thompson, B., 274
Thompson, C., 229
Thompson, E., 368
•Thompson, L., 161, 189, 194
Thompson, P. S., 160
Thompson, W. D., 49
Thoreux, K., 88
Thorn, A. R., 371
Thorpe, B., 343
Thorslund, M., 165
Tierney, J., 18
Tierney, W. M., 360
Tilden, V., 188
Tilley, B., 18, 253, 343
Tillipman, H., 44
Tilly, J., 144
Ting, M., 261
Tirrito, T., 144, 147
Tirumalasetti, F., 33
Tlou, S., 27
Tobias, D. E., 157
•Tobin, J., 88, 131
Toledo, C., 320
Tom, M. K., 88
Tomlinson, G., 272
•Toner, J., 33, 147
Tonner, C., 55
Topp, R., 292
Toppa, R., 152
Toran-Allerand, D., 121
Tornatore, J., 104, 206
Torres, E., 301
Torres, S. I., 102
Torrible, S. J., 271
Tortosa Chulia, A., 264
•Toseland, R., 27, 174
Totten, M., 66, 284
Touhy, T. A., 216
Toward, J., 77
Tower, J., 183
Townsend, A., 16, 46, 106, 139, 162, 236
Trabucchi, M., 46, 77, 88, 130, 190, 236, 284, 356
Tran, T., 174, 204, 314
Traversi, M., 356
•Travis, S. S., 75
•Treas, J., 102
Trehan, Y., 292, 356
Trella, P. M., 106
Tresch, D. D., 90, 299, 352
Trigonis, I., 165
Trimble, M. R., 97
Troiano, L., 115
Troy, B., 244
Trozzolino, L., 160
Truby, K., 15
Trungold, S., 334
Tseng, H. Y., 85
Tsiouris, J. A., 286
Tsukada, N., 55
Tu, K., 274
Tucker, K. L., 88, 247
Tucker, R. C., 73, 343
Tully, C., 332
Tulsky, J., 228
Tumer, N., 149
Tung, H., 315
Tuokko, H. A., 256
Tupper, M. B., 62
Turkel, E., 314
Turner, B. F., 72
Turner, G. H., 215
Turner, J., 356
Turner, M. J., 371

Turvey, C., 252
Tyan, M., 284
Tyas, S., 214
Tyler, K. A., 222, 284

U

Ubezio, M. C., 88
Uccello, C., 359
Uchino, K., 190
Ueda, H., 134
Uhlenberg, P., 162
Uman, G. C., 93
Uman, H. N., 145
Unson, C., 18, 236, 302, 360
Urgese, S., 152
Uriri, J., 228
Usita, P., 139
Usita, P. M., 101
Utz, R. L., 360

V

Valcour, V. G., 154
Valor, E., 356
Van Culin, T., 356
Van Culin, V., 95
van Doorn, C., 78
van Eijk, J. T.M., 331
Van Haitsma, K., 19, 97, 161, 264, 283
van Hoften, J., 302
Van Maanen, H. M., 68
Van Orsouw, N., 182
Van Remmen, H., 88
van Rossum, L., 149
van Sonderen, E., 16
van Tilburg, T. G., 357
van Willigen, J., 165
Van Winkle, N. W., 350
van Zuilen, M. H., 73
VanCitters, B. C., 196
VanHaitsma, K., 160
Vandborg, M. P., 157
VandeWeerd, C., 78, 261
Vanden Heuvel, R., 305
Vanden Noven, S., 356
Vander Linden, D. W., 153
Vandoni, P., 88
Vardhini, B., 292, 305
Varghese, J., 95
Varma, M., 303
Vascotto, B., 16
Vaupel, J., 115
Velgouse, L., 81
Vellas, B., 67, 333
Vemuccio, L., 131
Verani, M. S., 356
Verbrugge, L. M., 13, 77
Vergani, C., 88
Vergon, T. L., 343
Vespe, E. M., 125, 190
Vickers, D. G., 106
Vickers, M., 303
Victory, K., 38, 89
Vidal, L., 228
Viij, J., 325
Vij, S., 157, 305
Villa, V. M., 55
Villareal, D. T., 157
Vinick, B. H., 348
•Vitaliano, P. P., 46
•Vitiello, M. V., 6
Vitolins, M., 44, 66, 164, 198
Vitt, C. M., 314, 315
•Volicer, L., 216, 269, 274
Volland, P., 52
Vollenwyder, N., 198
Voss, A. C., 216
Vota, R., 254
Vrioni, J., 88

W

Wacker, R. R., 77
Wackerbarth, S., 46
Wade, J. R., 198
Wadley, V., 310
Wadsworth, N. S., 62
•Wagner, D. L., 255
Wagner, L., 42, 130
Wahl, H., 39
Wahlin, A., 343
Waite, L. J., 114, 228
Waite, M. S., 264
Wakefield, B., 334
Walavalkar, J., 174, 356
Waldstein, S. R., 360
Wales, A. E., 18
Walker, A., 169
Walker, C. C., 360
Walker, L., 10, 166, 215
Walker, S., 27
Wall, L. A., 264
Wall, S., 27, 236
Wall, W. E., 329
Wallace, D., 66, 95, 356
Wallace, J. E., 103
Wallace, K., 198, 343
Wallace, R. B., 252
Wallace, S., 42
Wallenstein, S., 334
Waller, J. W., 305
Wallhagen, M., 240
Walling, T. O., 106
Walsh, A., 334
Walsh, E. G., 260
Walston, J. D., 88
Walter, C. A., 88
Walter, R. A., 77
Walter-Jung, B., 272
Wan, J. Y., 7
•Wang, E., 61, 88
Wang, H., 100, 322
Ward, S., 206, 267, 343
Ward, V. L., 308
Ware-Hargis, M., 47, 255
Warner, C., 46, 134
•Warner, H., 325
Warnes, A. M., 53
Warren, L., 308
Warren, S., 26
Warshaw, G., 181, 274
Washko, M., 371
Wasserman, S., 224
Watari, K., 364
Waters, D. J., 88
Watkins, K., 18
Watson, N. M., 8
Watzke, J., 349
Waxman, B. F., 250
Weathersby, J. M., 27
Weaver, J. W., 230
Weaver, L., 356
Webb, M., 49, 66, 246
Weber, B. A., 93
Weber, C., 236, 335
Weber, R. S., 65
Webster, J. D., 139, 254
Weddle, D., 174
Weeks, J. D., 198
Wegner, J., 18
Wei, F., 229
Wei, J., 325
Wei, J. J., 134
Wei, J. Y, 271
Wei, J. Y., 360
Weinberg, D., 256
Weinberger, M., 360
•Weindruch, R., 88, 296
Weiner, D. K., 298
Weinryb, J., 305, 372
Weinstein, M., 87
Weintraub, S., 185
Weisman, G. D., 80
Weiss, D., 269
Weiss, L. J., 257
Weiss, R., 342
Weiss, S., 224
•Weissert, W. G., 20, 264, 373
Weissrt, W. G., 20
Welch, K., 360
Welleford, E. A., 147
Wells, D., 8
Wells, J., 38
Wells, N., 274
•Wells, T., 31, 91, 305, 343
Welsh, R. L., 165
Wenger, N., 4
Wergowske, G. L., 215
Werner, P., 236
Westera, A., 236
Westreich, L., 284
Westrich, L., 55
Wetherell, J. L., 77
Wethington, E., 263, 336
•Wetle, T., 23
Wexler, E., 206
•Whall, A., 18, 32
Wheeler, L. M., 139
Whelan, M. E., 264
•Whitbourne, S. K., 75, 139
White, A., 236
White, D., 12, 309
White, H., 60
White, T., 157
White-Means, S. I., 74, 165
Whitebird, R. R., 168
Whitehouse, P., 62, 89
Whitelaw, N., 5, 62, 147
Whitfield, K. E., 18
Whitlatch, C. J., 46, 226, 288, 307
Whitlow, C., 139, 205
Whitmer, R. A., 106, 129, 308
•Whittington, F. J., 55
Wiancko, D. C., 356
Widdis, S., 147
Widner, S., 284
•Wieland, D., 198, 228, 332
Wiener, J., 23, 24, 144, 169, 373
Wieselquist, J., 18
Wietlisbach, V., 243
Wight, R. L., 26
Wijegunaratne, J., 334
Wilber, K. H., 19, 261, 264, 329
Wilcox, S., 165, 314
Wiley, J. W., 88
Wilkes, M. S., 175
Wilkie, F., 73
Wilkieson, C., 18
Wilkinson, A., 228
Wilkinson, H., 19, 143
Wilkinson, J. A., 284
Willert, K., 228
Williams Jr. , J., 243
Williams, A. K., 153
Williams, B., 187, 274
Williams, C., 8, 78
Williams, D., 131
Williams, D. R., 99
Williams, D. V., 205
Williams, G., 244
Williams, J. K., 10
Williams, K., 356
•Williams, M., 82, 88
Williams, M. D., 284
Williams, M. M., 139
Williams, M. P., 290
Williams, R., 133
Williams, S. W., 106
Williams-Blangero, S., 26
Williamson, D. L., 88
Williamson, G. M., 46
Williamson, H. A., 174
Williamson, J. B., 85, 193
•Willis, S., 18, 124, 256, 284
Willoughby, S., 256
Wills, C., 236
Willson, A. E., 279
Wilmoth, J. M., 284, 360
Wilmoth, J. R., 88
Wilson, D., 98, 274
Wilson, M., 82, 228
•Wilson, N. L., 173
Wilson, R. W., 212
Wilson-Genderson, M., 106
Windle, J., 88
Wingerson, N., 371
Wink, P., 139, 228
Winslow, B. W., 284
Winter, L., 46, 69, 73
Wiscott, R., 133, 165, 197, 284, 343, 360
Wisdom, K., 95
Wise, C. T., 322
•Wise, P. M., 121
Wisniewski, A., 165
Wisniewski, S., 246
Wisniewski, T. M., 88
Witten, T. M., 51
Witthoeft, J. S., 75
Wohlford, P., 370
Woitkowski, D., 236
Wojno, W. C., 46, 228, 249
Wolden-Hanson, T., 149
•Wolf, D., 206, 314
Wolf, M. A., 139
Wolf, N. S., 88
•Wolf, R., 141, 233, 261
Wolf, S. L., 153, 217

Wolfe, H., 10
•Wolinsky, F. D., 71
Wong, R., 18
Wonjno, W. C., 77
Wood, G. J., 274
Wood, J. J., 292
Wood, M. J., 26
Woodard, J. L., 345
Woodbury, S., 46
Woods, A., 284
Woods, D. L., 212
Woods, P., 269
Woodtli, A., 301
Woodward, K., 227
Worley, S., 206
Wray, L., 139, 252
Wright, L. K., 46
Wright, S. D., 27
Wright, W., 88, 344
Wu, B., 53, 140, 204
Wu, G., 190
Wu, H., 214, 256
Wu, K., 85
Wu, S., 88
Wu, T., 360
Wu, Y., 6
Wyatt-Brown, A., 227, 250
•Wykle, M., 16, 136, 308
•Wyman, J. F., 190, 217, 302
Wyman, M. F., 14, 77

X

Xu, T., 217
Xue, Q. L., 198

Y

Ya Ya Kelleher, A., 206
Yaffe, K., 333
Yaffe, M. J., 147
Yale, R., 54
Yamada, K., 206
Yamamoto, E. S., 216
Yamamoto, N., 343
Yamashita, B. D., 353
Yanagihara-Outa, K., 88
Yanamadala, S., 327
Yancura, L. A., 139
Yang, J. A., 285
Yang, L., 77
Yasunaga, Y., 190
Yates, F. E., 88
Yates, J. S., 217
Yatzkan, E. S., 264
Yauk, S., 63
Yavno, C., 105
Yavono, C., 74
•Yee, D., 55, 147, 174, 192
•Yee, D. L., 146
Yee, J. L., 15
Yee, S. S., 353
Yeh, C., 185
Yeh, S., 88
Yeh, S. J., 264
Yersin, B., 243
Yesavage, J. A., 256
Yip, A. M., 328
Yip, J. Y., 264, 329
Yoels, W. C., 13
Yoes, M., 269
Yolleck, S., 36
Yoo, B., 85
Yoo, G., 27
Yoon, H., 364
Youde, J. H., 95
Young, E., 58
Young, H. M., 46
Young, R., 4, 16
•Young, R. F., 206
Young, R. W., 198
Young, Y., 272
Youngblade, L. M., 139

Z

Zablotsky, D. L., 174
Zaccheo, Y., 360
Zacharias, B. L., 316
Zacker, C., 131
Zaja, R., 198
Zajkowski, J., 139
Zaleski, E. H., 351
Zaman, K., 152
Zandi, T., 286
Zanetti, O., 77, 88, 236
Zanghierato, A., 131
Zanieri, G., 77, 236
•Zarit, S., 69, 367
Zarit, S. H., 46, 139, 236, 314
Zarit, S. J., 288
Zdrodowski, K., 174
Zeiss, A. M., 365
Zelinski, E., 70, 73, 313
Zeller, C., 7
Zhan, L., 328
Zheng, B., 334
Zhou, J., 246
Zhu, J., 204
Zhu, W., 153
Ziegler, T. E., 88
Zierler, S., 130
Zimmer, Z., 43, 165
Zimmerman, D. R., 145, 289
Zimmerman, S., 55, 83, 95, 130, 168, 219, 271, 274
Zimprich, D. R., 139
Zingaretti, G., 68
Zlotnik, J., 52, 171
Zohoori, N., 174
Zonderman, A. B., 158
Zonszein, J., 241
Zooyob, A., 46, 284
Zsembik, B. A., 343
Zubritsky, C., 370
Zurakowski, T., 184
Zweig, R., 314
Zweig, S. C., 155

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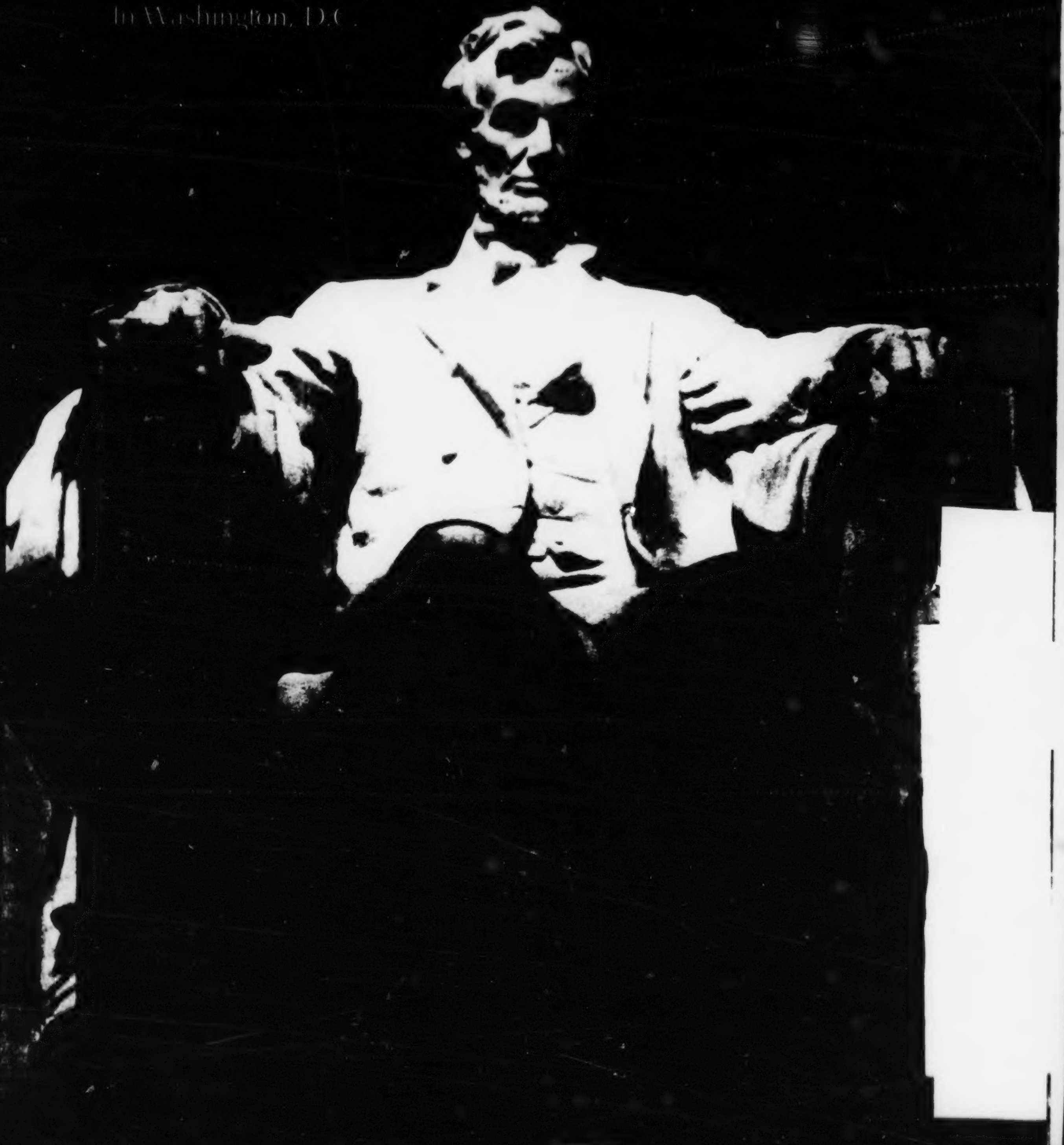

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